Ministry of
Health

2007/08
Annual Service Plan Report

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Message from the Minister and Accountability Statement

I am pleased to present the *2007/08 Annual Service Plan Report* for the Ministry of Health. This report outlines the health system's performance in delivering safe, high quality health services to British Columbians and provides information on trends and accomplishments that have occurred in the health system over the last year.

Citizen and patient focus is the key for delivering equitable, efficient, and safe health care services. Over the past year, the dedicated work of community groups, health care professionals and Ministry staff has helped patients get and stay healthy, while new investments in technology and innovations have improved the quality of care that patients can expect. This builds on our government's vision for a modern health system that supports British Columbians throughout their lives, whether they are healthy, recovering from injury or illness, managing a chronic disease or coping with the end of life. Our annual report highlights the contributions made across the health sector to improve the continuum of care.

In September 2007, we concluded the Conversation on Health, a year-long discussion that engaged people from across this province in shaping the future of health care in British Columbia. More than 12,000 ideas and suggestions received from participants through forums, phone, e-mail, website and correspondence outlined a vision of strong, publicly-funded health care that is available to all. The summary of participant input will assist government in setting the direction for improved quality, choice and accountability in the delivery of health services — a prime focus of British Columbia's Pacific Leadership Agenda.

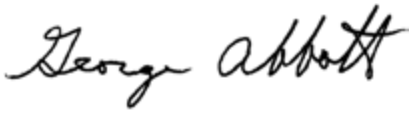
The Ministry has continued its dedication to improved health and wellness for British Columbians. In 2007/08, we toughened anti-smoking legislation and funded increased health promotion and disease prevention campaigns as part of our commitment to government's ActNow BC program, which encourages physical activity and healthy living. To enhance the health outcomes of all British Columbians, we have supported initiatives that make health information more accessible to multi-cultural communities, including two new versions of the BC HealthGuide, published in Chinese and Punjabi.

Closing the gap in health status between First Nations and other British Columbians has also been a priority over the past year — an ongoing part of the historic agreement with the First Nations Leadership Council and the Government of Canada. We have improved First Nations' access to mental health and addictions services and treatment for chronic diseases such as Hepatitis B, and increased participation in health services delivery with new funding for First Nations nurses and medical students and in their communities.

Throughout 2007/08, the Ministry worked to develop capacity for and increase access to healthcare services across the province. New investments have enhanced the availability of cancer therapies and other chronic disease treatments, while innovative human resources programs have brought more family physicians to both rural and urban British Columbia. In addition, we have been building new health care facilities, including the expansion of existing hospitals and emergency rooms across the province to ensure that patients receive quality care.

In the past year, British Columbia has made many positive strides in the delivery of health care services and we can all be proud of our accomplishments. The continued dedication of individuals throughout the health care sector, combined with the right investments, will ensure we have a safe, high quality and sustainable health system now and in the years to come.

The Ministry of Health *2007/08 Annual Service Plan Report* compares the actual results to the expected results identified in the Ministry's *2007/08 – 2009/10 Service Plan*. I am accountable for those results as reported.



Honourable George Abbott
Minister of Health

June 18, 2008

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Highlights of the Year

In 2007/08, the Ministry of Health invested a record $13 billion to meet the health needs of British Columbians. This expenditure was made across a wide spectrum of programs and services aligned with the Ministry's goals to improve health and wellness, deliver high quality patient care, and make the publicly-funded health system sustainable over the long term. Following are some of the achievements of the Ministry of Health in 2007/08.

Improving the Health and Wellness of British Columbians

- As part of government's continued commitment to close the gap in health status between First Nations and other British Columbians, the Ministry of Health has:
  - — Signed the *Tripartite First Nations Health Plan*, an enabling document which supports the development of local health plans for all B.C. First Nations and recognizes the fundamental importance of community solutions and approaches.
  - — Appointed Dr. Evan Adams as the first-ever Aboriginal Health Physician Advisor to provide guidance on Aboriginal health issues.
  - — Provided $6.3 million towards the development of the new health centre in Lytton. The Lytton Centre, currently under construction, will support the First Nations Health Plan and government's broader Pacific Leadership Agenda.
  - — Provided $500,000 in 2007/2008 to increase the number of Aboriginal communities with quality nursing care and to increase the number of Aboriginal nurses working in B.C. communities.
- Launched the *Primary Health Care Charter* to set the direction for primary health care in B.C. The Charter established seven health priorities to transform the primary health-care system. The Charter reflects the growing prevalence of chronic disease with three of the Charter's priorities centred on improving care for individuals living with chronic conditions and prevention strategies for those at risk.
- Reduced the health effects of tobacco use through new regulations under the *Tobacco Sales Act* that restrict the promotion and sale of tobacco products, as well as a ban on smoking in all indoor public spaces and workplaces.
- Provided a $6 million grant to the Canadian Mental Health Association to integrate strategies aimed at addressing the physical conditions that are accompanied by mental health conditions.

Providing High Quality, Patient Centred Care

- Reduced wait times for hip and knee surgeries through initiatives like the Centre for Surgical Innovation. Comparing to 2006/07, provincial median wait times have been reduced for hip surgeries from 13 to 11 weeks and from 20 weeks to 17 for knee replacement surgeries in 2007/08.[1]
- Invested $18.8 million for a state-of-the-art emergency department at Victoria General Hospital to benefit the growing population of southern Vancouver Island.
- Completed $32 million in renovations and upgrades at East Kootenay Regional Hospital, giving more patients access to diagnostic imaging services like ultrasounds, closer to home.
- Continued to meet our targets to deliver 5,000 net new residential care, assisted living and supportive housing units by the end of 2008. We have built 4,053 net new beds. In total, we have built 9,599 new and replacement beds and units since 2001.[2]
- Implemented streamlining procedures in the Emergency Departments at Kelowna General Hospital and opened a Fast-Track clinic at St. Paul's Hospital in Vancouver, both of which have reduced ER wait times.

A Sustainable, Affordable, Publicly Funded Health System

- Successfully concluded the year-long Conversation on Health after over 12,000 submissions, 5.7 million hits on the website and thousands more British Columbians taking part in 78 forums and meetings across the province. The largest ever public discussion on health in B.C. history recommended a number of priority areas for action to make British Columbians healthier, and improve and renew the province's health services while ensuring they are sustainable for the future.[3]
- Enhanced PharmaNet as the next step in implementing electronic health records by investing $14.2 million in the eDrug project. This upgrade will improve patient safety and reduce medication errors.
- Launched the $10 million Family Physicians for BC (FP4BC) program in June 2007. The program is designed to attract family physicians to practice in rural and urban communities of designated need through targeted funding and grants.
- Reached a long-term agreement with the British Columbia Medical Association, securing physician services through 2012.

[1] SWIFT, Management Information Branch, Health System Planning Division, Ministry of Health, February 2008.

[2] Health Authorities and BC Housing, December 31, 2007.

[3] Conversation on Health www.bcconversationonhealth.ca/EN/conversation_on_health_process/introduction/ accessed June 17,2008.

- Opened the newly renovated areas of the BC Cancer Agency's Fraser Valley Centre, where approximately $12.5 million in funding provided new radiation therapy equipment and increased chemotherapy capacity to improve patient care.
- Opened a new state-of-the-art Intensive Care Unit at the Royal Columbian Hospital to enhance the critical care facilities at the trauma centre and major tertiary referral centre for Fraser Health.
- Invested $28 million in British Columbia's Nursing Strategy to help increase the number of practicing nurses in the province. With this latest investment, government has now provided B.C.'s Nursing Strategy with a total of $174 million since 2001 to help educate, retain and recruit the best qualified nurses for British Columbia.
- Invested $75.1 million in the expansion and distribution of medical education, including $4.2 million for postgraduate training for internationally educated physicians.
- Continued investing in infrastructure to support medical education capital investments in Kelowna to accommodate the planned UBC medical school expansion at Kelowna General Hospital, and Dawson Creek and District Hospital.
- Began a new fast-track assessment service for internationally educated nurses.
- Doubled the number of undergraduate first-year medical student spaces at the province's medical school from 128 in 2003 to 256 as of September 2007. This together with expanded postgraduate training positions from 128 in 2001 to 224 in 2007 has improved the availability of — and access to — GPs and specialists.
- Provided $30 million to the new Terry Fox Research Institute, which will be headquartered in Vancouver. The 'translational research' that will be undertaken will get the discoveries of new technology and practices into practical solutions to benefit cancer patients potentially within three to five years.

Purpose of Ministry

The Ministry of Health is responsible for British Columbia's health system, with a mandate to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The B.C. health system is one of the province's most valued social programs as it touches all British Columbians' lives — at some point virtually every person in the province will access some level of health care or health service. Furthermore, good health is crucial to overall well-being because it allows us to enjoy our lives to the fullest, take advantage of every opportunity for work, school and play, and to participate fully in society and the economy.

The Ministry of Health has overall responsibility for ensuring quality, appropriate and timely health services are available to British Columbians. The Ministry works with six health authorities, care providers, agencies and other groups to provide access to care. The Ministry provides leadership, direction and support to service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. The Ministry enacts this leadership role through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through its accountability framework for health authorities.

The Ministry directly manages a number of provincial programs and services. The directly managed programs include the Medical Services Plan which covers most physician services, PharmaCare which provides prescription drug insurance for British Columbians, the B.C. Vital Statistics Agency and the Emergency Health Services Commission which provides ambulance services across the province as well as operating health and information programs for British Columbians, including the BC HealthGuide and NurseLine program. For more about these programs, see www.bchealthguide.org/kbaltindex.asp .

The province's six health authorities are the main organizations responsible for local health service delivery (see Appendix A — Profile of Health Authorities). Five regional health authorities are responsible for delivering a full continuum of health services to meet the needs of the population within their respective regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, co-ordination and accessibility of province-wide health programs and services. This includes the specialized programs and services provided through the following agencies: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital and Sunny Hill Health Centre for Children, BC Women's Hospital and Health Centre, Provincial Renal Agency, BC Transplant Society, Provincial Cardiac Services, Forensic Psychiatric Services Commission and Riverview Hospital.

The delivery of health services and the health of the population are continuously monitored and evaluated by the Ministry. These activities inform the Ministry's strategic and policy direction to ensure the delivery of health services continues to meet the needs of British Columbians.

Vision

A sustainable health system that supports people to stay healthy, and when they are sick provides high quality publicly funded health care services that meet their needs.

Values

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **Citizen and patient focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to quality health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency**, providing quality, effective, evidence-based services in a cost-effective way.
- **Appropriateness**, providing the right service at the right time in the right setting.
- **Safety** in the delivery of health services.
- **Sustainability** for the health system so it will meet British Columbians' needs now and in the future.

Strategic Context

Good health and a high quality of life depend on many factors, including access to quality education, meaningful employment, stable family and community environments, and healthy lifestyle choices. The Ministry of Health operates within the broader economic, social and environmental influences that impact the health of the population.

Access to high quality health services also has an impact on health status. In British Columbia, our publicly funded health system is directed by the Ministry of Health and delivered primarily by B.C.'s health authorities and health care professionals. In the past 35 years, the scope of the health system has expanded beyond traditional hospital and physician services to include comprehensive public health programs, a broad team of service providers, prescription drugs, home and community care and more. Innovative new programs, along with established programs that have been provided for decades, combine to ensure British Columbians have access to a reliable, quality health system and some of the best health outcomes in the country.

The Ministry of Health and broader health system are challenged by the increasing demand for health services in British Columbia. The most significant factors increasing demand are the province's growing and aging population, a rising burden of illness from chronic diseases, and advances in technology and pharmaceuticals that are enabling new procedures and treatments. The pressure is compounded by world-wide competition for health professionals and health workers, and the need to direct investments to maintain and improve the health system's physical infrastructure (i.e., buildings and equipment).

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. Currently, B.C.'s Aboriginal population does not generally enjoy the same level of good health as the rest of the province's population. Government is working with First Nations, Métis and other partners to improve Aboriginal people's health and to close this gap in health status.

The Aging Population

Between 2000 and 2007, the British Columbia population grew by 8.1 per cent from 4,039,198 to 4,364,565 people, and all of this increase was in the population 45 or older. While the population under 20 decreased, and the 20 to 44 age group had very slight growth, the 45 to 64 age population increased 26.7 per cent and the seniors' population 65 or older increased 17.0 per cent, with the over-85 year old segment growing faster than any other age group, at 44 per cent.[4]

[4] Population estimates (1986-2006) and projections (2007-2031) by BC Stats, Service BC, B.C. Ministry of Labour and Citizens' Services (PEOPLE 32).

The aging population is a significant driver of demand as the need for health services rises dramatically with age. For example, compared to a typical 65 to 74 year old, a typical person 85 years or older uses three times more acute care services, 12 times more community services and 25 times more residential care services. In 2005/06, those over 65 made up 14 per cent of the B.C. population, but used 47 per cent of acute care services, 49 per cent of PharmaCare expenditures, 71 per cent of home and community care services and 93 per cent of residential care services.[5]

British Columbia has one of the fastest growing elderly populations in Canada. It is expected that by 2022, one in five British Columbians will be over 65 years old. That is why government is focusing on preventative measures that will help our seniors live longer, healthier and more active lives.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions, such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma, which often do not improve and are rarely cured completely. It is estimated that approximately one in three British Columbians now has at least one confirmed chronic condition. As most chronic diseases are more common in older populations, it is expected their prevalence will continue to increase as the population ages.

Chronic disease, particularly in advanced stages, creates demand for acute hospital care services. For instance in 2005/06, 44 per cent of coronary bypass surgeries, 47 per cent of dialysis, 60 per cent of lower limb amputations and 58 per cent of retinal surgeries were performed on patients with diabetes. Furthermore, while people with chronic conditions represent approximately 34 per cent of the B.C. population, these individuals consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets. Overall, the increasing prevalence of chronic disease and the resulting burden of illness is a significant driver of demand for health services.[6]

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care but also creating increased demand by expanding the number of patients who can be treated and changing how and where services can be delivered. For example, before the development of microsurgery and laser treatments, cataract removal was only recommended for people with very serious visual impairment. Now, due to changes in technology, cataract removal is recommended for a wider range of

[5] MSP Expenditures 2005/06; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2005/06; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2005/06.

[6] *Primary Health Care Charter*, 2007, British Columbia www.health.gov.bc.ca/phc/pdf/phc_charter.pdf.

patients and can be done as a day procedure. Similarly, many new diagnostic procedures have been made available over recent years, and MRI, CT scans, and non-invasive cardiology tests are now common diagnostic services.

New treatments, coupled with the aging population, are driving increased demand across a number of surgical procedures, particularly angioplasties, cataracts, and hip and knee replacements. This is demonstrated by the increased numbers of these procedures — between 2001/02 and 2006/07 angioplasties increased by approximately 34 per cent, cataracts by 33 per cent, hip replacements by approximately 70 per cent and knee replacements by approximately 122 per cent,[7] while the general population only increased by 5.7 per cent and those over 65 years of age by 11 per cent.[8]

Advances in drug therapy, again along with the aging population, are increasing demand on B.C.'s PharmaCare program. Increased use of drug therapy, newer and more expensive drugs entering the market and the emergence of new diseases and new areas of pharmacology are all creating increased demand for prescription medication.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded in recent years, ensuring the availability of human resources remains a challenge for the Ministry. As the population ages so too does the health care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased national and international competition for health professionals impacts the province's ability to maintain an adequate supply and mix of health professionals and workers for British Columbia's health system.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The Ministry is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure the health system provides high quality and safe health care to British Columbians.

[7] Discharge Abstract Database through Quantum Analyser 2008.

[8] Population estimates (1986–2006) and projections (2007–2037) by BC Stats, Service BC, B.C. Ministry of Labour and Citizens' Services (PEOPLE 32).

Aboriginal Health

Another key challenge for the Ministry is improving the health status of British Columbia's First Nations population. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in B.C. continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other B.C. residents.

In February 2007, the Provincial Health Officer released an interim update of selected health status indicators from the 2001 Report: *The Health and Well-Being of Aboriginal People in British Columbia*. The report looked at indicators such as low birth weight, infant mortality and premature death from cancers, diabetes, HIV disease and suicide, as well as deaths related to smoking, alcohol and drug use. For all measures of premature mortality examined in the report, whether during infancy or later in life, Status Indians die at earlier ages and at greater rates than other B.C. residents. This is true for the major disease and injury causes of death, and for the major risk factors of alcohol, drugs, or smoking. While the trend shows improvement for some health indicators for Status Indians, there is a persisting gap in health status between the First Nations population and the rest of the B.C. population that cannot be explained by some specific genetic risk alone.[9]

[9] *The Health and Well-Being of Aboriginal People in British Columbia — Interim Update*, February 2007, British Columbia Office of the Provincial Health Officer, www.health.gov.bc.ca/pho/pdf/Interim_report_Final.pdf.

Report on Performance

Overall, the Ministry of Health performed well in achieving its performance targets in 2007/08. The following table provides an overview of progress in achieving the goals and objectives in the Ministry's *2007/08 – 2009/10 Service Plan*, assessed through a comparison of actual results with targets. Detailed reporting of these results, including historical data and results analysis, can be found in the section following the summary table.

Of the fifteen performance measures in the 2007/08 Service Plan, three are listed as pending because data are not available for 2007/08 at the time of publication. Of the remaining twelve measures, the results show that nine exceeded, achieved or substantially achieved the target and three missed the target.

The Ministry of Health is committed to transparent performance reporting in the health sector and through its Health System Planning Division is working to ensure quality data is available for management and reporting purposes. In addition to the Annual Service Plan Report, a number of other health system performance reports are currently available, including the Provincial Health Officer's Annual Report (www.healthservices.gov.bc.ca/pho/annual.html), the Health Council of Canada Annual Report (www.healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=136&Itemid=115), the *Canada Health Act* Annual Report (www.hc-sc.gc.ca/hcs-sss/medi-assur/res/ar-ra-eng.php) and the Vital Statistics Annual Report (www.vs.gov.bc.ca/stats/annual/). Further, several external agencies produce reports that assess the performance of the B.C. health sector. Example agencies include the Conference Board of Canada, Canadian Cancer Society, BC Progress Board, Heart and Stroke Foundation of Canada, and the Canadian Diabetes Association.

There was a transition in service planning with the 2008/09 service plans; performance measures were streamlined to better accord with the priorities of the Ministry. This year's report is based on the Service Plan developed in 2007/08, and therefore will not reflect these new measures.

Performance Plan Summary Table

Goal 1: Improved Health and Wellness for British Columbians For greater detail see pages 19 to 25	2007/08 Target	2007/08 Actual
1.1 Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices		
Physical Activity Index (age 12+) — percentage classified as active or moderately active	Increase towards 2010 target of 69%	Data Available Fall 2008
1.2 Protection of the public from preventable disease, illness and injury		
Immunization Rates:		
a) Percentage of two-year-olds with up-to-date immunizations	5 percentage point increase over prior year 68%	65% Not Achieved
b) Influenza immunization for residents of care facilities	Maintain at or above 90%	92% Exceeded
1.3 Reduced inequality in health status across the B.C. population, particularly the Aboriginal population		
Gap in life expectancy between the Aboriginal and the rest of the B.C. population	Decrease the gap	Data Available Fall 2008

Goal 2: High Quality Patient Care For greater detail see pages 26 to 36	2007/08 Target	2007/08 Actual
2.1 Timely access to appropriate health services by the appropriate provider in the appropriate setting		
Waiting times for cancer treatment:		
a) Radiotherapy	Maintain at or above 90% within four weeks	97% Exceeded
b) Chemotherapy	90% within two weeks	90% Achieved
Waiting time for surgery:		
a) Percentage of hip replacement cases completed within 26 weeks	Increase towards 90% within 26 weeks	62% Achieved
b) Percentage of knee replacement cases completed within 26 weeks	Increase towards 90% within 26 weeks	56% Achieved
Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit	Increase toward long-term target of 80%	64% Not Achieved

Goal 2: High Quality Patient Care For greater detail see pages 26 to 36	2007/08 Target	2007/08 Actual
2.2 Patient-centred care tailored to meet the specific health needs of patients and specific patient groups		
a) Percentage of patients with diabetes who undergo at least two A_{1c} tests per year	50%	Data Available Fall 2008
b) Percentage of natural deaths occurring in settings outside hospital (home, residential care, hospice)	>48%	49% Achieved
2.3 Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system		
Percentage of persons hospitalized for a mental health or addictions diagnosis that receive follow-up treatment within 30 days of discharge	80%	76% Not Achieved

Goal 3: A Sustainable, Affordable, Publicly Funded Health System For greater detail see pages 37 to 43	2007/08 Target	2007/08 Actual
3.1 British Columbians provide input into the strategic direction of the province's health system	Conversation on Health	Achieved
3.2 Strategic investments in information management and technology to improve patient care and system integration		
Percentage of physicians implementing electronic medical record systems	Program introduced and systems made available to physicians	Substantially Achieved
3.3 Optimum human resource development to ensure there are enough, and the right mix of, health professionals		
Nurse and allied health professional vacancy rates	Establish vacancy rate baseline	Achieved

Goals, Objectives, Strategies and Performance Results

Goal 1: Improved Health and Wellness for British Columbians

The Ministry's first goal is to support British Columbians in their pursuit of better health and wellness. British Columbians in general are already among the healthiest people in the world, and the Ministry wants to support their healthy lifestyles while also providing support to those in the population who do not enjoy good health or are at risk of diminishing health. Many citizens are at risk from factors such as poor dietary habits, obesity, inactivity, injuries, tobacco use and alcohol and drug misuse. When individuals are healthy, they not only enjoy a higher quality of life, they also use high-cost health services less frequently, alleviating some of the pressure on the health system.

Objective 1.1: Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices

The Ministry and its partners are focused on innovative health promotion and disease prevention initiatives that will keep the population healthy while mitigating some of the demand for health services. Providing British Columbians with self-care tools and resources can empower individuals and families to stay healthy and manage minor and chronic conditions safely, in collaboration with a health care professional where necessary. By keeping people healthy and out of the health care system, we win on two fronts: people have a better quality of life, and valuable resources are freed up for treating non-preventable illness.

Strategies

- Supporting and promoting government's ActNow BC program that promotes healthy lifestyles and prevents disease by providing people with the information, resources and support they need to make healthy lifestyle decisions.
- Working with the Ministry of Education under the broad Health-Promoting Schools initiative to address elementary students' physical activity levels with the ActionSchools! BC program, phasing out junk food sales, implementing the School Food and Vegetable Snack Program, and providing information on healthy lifestyles.
- Supporting healthy childhood development through programs to identify problems with hearing, vision or dental health for children before they reach Grade 1, and providing the supports and services necessary to address their needs.

- Assisting people to stay healthy across their life-span through the development of a staying healthy framework. The framework complements the illness care components of the health system; provides a system-wide approach to staying healthy; and focuses on public health renewal, population health promotion, prevention services in primary care, and self-care.
- Providing British Columbians 24 hour-a-day access to health information, advice and resources to assist their self-care and self-management by expanding the BC NurseLine and other components of the BC HealthGuide program. (See www.bchealthguide.org/kbaltindex.asp)
- Working with the federal government and other provinces to develop a pan-Canadian Public Health Strategy, which will set goals and targets for improving the health status of Canadians.

Performance Results

Performance Measure	2001 Baseline	2003 Actual	2005 Actual	2007 Target	2007 Actual
Physical activity index (12+) — percentage classified as active or moderately active	49%	58%	58%	Increase toward long-term 2010 target of 69%	Data Available Fall 2008

Data Source: Canadian Community Health Survey (CCHS). Data are collected every two years — 2006 data will be available in Fall 2008.

Discussion of Results

As part of the ActNow BC initiative, the Province is aiming to increase the percentage of the British Columbia population that is physically active. The target for this measure is to increase the proportion of the B.C. population classified as active to moderately active by 20 per cent — from the 2001 rate of 49 per cent to 69 per cent by 2010. Although 2007 data will not be available until Fall 2008, statistics over the past several years have shown that British Columbians are the most physically active population in Canada, with rates well above the Canadian average of 51 per cent of citizens active or moderately active.[10]

Programs such as ActionSchools! BC and Active Communities continue to expand and promote physical activity in schools and communities. In addition, in 2006/07 the Province introduced LEAP BC, a new initiative for children and caregivers. LEAP will provide resources, training and support to promote and increase physical activity, literacy, and healthy eating in settings where children in their pre-school years (0-5 years) learn and play. The program is a cross ministry effort supported by the Ministry of Health, Ministry of Children and Family Development, the Ministry of Education, and the Ministry of Tourism, Sport and the Arts.

[10] Canadian Community Health Survey, Statistics Canada, Cycle 3.1 — 2005.

Objective 1.2: Protection of the public from preventable disease, illness and injury

The second major approach to keeping people healthy is through providing effective public health services to prevent illness and disability. The Ministry plays an important role in monitoring population health and protecting public health. Legislation and regulation of food, air and water quality lays the foundation for communities and citizens to live in healthy and safe environments. In addition, programs that target and prevent certain diseases, like influenza, also contribute to maintaining and improving the health of British Columbians and reduce health care costs.

Strategies

- Protecting health by implementing core public health programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security and health emergency management.
- Continue to prepare and respond in a co-ordinated system-wide manner to major public health risks, emergencies or epidemics (e.g., West Nile virus, pandemic influenza, meningitis outbreaks, and natural or accidental emergencies). Work with other provinces and the federal government to reflect best practice implementation of the Canadian Pandemic Influenza Plan.
- Building on the excellence of the BC Centre for Disease Control in protecting British Columbians.

Performance Results

Performance Measure	2006 New Baseline	2007 Target	2007 Actual
Percentage of two-year olds with up-to-date immunizations	63%[1]	5 percentage point increase over prior year 68%	65% Not Achieved

Data Source: Public Health Information System (iPHIS), 16 January 2008, British Columbia Centre for Disease Control (BCCDC). Data are reported by calendar year, not fiscal year.

[1] These data are not comparable with the previously reported two-year immunization results from 2006. Previous 2006 rates were adjusted to 63% to reflect the inclusion of "new vaccines" (pneumococcal conjugate, meningococcal conjugate, and varicella) as the performance measure target. Although data quality is improving, data should still be interpreted with caution. Differing practices continue to exist across and within health authorities regarding delivery of immunization services and the tracking of immunization records. The BCCDC has been given the responsibility for data collection for this measure and is developing new reporting methodology to standardize and improve data quality.

Discussion of Results

One important element of effective public health is immunization, particularly for infants and the vulnerable elderly. To this end, the Ministry measures both the percentage of two-year-olds with up-to-date immunizations and the percentage of residents of care facilities who receive influenza vaccinations to protect them during flu season.

Immunization programs for children are among the most cost-effective ways to improve population health, prevent illness and reduce health care costs. British Columbia has one of the most comprehensive immunization programs in the world (in terms of the number of vaccines available and the groups targeted). Studies have shown that each dollar invested in immunization can save between $7 and $30 in medical care and other costs, depending on the vaccine.[11]

In 2007 the immunization coverage rate data was adjusted to include new vaccines (pneumococcal conjugate, meningococcal conjugate and varicella), which were not previously included in the provincial performance targets. The 2006 immunization rate was adjusted to 63 per cent, with a five percentage point increase target of 68 per cent for 2007. The 2007 data show the percentage of two-year-olds with complete immunizations has increased by two per cent to 65 per cent, however missing the Ministry's target. Additional data indicates that 85 per cent of two-year-olds have received all of their shots except the booster shot given at 18 months of age, and the new vaccines.[12]

Ministry Response

The Ministry continues to work toward a long-term target of 95 per cent of two-year-olds having complete immunizations. To guide this work, the Ministry has released *ImmunizeBC: A Strategic Framework for Immunization in B.C.* to ensure all British Columbians understand the importance of protecting themselves, their families and their communities through immunization programs. ImmunizeBC is aligned with the National Immunization Strategy, and takes a collaborative best practices approach that supports immunization programs and providers while ensuring British Columbians have the best possible protection against vaccine-preventable diseases. For more information on *ImmunizeBC*, please visit: www.health.gov.bc.ca/library/publications/year/2007/immunizebc.pdf.

[11] Provincial Health officers Annual report (1998).

[12] Public Health Information Systems (iPHIS), 16 January 2008, British Columbia Centre for Disease Control.

Performance Results

Performance Measure	2005/06 Actual	2006/07 Actual	2007/08 Target	2007/08 Actual
Percentage of care facility residents with influenza immunization	92%	93%	Maintain at or above 90%	92% EXCEEDED

Data Source: Data are submitted by health authorities (Annual Influenza Immunization Program Survey) and compiled by Epidemiology Services, BC Centre for Disease Control.

Discussion of Results

This indicator measures the percentage of care facility residents immunized for influenza in a given influenza season (October to February). Due to age, medical condition and their group living situation, this population is particularly vulnerable to influenza. Increasing influenza immunization not only protects the overall health of the residential care facility population, it can also reduce the number of deaths, hospitalizations and physician visits attributable to this common and largely preventable illness.

Ministry Response

Data for 2007/08 show the rates for influenza immunization for residents of care facilities at 92 per cent, continuing to meet the target rate of maintaining at or above 90 per cent. This excellent rate of immunization plays an important role in keeping at-risk seniors in residential care facilities healthy and safe from potentially life-threatening influenza outbreaks. A strong influenza immunization program contributes to the health and well-being of British Columbia's seniors population and helps alleviate demand on the province's hospitals and emergency departments as fewer residents need to be transferred from facilities to receive higher levels of care in hospital.

Objective 1.3: Reduced inequality in health status across the B.C. population, with a particular focus on improved health status for the Aboriginal population

As part of promoting and protecting health, the Ministry and its partners are focusing on reducing inequities in health status across the B.C. population. As a group, Aboriginal British Columbians do not enjoy the same health status as the rest of the province's population. This gap in health status is unacceptable and unsustainable. In June 2007, the Premier, First Nations leaders and federal government signed the *Tripartite First Nations Health Plan* in order to create fundamental change for the improvement of the health status of First Nations peoples in B.C. The Tripartite Plan recognizes that First Nations must be partners in the design and delivery of health initiatives to benefit them and their communities to ensure their success

in closing the health gaps. The Ministry is collaborating with its partners to move forward on action items in the Tripartite Plan. The Tripartite Plan acknowledges that in order to be successful in closing the gap in health status other determinants such as education, housing, employment and economic opportunities must also be addressed.

Strategies

- Enable First Nations to take a leadership role in improving their health status and in providing input into health planning and health service delivery, as well as in reviewing health outcomes for First Nations people.
- Work with federal and First Nations partners to design a health promotion and injury and disease prevention strategy for First Nations.
- Provide First Nations with improved access to quality, culturally appropriate health services with the guidance of the Province's first Aboriginal Health Physician Advisor.
- Improve the collection of First Nations health status and health service information (data) and use it to improve health services and monitor and report on the health status of First Nations in British Columbia.

Performance Results

Performance Measure	Baseline	2006708 Target	Long-Term Target (2015)	2007/08 Actual
Gap in life expectancy between the Aboriginal and the rest of the B.C. population*	7 years difference in life expectancy between the Aboriginal and the rest of the B.C. population	Decrease the gap	Close the gap to less than 3 years difference	Data Available Fall 2008

* The subset of Aboriginal people who are Status Indian is used as a proxy measure for the total Aboriginal population as Status Indians are the only Aboriginal people who can be identified in Vital Statistics databases at this time. Currently a Status Indian born between 2001 and 2005 can expect to live nearly 75 years, while other residents can expect to live 82 years.

Discussion of Results

Aboriginal life expectancy has been improving in recent years, but there is still a significant gap between the Aboriginal population and other B.C. residents. The Tripartite Plan identifies a number of performance indicators that will be used to measure the effectiveness of programs in closing the health gap between First Nations and other British Columbians. The Provincial Health Officer will issue an Aboriginal health status report, including indicators from the *Tripartite First Nations Health Plan,* in Fall 2008.

Actions to support improvement in First Nations health indicators include:

Aboriginal ActNow

The Ministry of Health has provided a grant to the National Collaborating Centre for Aboriginal Health to develop an Aboriginal-specific ActNow component. This funding is being used to develop evidence papers, create an evaluation framework for the Aboriginal-specific ActNow component, and to increase the capacity of Aboriginal communities to create and sustain health promoting policies, environments, programs and services.

Honour Your Health Challenge

The Honour Your Health Challenge is a province-wide healthy lifestyles challenge that encourages individuals, groups and communities to live active, healthy and strong lifestyles, free from tobacco misuse. The Honour Your Health Challenge Vancouver Sun Run In Training program improves the health and fitness of participating community members by implementing a comprehensive walk/run strategy. The response to this program has been phenomenal: participation quadrupled in 2008 over the previous year.

Northern Health Pilot Project

A Northern Health Authority pilot is being implemented in collaboration with Health Canada and First Nations service providers to develop an integrated approach to Chronic Disease Prevention and Management focused on diabetes in certain communities, using an Aboriginal Health Collaborative process. Successes include significant gains in access to services and improved patient outcomes. Seven First Nations communities are involved to date, primarily with diabetes and prevention.

Lytton Health Centre

The Lytton Health Centre is scheduled to open this fall. The facility will include acute care and community health services as well as six assisted living units, and will better meet the health needs of residents in the Lytton area, including many seniors and Aboriginal communities.

As part of government's continued commitment to close the gap in health status between First Nations and other British Columbians, the Ministry of Health has appointed Dr. Evan Adams as the first-ever Aboriginal Health Physician Advisor to provide guidance on Aboriginal health issues.

Goal 2: High Quality Patient Care

The vast majority of resources in the health system are directed at providing high quality patient care. High quality care means patients receive appropriate, effective, quality care at the right time in the right setting. It also means that health services are planned, managed and delivered in concert with patient needs.

Objective 2.1: Timely access to appropriate health services by the appropriate provider in the appropriate setting

All British Columbians should be able to access appropriate health services when they need them, be that for a visit to a family doctor, prescription drug therapy, emergency treatment, elective surgery or ongoing care. The Ministry has been working diligently to ensure hospitals, community services and health professionals are used in the most efficient and effective way possible so that people get the right type of care in the right type of setting that will lead to the best health outcome.

Strategies

- Increasing the range of supportive living environments and community care options, across the spectrum from home care to residential facility care, for elderly and disabled individuals so they can remain as independent as possible in their own homes and communities while also having the full support of residential care if their health conditions require the highest level of care. Part of this strategy is completing the commitment to build 5,000 net new residential care, assisted living and supportive housing beds by December 2008.
- Reducing wait times in key surgical and medical areas, including cardiac treatment, diagnostic imaging, joint replacements, cancer services and sight restoration.
- Addressing emergency department congestion and improving the effectiveness and efficiency of emergency departments through initiatives both within and outside hospitals.
- Expanding primary care capacity and services delivered by doctors, nurse practitioners, pharmacists and other key professionals to provide effective first point of contact care and help keep people with chronic diseases as healthy as possible.

- Providing British Columbians access to evidence-based prescription drug therapy through the PharmaCare program and continuing to serve as the provincial/territorial lead for the National Pharmaceuticals Strategy. Pharmaceutical Services supports optimal drug therapy through patient and prescriber education to improve health outcomes for B.C. residents

The Ministry is tracking a number of access indicators aligned with its key strategies, including access to cancer treatment, hip and knee replacement surgeries, and access to hospital services through the emergency department. Descriptions of the measures in each of these areas are provided below.

Performance Results

Performance Measures	Benchmark*	2006/07 Actual	2007/08 Target	2007/08 Actual
Percentage of patients who receive radiotherapy within four weeks	90%	96%	90%	97% Exceeded
Percentage of patients who receive chemotherapy within two weeks	90%	90%	90%	90% Achieved

Data Sources: Radiotherapy: Provincial Radiation Therapy Program, April 2008, BC Cancer Agency (BCCA). Data for this measure is from the BCCA scheduling system. Not all patients are captured because the most urgent patients never show up on the scheduling system as they receive treatment immediately. Chemotherapy: Provincial Systemic Therapy Program & Communities Oncology Network, April 2008, BCCA. Data involves all existing BCCA centres and does not include all hospitals in B.C.

* The radiotherapy benchmark is from the National 10-year Plan to Strengthen Health Care, September 2004. National benchmarks are not in place for chemotherapy; the Ministry has adopted the chemotherapy benchmark based on BC Cancer Agency best-practice treatment protocols.

Discussion of Results

Radiation therapy and chemotherapy are principal treatments in cancer care and ensuring treatment is available and provided in a timely manner is key to achieving the best possible health outcomes. The 2007/08 performance results indicate that British Columbians continue to have excellent access to radiotherapy and chemotherapy. In 2000/01, 72 per cent of patients received radiotherapy within four weeks. In 2007/08, that rate increased to 97 per cent which exceeds the Province's established access target of 90 per cent, in accordance with the First Minister's Meeting benchmark. For chemotherapy, 90 per cent of patients received treatment within two weeks of being ready to treat, which matches the provincial target and is up from 85 per cent in 2005/06. These results are especially encouraging because the demand for radiotherapy and chemotherapy is growing as the B.C. population ages and the prevalence and incidence of cancer increases.[13]

[13] BC Cancer Agency — Care & Research. May 2006. Projections 2006–2020 British Columbia.

Overall, British Columbians are well served by the BC Cancer Agency and continue to enjoy excellent cancer outcomes with the lowest cancer mortality rates in Canada.[14] According to the provincial ambulatory oncology survey March 2007, 97.1 per cent of patients receiving outpatient radiotherapy and/or chemotherapy rated their treatment as either good, very good or excellent. British Columbians were also generally pleased with their level of access to these services when compared to patients in other provinces.[15]

In the summer of 2008, a fifth regional cancer centre will open in Abbotsford, increasing capacity for these services in the Lower Mainland and the planning of a sixth centre in Prince George is underway for 2012, improving access for those in northern B.C.

Ministry Response

Timely and appropriate access to cancer services is essential to patient outcomes. By achieving and exceeding access targets set for cancer services, British Columbia will continue to have among the best cancer outcomes in the world.

As one of five wait-times priority areas identified by the First Minister's Meeting in 2004, the Ministry will need to continue to meet its First Minister's Meeting commitments with a focus on improving access for radiotherapy. Over the course of the next five years, access to cancer services should improve further with the opening of two new full service regional cancer centres: one in Abbotsford — improving access for those in the eastern Fraser Valley and one in Prince George — improving access for those in the north.

Performance Results

Performance Measure	2005/06 Actual	2006/07 Actual	2007/08 Target	2007/08 Actual
Waiting time for surgery:				
Percentage of hip replacement cases completed within 26 weeks	52% completed within 26 weeks	52% completed within 26 weeks	Increase toward 90% within 26 weeks	62% completed within 26 weeks ACHIEVED
Percentage of knee replacement cases completed within 26 weeks	47% completed within 26 weeks	49% completed within 26 weeks	Increase toward 90% within 26 weeks	56% completed within 26 weeks ACHIEVED

Data Source: SWIFT, Management Information Branch, Health System Planning Division, Ministry of Health.

Note: SWIFT data snapshot: 2005/06 to 2006/07 — on March 31 of each fiscal year; 2007/08 — up to February 29, 2008. Between 2005/06 and 2007/08, volumes of cases waiting are relatively constant.

[14] B.C. Ministry of Health, 2006. Outpatient Cancer Care Experiences — Executive Summary. B.C. Ministry of Health. Victoria, British Columbia.

[15] B.C. Ministry of Health, 2006. Outpatient Cancer Care Experiences — Executive Summary. B.C. Ministry of Health. Victoria, British Columbia.

Discussion of Results

While the demand for joint replacement surgeries has been rising sharply, the Ministry has made significant efforts to reduce wait times and ensure appropriate access to these services. The 2007/08 performance results demonstrate the Government's commitment to achieving the target of 90 per cent of hip and knee replacement surgeries being completed within 26 weeks by 2010. Through initiatives such as the Surgical Centre of Excellence in Vancouver, more British Columbians than ever were able to receive their surgeries within the 26-week time frame. The Centre for Surgical Innovation at the University of British Columbia Hospital is a provincial specialty resource featuring two new operating rooms and 38 inpatient beds. To help achieve the provincial access target, the Ministry of Health provided $21.8 million in operating funding to Vancouver Coastal Health Authority for the Centre for Surgical Innovation and the Osteoarthritis Service Integration System in 2007/08.

In 2007/08, 62 per cent of those waiting for hip replacement and 56 per cent of those waiting for knee replacement were able to have their surgery within 26 weeks.[16] These achievements have resulted in the median wait times for both hip and knee replacement surgeries declining markedly in the past year. Between 2006/07 and 2007/08, hip replacements completed within 26 weeks increased by approximately ten per cent. Over the same time period, knee replacement surgeries completed within 26 weeks increased by seven per cent.

Performance Results

Performance Measure[1]	2006/07 Actual	2007/08 Target	2007/08 Actual
Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit [2,3]	65%[4,5]	Improve towards long-term target of 80%	64% Not Achieved

Data Source: Data provided by health authorities through various systems: Meditech Data Repository and Abstracting, ED cubes, NERD cube and Northern Health Authority Emergency Department Information System (EDIS).

[1] This data reflects a province wide average. This is calculated using the results reported to the Ministry by major hospital sites only. Major hospital sites are those with over 35,000 emergency room visits per year and include BC Children's, Burnaby, Kelowna, Lions Gate, Matsqui-Sumas-Abbotsford, Nanaimo, Prince George, Richmond, Royal Columbian, Royal Jubilee, Royal Inland, St. Paul's, Surrey Memorial, Vancouver General and Victoria General Hospitals. 2005/06 data did not include Matsqui-Sumas-Abbotsford Hospital.

[2] Variances in hospital administration mean that the reporting on this measure varies from facility to facility in terms of the way patients are classified, and so individual facility level data are not comparable (hospitals can, however, compare themselves to their own past performance). Provincial level performance average can be compared year over year.

[3] BC Children's Hospital has a target of 80 per cent of patients transferred within four hours.

[4] This was a new measure in 2005/06 requiring new methods of data collection. As such, data are not available for previous years.

[5] Calculated as the percentage of total cases across all major hospital sites admitted within 10 hours of the decision to admit.

[16] SWIFT, Management Information Branch, Health System Planning Division, Ministry of Health, 2007/08 (Feb. 2008 SWIFT data snapshot).

Discussion of Results

A hospital admission can either be planned (for example, scheduled surgery), or unplanned (for example, a visit to the emergency department where it is determined that admission is required). This performance measure focuses on unplanned hospital admissions that occur through hospital emergency departments. Many people are appropriately treated and released from emergency departments, but some people require an extended course of treatment and must be admitted to hospital.

In 2007/08, 64 per cent of patients were admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit. This result is slightly lower than the performance from 2006/07, and falls short of improving toward the provincial target of 80 per cent. While the percentage of patients admitted within the timeframe did not improve, the actual number of patients admitted within the target did increase. The 2006/07 result of 65 per cent is based on 107,988 patients with a decision to admit with 70,292 being admitted within the target time. The 2007/08 result is based on 117,800 patients with a decision to admit with 75,252 being admitted within the target time. This represents a significant increase in both total admitted patients (nearly 10,000) and the number of patients admitted within the target (approximately 5000).

Ministry Response

Addressing emergency department congestion is one of the Ministry's top priorities for change in the health system. In 2006/07, the Ministry began a major Emergency Department Decongestion Strategy to focus on the fifteen largest hospitals and their ability to improve patient movement through the emergency department and the flow of admitted patients to inpatient beds.

The decongestion strategy uses performance measures, as outlined in the Government Letter of Expectations between the Ministry and health authorities, to understand the flow of patients in and through the emergency department. Moreover, it promotes practice redesign and innovation in patient management in the emergency department, in the hospital, and throughout the community. The Health Innovation Fund provided opportunities for health authorities to explore new and innovative strategies for addressing ER congestion. Fourteen initiatives were primarily directed at emergency department decongestion, while projects in areas such as primary health care are expected to minimize congestion as well. While there were inherent challenges (i.e., shortage of human resources and timelines), important knowledge, lessons and best practices have been gained from these pilot projects. Health authorities, along with the Ministry of Health, are continuing to explore these lessons and develop plans for implementing these projects at other sites in the province.

Objective 2.2: Patient-centred care tailored to meet the specific health needs of patients and specific patient groups

B.C.'s health system is committed to providing top quality care and services. When people use the system we must ensure the care they receive is centred on their needs, safe, evidence-based and will lead to the best health outcomes. Since one size does not fit all in health service delivery, the Ministry is working with health authorities, physicians and other providers to design and deliver customized care that addresses the unique needs of patients or specific patient groups, such as those with chronic diseases. Implementing a quality focused, patient-centred approach can improve quality of life and health outcomes for patients and provide better use of health services.

The Ministry is tracking two measures under this objective. The first measure centres on improving chronic disease management, focusing specifically on the treatment of diabetes. The second measure for this objective is an indicator of the availability of non-hospital care options for persons at the end of life.

Strategies

- Increasing the emphasis on the effective management of patients with chronic diseases to prevent or slow disease progression. The primary areas of focus are diabetes, congestive heart failure, kidney disease, chronic obstructive pulmonary disease, osteo and rheumatoid arthritis and dementia.
- Expanding end-of-life care services, including hospice and home-based palliative care, to provide dying people with greater choice and access to services.
- Ensuring the quality and safety of health services across the continuum of care by reviewing safety issues and by developing and implementing safety guidelines, best practices and initiatives.

Performance Results

Performance Measure	2005/06 Actual	2006/07 Actual	2007/08 Target	2007/08 Actual
Percentage of patients with diabetes who undergo at least two A_{1C} tests per year	47%	48%	50%	Data Not Available

Data Source: Physician Framework Supply (PFS), December 2007, Information Resource Management; Medical Services Branch, Medical and Pharmaceutical Services, Ministry of Health; Discharge Abstract Database (DAD), December 2007, Information Resource Management, Health System Planning Division, Ministry of Health; PharmaNet, December 2007, PharmaCare Branch, Medical and Pharmaceutical Services, Ministry of Health.

Note: The diabetes case definition was changed in 2006/2007, resulting in a noticeable drop in prevalence across all years.

Discussion of Results

Diabetes is one of the most common chronic diseases. It affects about 265,000 British Columbians and is steadily increasing in prevalence.[17] The hemoglobin A_{1C} test is a simple lab test that shows the average amount of sugar (also called glucose) that has been in a person's blood over the previous three months. The A_{1C} test shows if a person's blood sugar is close to normal or too high and is a valuable tool for patients and their physicians to assess if blood sugar is under control, or if immediate intervention is required to lower complication rates.

The 2006/07 results for this measure shows that the Ministry is continuing to make progress in improving care for people with chronic diseases. Evidence shows that good chronic disease management can have a positive impact on patient outcomes. The 2007/08 data will be available in Fall 2008.

Over the past five years, B.C. has made progress in improving care gaps by implementing the Expanded Chronic Care Model through structured collaboratives and by introducing physician incentives. B.C. has taken a leadership role in developing collaborative, evidence-based approaches to managing diabetes and congestive heart failure, and supporting pioneering work in patient self management. In the coming years the Ministry will work to expand these initiatives to include the majority of patients in B.C. with chronic diseases. For more information on chronic disease management, see the Ministry's website at www.PrimaryHealthCareBC.ca .

Performance Results

Performance Measure	2005 Actual	2006 Actual	2007 Target	2007 Actual
Percentage of natural deaths occurring in settings outside hospital (home, residential care, hospice)	46%	48%	>48% of natural deaths occur in settings outside hospital	49% ACHIEVED

Data Source: BC Vital Statistics Agency, Knowledge Management and Technology Division, Ministry of Health.

Notes: Data are reported by calendar year, not fiscal year. Past year data has been restated to reflect a change in wording for this performance measure (from natural deaths occurring in hospital).

Discussion of Results

As part of the comprehensive plan to improve end-of-life care in British Columbia, the Ministry has been monitoring annually the location of deaths of all British Columbians from natural causes, including both cancerous and non-cancerous conditions, since 2003. For the

[17] Primary Health Care, Medical Services Division, April 2008.

years 2003 through 2006/07, the percentage of natural deaths[18] occurring inside hospitals was measured. A decrease in the percentage of natural deaths occurring inside hospital was considered to be a reliable proxy measure that indicated there were improvements in the range of available, appropriate, non-hospital choices to receive end-of-life care. For 2007/08, the measure shifted to monitor the percentage of natural deaths occurring outside hospital. The indicator was changed because it is considered to be a more accurate proxy measure that shows choices exist in the community for British Columbians to receive appropriate end-of-life care services, and that they are being used.

In 2006, the percentage of natural deaths occurring in hospital decreased from 54 per cent to 52 per cent. This means that in 2006, 48 per cent of British Columbians died outside hospital. In 2007, the percentage of British Columbians who died outside hospital was 49.1 per cent, which is an increase of slightly more than one per cent. This increase can be attributed to new end-of-life care services being implemented in communities across British Columbia, including increasing the number of publicly-subsidized hospice palliative care beds from 57 to 244 since 2001. The *Provincial Framework for End-of-Life Care*, published in May 2006, continues to help guide the health authorities in their end-of-life care services planning and delivery to enable residents and their families to have more choices for quality care at the end of life. Over time it is anticipated that the proportion of natural deaths occurring outside hospital will continue to increase as community-based end-of-life care services are enhanced across the province.

Objective 2.3: Improved integration of health care providers, processes and systems to allow patients to move seamlessly through the system.

The health system is very complex. The diversity of health needs across the province means the system is always caring for unique patients through different caregivers, in different settings, every day. While we have made good progress, the Ministry and its partners will continue working to improve the integration of those services so that care is provided in the most co-ordinated and seamless manner possible, benefiting both patients and health service providers.

The Ministry is also committed to improved collaboration and co-ordination with other provincial government ministries and with agencies outside the traditional health system. Co-ordinated action and improved integration will allow the government to provide better support services for persons with disabilities, special needs, children at risk and seniors.

Under this objective, the Ministry has a particular focus on mental health and addiction services. People with mental illness and/or addictions often must access various providers to receive care and support services. The Ministry and its partners are working to ensure services —

[18] A natural death is defined as occurring through natural causes (e.g., old age or disease). A non-natural death is defined as a death from non-natural causes (e.g., accidents, poisonings or suicides).

including child, youth and adult programs — are integrated and available within people's home communities to simplify and improve the patient experience, while ensuring the appropriate care and services are delivered.

Strategies:

- Providing a full continuum of high quality mental health and addiction services within each health authority, which better integrates primary, secondary, community and tertiary care, and is integrated within the larger care networks.
- Working with other ministries, BC Housing, health authorities and other partners to better address the housing and support service needs of those with mental illness and addictions.
- Enhancing services for people with dementia, including Alzheimer's disease. Targeted improvements include earlier assessment, clinical guidelines to improve treatment, and better integration of services.
- Expanding drug and alcohol treatment for at-risk and addicted people who are seeking help.
- Specifically addressing the need to provide integrated programs for youth addictions, including both detoxification and outreach programs. Particular focus will be placed on contributing to government's integrated approach to addressing crystal meth use in British Columbia.
- Working with other government ministries to ensure initiatives, programs and services are integrated to achieve maximum benefit for those in need, including people suffering from mental illness and/or substance misuse, children with special needs, children and seniors at risk, and people with disabilities.

Performance Results

Performance Measure	2005/06 Actual	2006/07 Actual	2007/08 Target	2007/08 Actual
Percentage of persons hospitalized for a mental health or addictions diagnosis that receive follow-up treatment within 30 days of discharge[1]	77%	78%	80%	76%[2] Not Achieved

Data Sources: Mental Health Research Database: May 8, 2008 Refresh (data extracted May 16, 2008); MRR/CPIM Integration May 14, 2008; Discharge Abstract Database (DAD), May 7, 2008; Medical Services Plan fee-for-service database (MSP) paid to May 15, 2008; Health Information and Modernization Branch, Health System Planning Division, Ministry of Health.

[1] Follow-up services from either a physician or a licensed community agency. Ages 15 – 64 included.

[2] 2007/08 — partial year data. Because of the reporting lag, the results presented in the above table are based on about 80% of the total 2007/08 hospital discharges. All hospital records will be available by September 2008. This under reporting of the hospital discharges may marginally understate the results of this indicator.

Discussion of Results

The Ministry measures the continuity of care in mental health and addictions services by tracking the percentage of people hospitalized for a mental health or addictions diagnosis who receive community or physician follow-up services within 30 days of discharge. A high rate of community or physician follow-up reduces the chances that a client with a mental disorder will suffer a relapse and have to be readmitted to hospital. It also indicates strong communication between discharge planners, community services and family physicians.

This measure assesses the effectiveness of hospital discharge planning, continuity in care and accessibility of community programs and services for people with mental health issues and/or substance use disorders. A high rate of community and physician follow-up after a hospitalization for a mental illness or substance use disorder indicates well-coordinated, integrated and accessible care is being delivered.

Since 2001/02, the 30-day community and physician follow-up rate in B.C. has steadily increased from 73 per cent to 78 per cent in 2006/07. This improvement signifies that better linkages are being established between hospital and community programs. Most of this improvement in follow-up rates can be attributed to expanded services being provided by community mental health and addictions centres. The follow-up of mental health clients within 30 days of hospital discharge by community mental health centres increased from 18.6 per cent in 2001/02 to 45.7 per cent in 2006/07; whereas the follow-up by physicians remained almost static at approximately 68 per cent.[19]

In 2007/08 the overall B.C. follow-up rate (i.e., the provincial average across all health authorities) was 76 per cent, a slight decrease from 78 per cent in the year previous.[19] While this reflects a decrease in follow-up rates across three health authorities, it should be noted that two health authorities actually exceeded the 80 per cent target. The decrease can be explained by a number of factors, including:

- In some areas of the province, there has been an underreporting of data for mental health and addictions clients receiving follow-up service after hospital discharge. This underreporting is primarily due to technical or logistic reasons, and as a result, the performance of the indicator may be understated.
- An increased number of clients with substance use disorders discharged from hospitals are followed-up by community addiction services. However, due to inadequate reporting of addictions data, these follow-up contacts are not included and therefore the performance is understated.
- The 30-day follow-up rate can be influenced by the availability of family physicians in rural or remote parts of the province. If a physician closes his or her practice, for example, clients

[19] Mental Health Research Database: May 8, 2008 Refresh (data extracted May 16, 2008).

with mental health and substance use disorders may have more difficulty accessing the services of an alternative physician, contributing to a decrease in the overall 30-day follow-up rate.

Ministry Response

The Ministry will work closely with health authorities to continue implementing service and process improvements that enhance linkages between psychiatric inpatient units, community mental health and addictions teams, and family physicians. A number of improvements are already underway. For example, the Northern Health Authority is working with physicians in remote areas to ensure patients discharged from hospitals are receiving follow-up services as a part of their primary care model. Similar initiatives are underway in the Vancouver Island Health Authority to identify mental health and addictions patients that are not followed-up within 30 days of hospital discharge and to connect them with appropriate physician and community mental health and addiction services.

The Ministry is also working with health authorities to implement integrated mental health and addictions minimum reporting requirements. This will provide more complete data for monitoring the community follow-up of mental health and addictions clients discharged from hospitals.

Goal 3: A Sustainable, Affordable, Publicly Funded Health System

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

Objective 3.1: British Columbians provide input into the development of the strategic direction of the province's health system

British Columbia's health system is a valuable public resource that benefits all British Columbians. People value good health and a health system that will be there when they need it, both now and in the future.

Strategies

- Engaging British Columbians in a conversation about the health system and solutions to make it sustainable into the future.
- Providing multiple opportunities and avenues for British Columbians to be heard during the Conversation on Health, including online discussions through a dedicated website, regional forums, email or regular mail, a toll-free telephone number and by contacting a local Member of the Legislative Assembly.
- Providing specific opportunities for input for government leaders, health professionals and patients.
- Listening to British Columbians and reporting on what they have said.

The Conversation on Health was the largest public discussion on health care in the history of British Columbia. Participants at 78 forums — including a significant contribution from First Nations communities — 2,000 submissions and over 5.6 million hits on the website outlined a vision of strong, high quality health care that is available to all.[20] The Conversation on Health also reached out to health care professionals and academics of all types not only from B.C., but from around the world, to solicit their opinions about the challenges facing the health care system.

The year long consultation process produced a number of exciting and innovative ideas about the future of health care in B.C. These ideas were detailed in a summary of participant input that was released to the public in November 2007. This valuable document will guide government in setting the direction for a sustainable, publicly-funded health care system now and in the future.

[20] *Summary of Input on the Conversation on Health,* Pages 1–3, November 2007.

Objective 3.2: Strategic investments in information management and technology to improve patient care and system integration

Information — its quality, secure management and appropriate use — is essential to patient care and the overall functioning of the health system. Making the right strategic investments in new information management systems and technologies is therefore fundamental to supporting the delivery of health care, addressing provincial priorities for the health system and achieving service plan goals and objectives.

The provincial eHealth initiative, with its strategic investments and partnerships, will improve health system integration and efficiency, assist managers and health care practitioners in evidence-based decision-making and provide British Columbians with secure access to timely health information in a confidential and convenient manner. The Ministry and its partners are working to realize these benefits through the province-wide implementation of the British Columbia eHealth strategy.

eHealth is a major step toward transforming the health system into a seamless continuum of care, supported by a seamless web of health information. It will improve the quality and safety of health services for British Columbians through new technology-enabled information management tools and support of health care providers and best practices.

More information about the Ministry's eHealth strategy and Information Resource Management Plan is available at www.health.gov.bc.ca/cpa/publications/.

Strategies

- Continuing to advance British Columbia's eHealth strategy to improve patient care, help health professionals deliver better, faster and safer care, and improve the efficiency of the health system.
- Enhancing patient care by enabling province-wide integration of and protected access to clinically required, person-specific data, while protecting personal privacy within an electronic health record.
- Working with the British Columbia Medical Association (BCMA) and the College of Physicians and Surgeons of British Columbia to co-ordinate, facilitate and support information technology planning and the development and implementation of standardized electronic medical record systems across the province.

- Supporting British Columbia physicians' use of electronic medical record systems.
- Expanding telehealth to improve rural and remote residents' access to health services and specialists.
- Improving the availability of quality data and analysis to assist clinical and management decision-making.
- Expanding public access to health services and health information through web-based applications.

Performance Results

Performance Measure	2005/06 Actual	2006/07 Actual	2007/08 Target	2007/08 Actual
Percentage of physicians implementing electronic medical record systems*	N/A (Program did not exist)	N/A (Program did not exist)	Program introduced and systems made available to physicians	Substantially Achieved

* Electronic medical record systems implemented through a voluntary program funded by the Ministry/BC Medical Association Agreement.

Discussion of Results

eHealth is more than just information technology — it is about modernizing and transforming clinical and business practices to better support the delivery of health services. Accordingly, the Ministry and the BCMA, representing physicians, are working together to expand the use of electronic medical record systems in physicians' offices. This work is supported by the recent Physician Information Technology Office and a provincially funded physician incentive program directed at increasing physicians' adoption of electronic medical record systems.

The Ministry is also working with the technology vendor community to ensure the availability of suitably standardized and secure electronic medical record systems. Candidate systems are being tested against a set of core system requirements, after which physicians, with the assistance of the incentive program, will be able to choose from the qualified systems, that system which best suits their individual office environments.

The incentive program is funded until March 2012, and anticipates an increasing percentage of physicians implementing electronic medical record systems over the intervening years.

Objective 3.3: Optimum human resource development to ensure there are enough, and the right mix of, health professionals

Skilled and caring health professionals are the cornerstone of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbians' needs now and in the future. B.C. has made significant progress over the past five years in addressing our health human resource needs, although more work can always be done.

Strategies

- Working with the Ministry of Advanced Education and health system partners to implement human resource training plans, including increasing education and training opportunities and reviewing educational programs to ensure new graduates are ready to practice. Key initiatives include expanding and distributing B.C.'s medical school, with new campuses in Victoria, Prince George and Kelowna, doubling of the number of post-graduate residency spaces to Canadian medical graduates by 2010/11 and investing in the continued recruitment, training, and retention of nurses and allied health professionals.
- Recruiting foreign-trained doctors and nurses through an expanded B.C. Provincial Nominee Program, which allows applicants to gain permanent residence status more quickly and permanently practice in British Columbia.
- A new fast-track assessment service for internationally educated nurses to expedite registration.
- Utilizing funds from Health Canada and working collaboratively with the Ministry of Economic Development, a number of initiatives have been undertaken to address issues faced by internationally educated health professionals such as implementation of Skills Connect for Immigrants — Health, bridging education programs, workplace integration initiatives, and English for health professionals curriculum.
- Integrating nurse practitioners into B.C.'s health system, and increasing the number of nurse practitioners graduating in the province, including new graduates at University of Northern B.C.
- Addressing succession planning needs through initiatives to develop future leaders capable of managing the increasingly complex health system.
- Creating safe, positive work environments that attract and retain talented people, and support employee wellness and quality of work life in the health sector.

A major focus and challenge for the province, and other jurisdictions around the world, is the availability and supply of nurses and other key allied health professionals. British Columbia's health human resource strategies include a number of targeted education, recruitment and retention strategies designed to ensure we have enough health professionals to meet health system needs. To assess the impact of these strategies on the supply of health professionals, the Ministry is tracking vacancy rates across the province.

In 2007/08 the Ministry committed to work with health authorities to establish appropriate provincial reporting systems and vacancy rate baselines and develop future targets based on that information. These measures were created during fiscal 2007/08 and track overtime use, sick leave, and vacancies. Long term targets set new goals for reductions in these categories of measure for Registered Nurses and five priority allied health professions.

Since 2001, government has increased the number of nursing education seats by 3,786 or 93 per cent and created 23 new nursing education programs at public post-secondary institutions, including 12 degree programs and 11 certificate programs. Close to 13,000 nursing degrees, diplomas and certificates have been issued since 2001. Government has also created a three-year accelerated bachelor of science in nursing degree program option at the B.C. Institute of Technology to start in August 2008. In 2007, B.C.'s Nursing Strategy received an additional $28 million, bringing the total funding for nursing strategies to $174 million since 2001. Education, recruitment and retention initiatives include programs such as continuing education for nurses presently in the workforce, and programs to retain nurses currently in the health system and to attract nurses from across Canada and around the world. In addition, since B.C.'s first class of nurse practitioners graduated in 2005, the province has embraced the role and now employs 105[21] nurse practitioners in rural and urban settings. More than $50 million over four years has been committed to a Nursing Leadership fund to support frontline leadership positions. The Ministry of Health has also allocated $1.5 million since 2001 for the Aboriginal Nursing Strategy to increase the number of Aboriginal nurses working in B.C. and to increase the number of Aboriginal communities in B.C. with quality nursing care.[22]

The University of British Columbia's medical school has been expanded significantly since 2003 when the annual intake for undergraduate medical students was 128. The medical school's expansion doubles the number of first-year spaces to 256 in 2007, with distributed medical programs offered at the University of Victoria and the University of Northern British Columbia. The Ministry of Health has expanded postgraduate medical education (residency) positions to keep pace with the medical school's expansion. The number of entry-level residency positions for Canadian medical graduates in 2007 is 224 and is expected to increase to 256 by 2010/11.[23]

[21] College of Registered nurses website, June, 2008 www.crnbc.ca/Default.aspx?DN=4c3b3b73-b104-4b87-9004-3cdfe5569727.

[22] Universities and Institutes Branch, Ministry of Advanced Education, May 2008.

[23] Universities and Institutes Branch, Ministry of Advanced Education, May 2008.

A further expansion in medical education is planned for the Okanagan. Beginning with postgraduate medical education, the Ministry expects to have 16 residents in family medicine and 12-16 residents in specialty training at any one time by 2009.

In addition, the Ministry of Health has tripled the number of residency positions for international (foreign) medical graduates to 18 entry-level positions, and with the Ministry of Economic Development has introduced measures through the Provincial Nominee program to expedite immigration processes for foreign doctors. These expanded programs will allow more foreign-trained physicians to practice in areas of need in British Columbia.

Educational capacity has also been increased for other health professions and health workers. Since 2001, 853 new education seats have been added for allied health programs and 404 new seats have been added for training residential care and home support workers. Recruitment and retention initiatives for allied health professionals were supported with $400,000 from Ministry of Health. Pilot projects were undertaken in two health authorities including mentorship, supports for new graduates and new hires, and enhanced practice training. These projects were evaluated and the outcomes will be made available to other health authorities for future expansion.

Objective 3.4: Sound business practices to manage within the available budget while meeting the priority needs of the population

The Ministry is committed to working with its partners to manage the health system efficiently to ensure resources are spent where they will have the best outcome. The Ministry monitors and evaluates the delivery of services and the health of the population and works with its partners to ensure services delivered in the system meet the needs of the public. As part of a commitment to continuous improvement, the Ministry uses its evaluations of health system performance to inform strategic direction and facilitate course correction where warranted. It also uses this information, along with population demographic and health need projections, to plan investments in the health system's physical infrastructure.

Strategies

- Providing legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Working with health authorities and other partners to plan and manage strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.
- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.

- Working with system partners to ensure overall health system costs remain affordable and within budget.
- Utilizing strategic partnerships and innovative approaches to improve services to the public within the available fiscal resources.

B.C.'s health services budget has continued to grow — the Ministry's budget for 2007/08 was over $12.9 billion. It is important this funding is used wisely to provide the best care and achieve the best outcomes for patients. The Ministry monitors financial status throughout the year so any problems can be identified and addressed, and ensures overall costs remain within its budget. Staying within the budget provides a high-level indication of whether the health system is well managed and on a sustainable path.

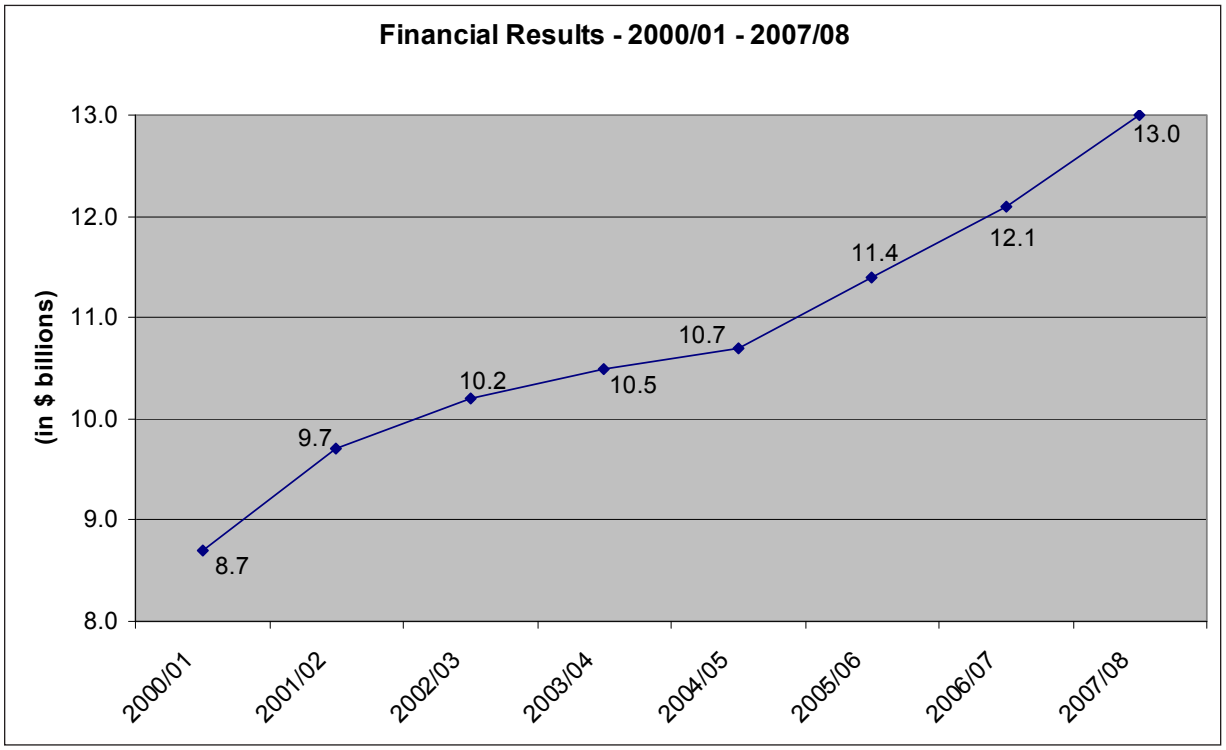
Also, in 2007/08 sustainability was added as one of the Ministry of Health's values:

- **Sustainability** for the health system so it will meet British Columbians' needs now and in the future. (See Page 11 for a list of the Ministry's values.)

For detailed budget results, including capital spending, please see the Report on Resources beginning on the next page.

Report on Resources

The Ministry of Health's operating budget for 2007/08 was $13.010 billion which includes $12.967 billion original Estimates plus $43 million Supplementary Estimates. As shown in the graph below, this represents a $4.3 billion increase in healthcare funding since 2000/01 and is a 6.9 per cent increase over the 2006/07 budget. Operating expenditures for the fiscal year ending March 31, 2008 were $12.968 billion. This, coupled with some accounting adjustments not available for spending resulted in a minor surplus of $52.6 million, an amount less than one per cent.



Resource Summary

	Estimated	Other Authorizations[1]	Total Estimated	Actuals	Variance
Operating Expenses ($000)					
Services Delivered by Partners					
Regional Health Sector Funding	8,047,121	43,000	8,090,121	8,105,458	15,337
Medical Services Plan	3,057,216		3,057,216	3,063,626	6,410
PharmaCare	1,021,300		1,021,300	946,782	(74,518)
Debt Service Costs	174,000		174,000	163,916	(10,084)
Amortization of Prepaid Capital	200,000		200,000	203,565	3,565
Health Benefits Operations	28,910		28,910	29,266	356
Sub-Total	**12,528,547**	**43,000**	**12,571,547**	**12,512,613**	**(58,934)**
Services Delivered by Ministry					
Emergency and Health Services	283,483		283,483	307,719	24,236
Vital Statistics	7,812		7,812	7,093	(719)
Sub-Total	**291,295**	**0**	**291,295**	**314,812**	**23,517**
Executive and Support Services					
Minister's Office	732		732	669	(63)
Stewardship and Corporate Management	146,346		146,346	139,660	(6,686)
Sub-Total	**147,078**	**0**	**147,078**	**140,329**	**(6,749)**
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 36 – Ministry of Health	**12,819,670**	**43,000**	**12,862,670**	**12,820,504**	**(42,166)**
Health Special Account	147,250		147,250	147,250	0
Sub-total – Operating Expenses	**12,966,920**	**43,000**	**13,009,920**	**12,967,754**	**(42,166)**
Reversal of Prior Year Over accruals				(10,476)	(10,476)
Total — Ministry of Health	**12,966,920**	**43,000**	**13,009,920**	**12,957,278**	**(52,642)**

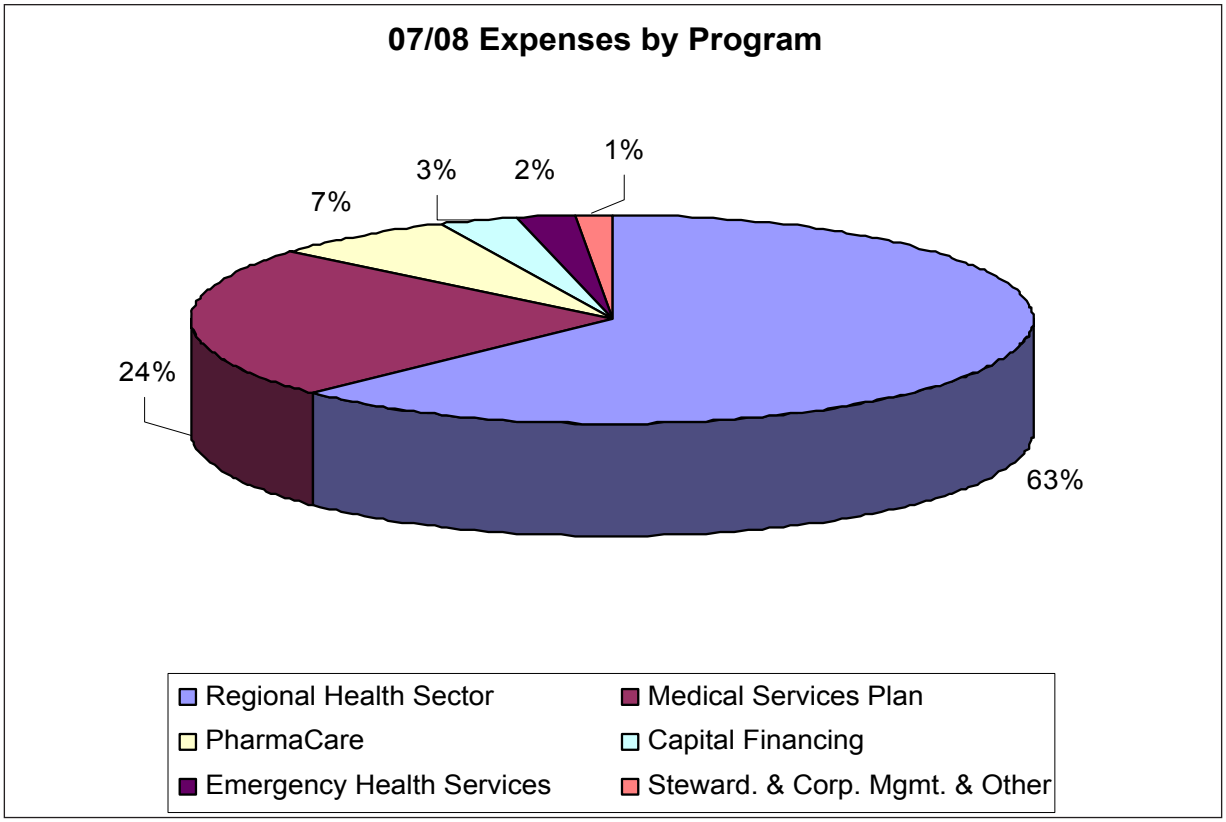
	Estimated	Other Authorizations[1]	Total Estimated	Actuals	Variance
Full-time Equivalents (Direct FTEs)					
Health — Ministry Operations					
Emergency and Health Services	2,854		2,854	2,910	56
Stewardship and Corporate Management	751		751	779	28
Minister's Office	7		7	6	(1)
Vital Statistics	84		84	88	4
Total Ministry of Health[2]	**3,696**		**3,696**	**3,783**	**87**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)					
Health – Ministry Operations					
Stewardship and Corporate Management	38,109	10,983	49,092	49,334	242
Emergency and Health Services	10,162	2,608	12,770	12,770	0
Vital Statistics	430		430	188	(242)
Total Ministry of Health[3]	**48,701**	**13,591**	**62,292**	**62,292**	**0**
Consolidated Capital Plan ($000)					
Prepaid Capital Advances	401,000	16,733	417,733	417,733	0
Total Ministry of Health[4]	**401,000**	**16,733**	**417,733**	**417,733**	**0**

[1] Other authorizations include $43 million Supplementary Estimates.

[2] The Ministry's FTE shortfall is primarily due to the transfer of HealthLines Services BC — Nurseline from EComm to the Emergency and Health Services Commission.

[3] The Ministry CRF capital budget was $48.7 million in 2007/08. The Ministry received approval to access the Capital contingency vote for up to $34.3 million. $13.6 million was accessed to cover costs of e-health initiatives.

[4] The Consolidated Capital Plan budget was $401.0 million in 2007/08. The Ministry received approval to access the Capital contingency vote for up to $21.5 million. $16.7 million was accessed to cover expenses.



The significant operating variances are:

Regional Health Sector Funding: The deficit was primarily due to funding of priority initiatives for health research.

Medical Services Plan: The deficit is primarily due to increased utilization for fee for service non-lab services, fee increases in accordance to the Physician Master Agreement, and increased expenditures for the complex care program.

PharmaCare: The surplus in PharmaCare is due to lower negotiated drug prices, later implementation of the Alzheimer's Drug Therapy Initiative and lower than anticipated expenditures in the Fair PharmaCare Plan, Income Assistance Plan and the Centre for Excellence for HIV/AIDS.

Debt Service Costs: The surplus is due to reduced debt and a corresponding reduction in interest costs.

Amortization of Prepaid Capital: Higher PCA expenditures in 2006/07 resulted in increased amortization expenses.

Stewardship and Corporate Management: The surplus is primarily due to recruitment lags.

Emergency and Health Services: The deficit is due to the costs associated with the transfer of HealthLines Services BC to the Emergency and Health Services Commission from Regional Health Services in 2007/08.

Health Authorities Included in the Provincial Reporting Entity

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's service plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from ministry budgets.

Health Sector	2007/08 Budget	2007/08 Actual	Variance
2007/08 Combined Income Statement ($000)			
Total Revenue[1]	**10,164,000**	**10,502,442**	**338,442**
Total Expense[2]	**10,283,000**	**10,531,125**	**248,125**
Operating Results	(119,000)	(28,683)	90,317
Gain (Loss) on sale of Capital Assets	0	(348)	(348)
Net Results	**(119,000)**	**(29,031)**	**89,969**

NOTES: This combined income statement is based on audited financial statements from six health authorities and ten hospital societies. Figures do not include the eliminating entries to consolidate these agencies with the government reporting entity.

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

[2] Expenses: Provides for a range of health care services, including acute care and tertiary services, residential care, mental health services, home care, home support, and public health programs.

Major Capital Projects

A major capital project is defined as any capital commitment or anticipated commitment that exceeds $50 million. In 2007/08, the Ministry's commitments that exceeded $50 million were:

Vancouver General Hospital Redevelopment (VGH) — Vancouver Coastal Health Authority

Objective: The hospital redevelopment is to consolidate patient services and clinical expertise to assist in meeting patient care needs over the next 20 years or more.

Benefits: Anticipated benefits are new patient areas and consolidation of hospital services within the Centennial Pavilion and the Jim Pattison Pavilion to create a modern and efficient hospital environment for enhanced patient care and accessibility.

Cost and Timeline: The total capital cost is $159 million, and the project was substantially completed on March 31, 2008.

Abbotsford Regional Hospital and Cancer Centre — Fraser Health Authority and Provincial Health Services Authority

Objective: The Abbotsford Regional Hospital and Cancer Centre (ARHCC) will be a new 300-bed facility that replaces the current 202-bed Matsqui-Sumas-Abbotsford (MSA) hospital, which is aging, physically obsolete, and not suitable for expansion.

Benefits: The new hospital and cancer centre will provide enhanced and specialized programs and services to meet the needs of Fraser Valley residents, and will also help to recruit and retain health professionals. ARHCC includes integration of a new cancer treatment centre that will be part of the provincial network operated by the BC Cancer Agency.

Cost and Timeline: The capital cost for the project is estimated to be $475 million. The Fraser Valley Regional Hospital District is contributing $71.3 million towards the project. Construction, which commenced in December 2004, was substantially completed on May 6, 2008. The facility will be open for patients on August 24, 2008.

For more information on the Abbotsford Regional Hospital and Cancer Centre project, please see the Ministry's website at: www.abbotsfordhospitalandcancercentre.ca/. To see Partnerships British Columbia's value for money report on the project, go to: www.healthservices.gov.bc.ca/cpa/publications/PBCAbbotsford.pdf.

Surrey Outpatient Hospital — Fraser Health Authority

Objectives: The Surrey Outpatient Hospital will include relocation of some services currently provided at Surrey Memorial Hospital (SMH) as well as provide new services, and will aid in addressing congestion pressure points at SMH as well as long-term service capacity for the community.

Benefits: The new facility will provide a full range of scheduled outpatient services including day surgery, diagnostic imaging, express testing, and medical clinics. The hospital will also include a primary health care clinic delivering enhanced family practice services, and clinics for patients with chronic diseases, such as congestive heart failure, asthma and diabetes.

Cost and Timeline: The estimated capital cost of the project is $198 million, based on a pre-design cost estimate. Construction is expected to commence in 2008 after completion of procurement and finalization of costs, with completion expected in early 2011.

For more information on the Surrey Outpatient Hospital project, please see the Ministry's website at:
www.healthservices.gov.bc.ca/cpa/publications/SurreyOPF_CapitalProjectPlan_March2007.pdf.

Royal Jubilee Hospital (Victoria) Patient Care Centre — Vancouver Island Health Authority

Objectives: The Royal Jubilee Hospital (RJH) Patient Care Centre will consist of a new eight storey building (approximately 37,000 square meters) accommodating up to 500 acute care beds for medical-surgical and mental health patients. The new facility will replace the majority of existing inpatient beds at RJH which are currently accommodated in buildings that are physically and functionally outdated.

Benefits: The new facility will be designed to current standards for health care delivery, be a centre of excellence in elder care and incorporate energy efficiency and environmental initiatives sufficient to achieve Leadership in Energy and Environmental Design (LEED) Gold certification from the Canada Green Buildings Council.

Cost and Timeline: The estimated capital cost of the project is $309 million. The Capital Regional Hospital District is contributing $107.7 million to the capital cost of the project. Construction is expected to commence in 2008 with completion expected by late 2010. For more information on the Royal Jubilee Hospital Patient Care Centre project, please see the Ministry's website at:
www.health.gov.bc.ca/library/publications/year/2007/RJHPatientCareCentre_CapitalProjectPlan.pdf.

Kelowna / Vernon Hospitals Project — Interior Health Authority

Objectives: The Kelowna/Vernon Hospitals Project consists of two major capital projects under a combined procurement process. A new Ambulatory Care Centre at Kelowna General Hospital (KGH) will consolidate ambulatory care services and programs currently dispersed throughout KGH into one facility, and quadruple the size of the emergency department. An additional two floors of shelled space has been added for future inpatient beds. In addition, the project will include accommodation for a medical school in conjunction with the Ministry of Advanced Education and the University of British Columbia Okanagan. A new Diagnostic and Treatment Building will be constructed at Vernon Jubilee Hospital (VJH) and will include an expanded emergency department, maternity and paediatrics, ambulatory care centre, surgical services, intensive care/cardiac care, and central sterilization services.

Benefits: The new facilities will improve outpatient care and single-day treatment service delivery on the KGH and VJH sites by consolidating ambulatory care services and using staff effectively and to establish multi-disciplinary teams with a patient care focus. They will also improve health service delivery and patient flow in KGH and VJH by renovating and expanding the emergency departments at these two hospitals.

Cost and Timeline: The estimated capital cost of the project is $290 million, based on a pre-design cost estimate. Construction is expected to commence in 2008 after completion of procurement and finalization of costs, with completion expected in late 2010.

For more information on the Surrey Outpatient Hospital project, please see the Ministry's website at: www.health.gov.bc.ca/library/publications/year/2007/Kelowna_Vernon_Hospitals_Capital_Project_Plan_April_2007.pdf

Fort St. John Hospital and Complex Care Facility — Northern Health Authority

Objectives: The Fort St. John Hospital and Complex Care Facility project will replace and expand the existing Fort St. John Hospital. A new complex care facility will also be constructed on the hospital site.

Benefits: The new facility will provide the appropriate hospital functions necessary to accommodate current and future acute patient needs in the Fort St. John area. The new hospital will become the North-East referral centre for clinical systems such as pathology, radiology, clinical support and pharmacy. The complex care facility will accommodate current and future residential care services for seniors needing complex care services in the area.

Cost and Timeline: The estimated capital cost of the project is $268 million, based on a pre-design cost estimate. Construction is expected to commence in 2009 after completion of procurement and finalization of costs, with completion expected in 2011.

For more information on the Fort St. John Hospital and Complex Care Facility project, please see the Ministry's website at: www.healthservices.gov.bc.ca/cpa/publications/ .

Investments across the Province

In addition to the major capital projects listed above, significant capital investments to improve B.C.'s health system have been made by the Ministry, health authorities, regional hospital districts, foundations and other funding partners. The following are some examples of those investments.

Fraser Health Authority

- Redesigning and redeveloping the Emergency Department and the Ambulatory Care department at the Ridge Meadows Hospital in Maple Ridge. The $19 million project will double the size of the emergency department and will consolidate ambulatory (outpatient) care services into one setting. The project is scheduled to be completed in the Fall of 2008.
- Renovations, new construction and service transfer costs to create space for additional inpatient beds and renal stations at Surrey Memorial Hospital. This $30.4 million project, referred to as the Immediate Capacity Development Project, is a component of the Surrey Health Services Capacity Initiative. Completion of acute care and Intensive Care Unit beds

is scheduled to complete in September 2008; renal chairs, lab and pharmacy scheduled to complete in March 2009.

- Renovations and 30 complex care bed expansion to the Fraser Hope Lodge in Hope. This $6.3 million project is planned for occupancy for Summer 2008.

Interior Health Authority

- Expanding the East Kootenay Regional Hospital in Cranbrook to enhance its Regional Health Care Centre role. The addition will expand and upgrade the emergency, ambulatory care and diagnostic imaging departments. The $32 million project was completed Fall of 2007.
- Replacing the St. Bartholomew's Hospital in Lytton with a new health care centre and assisted living facility to meet the health care needs of seniors, local Aboriginal communities and Lytton residents in one facility. The $8.1 million project is scheduled to be completed in 2008.
- Expanding and renovating the Shuswap Lake General Hospital for an expanded emergency department and diagnostic imaging area. Other work includes changes to the emergency entrance and physiotherapy area and addition of a geothermal heating system as part of government's initiatives on climate action. The $21.6 million project is scheduled to be completed in 2009.

Northern Health Authority

- Renovating and building an addition to the Prince George Regional Hospital to accommodate a special care nursery, a combined labour delivery and maternity unit and improvements to pediatric and pediatric ambulatory care. The $14.3 million project was completed in early 2008.
- Constructing 93 new residential care beds and 80 assisted living units in Prince George. The new facilities will include full handicapped accessibility and resident lift systems for the residential care beds. The $42 million project will be completed in mid 2009.
- Building a new $11.7 million hospital and health centre in Masset that will include hospital services, complex care beds and community health programs. The project is scheduled for completion in 2008. The campus of care also includes four assisted living units that are included in the 5,000 beds project. These units are being built by BC Housing.

Vancouver Coastal Health Authority

- Renovations to upgrade and modernize the existing Emergency Department (ED) at St. Paul's Hospital in Vancouver. The project will address patient flow, wait times, infection control concerns and diagnostic capacity. This $14.7 million project will be completed in four phases to enable the continuation of services during construction. The project is scheduled to complete in Summer 2010.

- Expanding and renovating St. Mary's Hospital in Sechelt, including a new Emergency Department with added capacity, expansion to Ambulatory Care and Surgical Day Care areas, and 12 additional acute care beds. The $39.75 million project is scheduled to complete in early 2012.
- Redeveloping the existing Maternity Unit at Richmond Hospital to improve the quality of care for maternity patients and newborn babies. The $6.7 million project will include 17 birthing rooms, an enhanced operating room suite, and expansion of the Neonatal Intensive Care Unit. The project is scheduled to complete in Spring 2009.

Vancouver Island Health Authority

- Redeveloping Nanaimo Regional General Hospital, including a $23 million surgical expansion completed in April 2005 and a new $12 million perinatal services component completed in 2007.
- Renovating and relocating laboratory services at the Royal Jubilee Hospital in Victoria. The $2.2 million project was completed 2007.
- Constructing a new emergency department at Victoria General Hospital. The new facility will provide greater privacy for patients, specialized areas for emergency services for children, an isolation area for people with infectious diseases and separate entrances for patients arriving either on their own or by ambulance. The $18.8 million project will be completed in late 2009.

Provincial Health Services Authority

- Cyclotron & Radiopharmaceutical Facility, including acquisition of a cyclotron and the construction of a radiopharmaceutical lab to support the clinical PET program. Estimated project budget: $15.3 million. Estimated completion by March 2009.
- Staffing and Scheduling System (SASS) (Budget: $7.8 million). This new staff scheduling and timekeeping system will provide integrated, self-serve systems and processes to decrease costs and improve workforce productivity and efficiency. Estimated completion by March 2009.
- Clinical Information System (CIS) (Budget: $28.8 million, of which only the first phase of $5.0 million was approved). This project will replace outdated mission-critical Patient Admission — Discharge — Transfer and scheduling applications at Children and Women's hospitals setting the foundation for future CIS implementations across PHSA. This project is a key initiative in PHSA's eHealth strategy. Completion of the entire project is expected by March 2011, pending required approvals. Phase one was completed early 2008.
- The renovation for the Paediatric Intensive Care Unit at BC Children's and Women's Hospital was substantially complete April 2008. There is a pending increase of $454K for additional equipment requirements and the estimated project completion has been extended to September 30, 2008.

Annual Service Plan Report Appendices

Appendix A: B.C. Health Authorities

British Columbia has six health authorities that, in conjunction with the Ministry of Health, manage and deliver most publicly funded health services in the province. Responsibility for delivery of local health services, such as home and hospital care, rests with five regional health authorities. The sixth health authority, the Provincial Health Services Authority, is responsible for providing province-wide specialized services, and for supporting the regional health authorities with their service delivery.

Map of B.C. Health Authorities

Provincial Health Services Authority (PHSA)

Web Address: www.phsa.ca

PHSA operates provincial agencies including BC Children's Hospital, the BC Transplant Society, and Riverview Hospital. It is also responsible for specialized provincial health services such as chest surgery and trauma services, which are delivered in a number of locations in the regional health authorities as well specialized programs that operate across several PHSA agencies.

Interior Health Authority (IHA)

Web Address: www.interiorhealth.ca

2007/08 Population:[24] 714,149

IHA serves a large geographic area, which ranges from densely populated to scarcely populated areas. IHA covers a region that stretches from Williams Lake to the U.S. border and from Anahim Lake in the Chilcotin to the Alberta border. The mixture of population density provides challenges to effectively delivering health care services to the region's residents.

Fraser Health Authority (FHA)

Web Address: www.fraserhealth.ca

2007/08 Population: 1,525,330

FHA consists of a small geographic area with a high population density. Its borders stretch east from Delta to Burnaby to Boston Bar and south to the U.S. border. Over the past 10 years FHA has experienced significant population growth and currently represents about 34 per cent of B.C.'s population. This historic and projected population growth, compounded by an aging population has created increased demands for health care services in this region.

Vancouver Coastal Health Authority (VCHA)

Web Address: www.vch.ca

2007/08 Population: 1,090,404

Similar to FHA, VCHA is small in geographic area with a high population density. VCHA serves residents in Vancouver, Richmond, the North Shore and communities in the coastal region, including: Squamish and Whistler along the Sea-to-Sky Highway; Gibsons and Sechelt on the Sunshine Coast; and Powell River. Through denominational agreements, VCHA also serves the residents of Bella Bella and Bella Coola and also partners with Providence Health Care in Vancouver.

[24] Population estimates for all Health Authorities obtained from BC Stats. (P.E.O.P.L.E. 32) 2007. Ministry of Labour and Citizens' Services.

Vancouver Island Health Authority (VIHA)

Web Address: www.viha.ca

2007/08 Population: 745,598

VIHA serves the residents of Vancouver Island, the Gulf and Discovery Islands and the residents of the mainland located adjacent to the Mount Waddington and Campbell River areas. Almost half of Vancouver Island's population lives in and around the provincial capital of Victoria, at the southern end of Vancouver Island.

Northern Health Authority (NHA)

Web Address: www.northernhealth.ca

2007/08 Population: 298,094

NHA covers almost two-thirds of B.C., and is bordered by the Northwest and Yukon Territories to the north, and the B.C. Interior to the south, and Alberta to the east, and Alaska and the Pacific Ocean to the west. The primary challenge for NHA is to administer and provide quality services across a large, sparsely populated region with significant recruitment and retention issues due to its northern location.

Appendix B: Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)
1515 Blanshard Street
Victoria BC
V8W 3C8
Toll Free in B.C.: 1 800 465-4911
In Victoria or from other areas: 250 952-1742

Health Insurance BC (www.hibc.gov.bc.ca)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria BC
V8W 9E3
Toll Free in B.C.: 1 800 663-7100
In Vancouver call: 604 683-7151

Health Insurance BC (www.hibc.gov.bc.ca)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria BC
V8W 9P2
Toll Free in B.C.: 1 800 663-7100
In Vancouver call: 604 683-7151

BC NurseLine
Toll Free in B.C.: 1 866 215-4700
In Greater Vancouver: 604 215-4700
Deaf and hearing-impaired: 1 866 889-4700

Ministry of Health — Health and Seniors Information Line
Toll Free in B.C.: 1 800 465-4911
In Victoria or from other areas: 250 952-1742

Vital Statistics Agency (www.vs.gov.bc.ca/index.html)
Mailing Address:
PO Box 9657 Stn Prov Govt
Victoria BC
V8W 9P3
General enquiries: 250 952-2681 (Victoria)

Agency Offices:

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

VICTORIA
818 Fort Street
Phone: 250 952-2681
Fax: 250 952-2527

VANCOUVER
Room 250
605 Robson Street
Fax: 604 660-2645

KELOWNA
1475 Ellis Street, Room 101
Fax: 250 712-7598

PRINCE GEORGE
433 Queensway Street
Fax: 250 565-7106