

Ministry of
Health Services

2008/09
Annual Service Plan Report



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Message from the Minister and Accountability Statement



It is my pleasure to present the Ministry of Health Services' *2008/09 Annual Service Plan Report*. This report reflects the Ministry's continued focus on building a world class, sustainable, affordable public health care system and details our health system's performance over the past year in ensuring high quality patient-centred care in every region of this province.

The contents of this report recognize the achievements, hard work and dedication of health professionals, health authority employees and Ministry of Health Services staff from across the province.

2008 was a year of change for our Ministry. In June 2008, the Ministry of Health became two separate ministries – the Ministry of Health Services and the Ministry of Healthy Living and Sport. One of our key performance goals, improved health and wellness for British Columbians, is now the responsibility of the Ministry of Health Living and Sport, but we continue to work closely with that ministry to support British Columbians in making healthy lifestyle choices and maintaining their health.

Over the past year, the Ministry has risen to meet the challenges created by an aging population and rising chronic disease rates. We have examined new ways to provide British Columbians with the information they need to have more control over their health, implemented new initiatives to ensure the highest levels of accountability and transparency in our health system, and committed to making sure that British Columbians, no matter where they live, have increased access to health professionals.

In November 2008, the Province implemented the new 8-1-1 telephone service as part of HealthLink BC's suite of services to ensure British Columbians have 24-hour access to non-emergency health information. The telephone service and related website offer health information and advice for all British Columbians, no matter where they live in the province. With the arrival of the H1N1 virus in B.C. in late April 2009, HealthLink BC played a vital role in easing the load on hospitals and clinics across the province. Call volumes more than doubled, with up to 2,000 British Columbians calling each day during April and May to speak to a registered nurse.

We have made a number of changes to increase accountability and promote patient safety. In April 2008, we established Patient Care Quality Review Boards in each region of the province to provide British Columbians with an independent process for addressing concerns about the quality of their experience in the public health care system. Additionally, over the past year, we strengthened our health profession regulatory process by ensuring that health profession colleges in B.C. are governed under a standard piece of legislation and increased options for patients by enhancing the scope of practice for optometrists, registered nurses, midwives and naturopathic doctors.

Ensuring adequate levels of health human resources remains a priority for the Ministry and we continue to expand educational opportunities and have a comprehensive set of initiatives in place to ensure that we are creating safe, positive work environments that attract and retain qualified health professionals.

A common theme running through our activities last year was innovation. As the population of British Columbia grows and ages, and as medical technology and pharmaceuticals advance, it is necessary to look at innovation to ensure the sustainability of our public health care system. We have seen impressive results including: improved community access and wait times; reduced acute care interventions as a result of emphasis on prevention and healthier living; and, more opportunities for health professionals through enhanced transparency and accountability. Outstanding results of innovative initiatives in B.C. include:

- Emergency department streaming projects at Kelowna General Hospital, Nanaimo Regional General Hospital and Victoria General Hospital have seen wait times reduced by up to 50 per cent;
- In some hospitals in Vancouver, 25 per cent of patients waited less as a result of the pay-for-performance pilot. Overall, through this pilot, more than 30,000 patients were seen within the target time for discharge from the emergency department or admission to a ward. In 2009, this program expanded into four hospitals in the Fraser Health region;
- A variety of iCare projects at hospitals across the province, which take a collaborative, team based approach to patient care, have seen reductions in average length of stay across the board; and,
- “Lean” projects, which reevaluate everyday hospital processes to make them more efficient and improve patient care – at BC Women’s Hospital the postpartum discharge time for new mothers went from 10 hours to less than two.

The Ministry of Health Services *2008/09 Annual Service Plan Report* compares the actual results to the expected results identified in the Ministry of Health *2008/09- 2010/11 Service Plan*. I am accountable for those results as reported.



Honourable Kevin Falcon
Minister of Health Services

July 27, 2009

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Highlights of the Year

Government spending in the Ministry of Health Services in 2008/09 reached \$13.59 billion, an increase of 57 per cent from \$8.65 billion in 2000/01. This expenditure was made across a wide spectrum of programs and services aligned with the Ministry's goals to 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 Services in 2008/09.

Providing High Quality, Patient-Centred Care

Providing increased access to care:

- Increased the number of surgeries in priority areas and reduced waiting times. The median wait times for patients receiving surgery in 2008/09 compared to 2001/02 are:
 - 7.9 weeks for cataracts: compared to 9.0 weeks
 - 6.9 weeks for open heart: compared to 15.1 weeks
 - 10 weeks for hip replacement: compared to 18.7 weeks
 - 13 weeks for knee replacement: compared to 25.4 weeks
- Increased the number of MRI and CT scanners resulting in thousands more exams. Since 2001, 19 new CT scanners and 13 new MRI machines have been added to the health system resulting in a 90 per cent increase in the number of CT scans and a 170 per cent increase in the number of MRI scans in 2008/09 compared to 2001/02.
- Reduced wait times and increased options for seniors housing and care across the province. A modern, flexible approach to seniors' needs is emerging through a range of options that includes residential care, assisted living and supportive housing. The province has built more than 5,800 net new residential care beds, assisted living units and supportive housing units in communities across B.C., bringing the total of new and replacement beds developed or replaced since June 2001 to over 12,500.
- Increased the number of disorders screened for at birth from three to 19, with \$73 million in funding over three years.
- Opened a new multi-organ transplant clinic at BC Children's Hospital to provide access to very specialized care for B.C. children, and their families, who have had an organ transplant.
- Introduced a program in November 2008 to fund insulin pumps for eligible children with type 1 diabetes.
- Launched a program in Fall 2008 making girls in British Columbia entering grades 6 and 9 eligible for a free HPV vaccine that will prevent 70 per cent of cervical cancers.

- Increased the number of drugs covered by B.C.'s PharmaCare program. Since 2005, PharmaCare has approved 343 individual submissions, of which roughly 244 are generic drugs and approximately 99 are other submission types, including new brand name drugs and new drug indications.

Ensuring quality and safety of health services:

- Established a new B.C. Patient Safety and Quality Council to enhance patient safety, prevent adverse events, promote transparency and accountability, and identify best practices to improve patient care.
- Invested more than \$2.3 million to support the implementation of the Patient Safety Learning System, a tracking system that helps health care organizations identify and examine safety and risk related incidents occurring in the health system.
- Created a new Health Professions Review Board to provide an independent review of certain decisions made by self-regulating colleges regarding the registration of their members and the timeliness and disposition of complaints made against their registrants.

A Sustainable, Affordable Publicly Funded Health System

- Passed a record eight pieces of health care legislation last year guided by input received during the Conversation on Health. This legislation enables health professionals to provide a wider range of services; helps B.C. register health professionals from other provinces and countries; and, strengthens regulatory college oversight.
- Targeted \$300 million over three years for a Transformation Fund dedicated to projects to transform and modernize the health system.
- Increased the number of physicians practicing in B.C. In December 2008, the Canadian Medical Association reported a total of 9,733 physicians in British Columbia. This translates to 220 physicians per 100,000 population – compared to 200 per 100,000 for Canada, ranking B.C. tied for second in Canada¹.
- Doubled the number of nurse training spaces since 2001 and added 24 new nursing programs. The number of medical school training positions has more than doubled and 990 new allied health education seats have been added.
- Created a three-year accelerated bachelor of science in nursing degree program option at the B.C. Institute of Technology that started in August 2008.
- Began construction for a fourth medical program – the Southern Medical Program – at UBC Okanagan in September 2008. When it opens in 2011, the new Health Sciences Centre will accommodate 32 first-year, full-time medical students that will increase to 128 medical students in various stages of training by 2014.

¹ Canadian Medical Association Masterfile, January 2009 and Statistics Canada, Quarterly Demographic Estimates, Table 1-1 Quarterly population estimates, national perspective — Population, Release date March 2009, Catalogue # 91-002-XWE

Purpose of Ministry

The Ministry of Health Services 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 our most valued social programs — virtually every person in the province will access some level of health care or health service during their lives. Good health is a fundamental building block of a happy and productive life.

The British Columbia health system is guided by three overarching goals: improving the health and wellness of British Columbians; providing high quality patient care; and ensuring the health system remains sustainable, affordable and publicly funded. The Ministry of Health Services works collaboratively with the Ministry of Healthy Living and Sport and other ministries to guide the health system in achieving these goals.

The Ministry of Health Services has overall responsibility for ensuring that quality, appropriate and timely health services are available to all British Columbians. The Ministry works with health authorities, care providers, agencies and other groups to provide access to care. The Ministry provides leadership, direction and support to these 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 and oversight of health professional regulatory bodies.

The Ministry directly manages a number of provincial programs and services. These programs include: the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the B.C. Vital Statistics Agency, which registers and reports on vital events, such as a birth, death or marriage; and, the Emergency and Health Services Commission, which provides ambulance services across the province and operates HealthLink BC, a confidential health information, advice and health navigation system available by telephone or on the web (see www.healthlinkbc.ca). HealthLink BC also publishes the BC HealthGuide which is available through local pharmacies.

The Province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of selected province wide health programs and services. These include 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, BC Provincial Renal Agency, BC Transplant Society, Cardiac Services BC, and BC Mental Health and Addiction Services including Riverview Hospital and the Forensic Psychiatric Services Commission.

The delivery of health services and the health of the population are monitored by the Ministry on a regular basis. These activities inform the Ministry's strategic planning 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.

Health System 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

The Ministry of Health Services 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. The British Columbia health system continues to be challenged by an ever increasing demand for health services, global competition for health care workers and professionals, and the need to maintain and improve buildings and equipment. As well, B.C. wants to ensure that all its residents enjoy access to health services and good health; regrettably, though, B.C.'s Aboriginal population does not have the same level of good health as the rest of province, and government is working with First Nations, Métis, and other partners to close this gap.

The Aging Population

British Columbia's elderly population is the fastest growing in Canada. Within the next 10 years there will be fewer school age children than people over 65, and more people retiring than entering the workforce.² This will continue to drive demand because the need for health services rises with age. In 2006/07, people over 65 made up 14 per cent of the B.C. population, but used 33 per cent of physician services, 48 per cent of acute care services, and 49 per cent of PharmaCare expenditures.³ Seniors also form the backbone of the volunteer sector and government is working to support their community participation and longer, healthier, 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. It is estimated that one in three British Columbians has at least one chronic condition, and their prevalence will continue to increase as the population ages.⁴ People with chronic conditions represent approximately 34 per cent of the B.C. population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.⁵ Overall, the increasing prevalence of chronic disease and the resulting burden of illness is a significant driver of demand for health services.⁶

² Population estimates (1986-2006) and projections (2007-2031) by BC STATS, Service BC, B.C. Ministry of Labour and Citizen Services (PEOPLE 32).

³ Health System Planning Division, Ministry of Health Services; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2006/07.

⁴ Medical Services Plan (MSP) and Discharge Abstract Database (DAD) data, 2006/07

⁵ Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

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

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care, making it more efficient and effective, but they are also creating increased demand by expanding the number of patients treated and how and where services can be delivered. For example, thanks to advances in technology, cataract removal is recommended for a wider range of patients and is now a day procedure. Between 2000/01 and 2007/08 angioplasties and hip replacements increased by more than 50 per cent and knee replacements by approximately 118 per cent.⁷ New diagnostic procedures, such as magnetic resonance imaging (MRI), computed tomography (CT) scans, and non-invasive cardiology tests have emerged, as well as new and more expensive drug therapies.

Aboriginal Health

A 2007 Provincial Health Officer interim report confirmed that B.C.'s Aboriginal population continues to experience poorer health and a disproportionate rate of chronic disease than other B.C. residents. For all measures of premature mortality, whether during infancy or later in life, Aboriginal people die at earlier ages and at greater rates than other B.C. residents, and this holds true across major diseases, injuries and risk factors such as smoking, alcohol or drugs. This persistent health gap cannot be explained by genetic risk alone, and its roots lie in socioeconomic disparities and cultural disruption.⁸

Human Resources and Health System Infrastructure

Although B.C. has expanded education and training programs for health professionals and workers, B.C. struggles to maintain an adequate supply and mix of human resources. The workforce is aging and many will soon retire at a time of increased demand for health services and global competition for highly skilled personnel.

Maintaining and improving the health system's physical infrastructure is another challenge, 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, Management Information Branch, Health System Planning Division, Ministry of Health Services, October 2008.

⁸ *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

As a result of the changes in ministry responsibilities in February 2009, Goal 1: Improved Health and Wellness for British Columbians and its supporting performance measure, Tobacco use rates (age 15 and over) became the responsibility of the Ministry of Healthy Living and Sport and will be reported in their annual service plan report. The Ministry of Health Services continues to work in close collaboration with the Ministry of Healthy Living and Sport to encourage healthy lifestyles and support British Columbians in disease prevention across all areas of the province.

Overall, the Ministry of Health Services performed well in achieving its performance targets in 2008/09. The following table provides an overview of progress in achieving the goals and objectives in the Ministry's *2008/09 – 2010/11 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 seven performance measures in the *2008/09 – 2010/11 Service Plan*, one is listed as pending because data are not available for 2008/09 at the time of publication. Of the remaining six measures, the results show that five achieved or exceeded the target and one missed the target.

The Ministry of Health Services 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.hls.gov.bc.ca/pho/index.html),
- the Health Council of Canada Annual Report (www.healthcouncilcanada.ca/en/);
- the Canada Health Act Annual Report (www.hc-sc.gc.ca/index-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 Canadian Diabetes Association.

Performance Plan Summary Table

Goal 2: High Quality Patient Care For greater detail see pages 15 to 21	2008/09 Target	2008/09 Actual
2.1 Timely access to appropriate health services by the appropriate provider in the appropriate setting		
Waiting times for surgery:	Increase toward	74%
a) Percentage of hip replacement cases completed within 26 weeks	90% (>62%)	Achieved
b) Percentage of knee replacement cases completed within 26 weeks	Increase toward 90% (>55%)	65% Achieved
Waiting times for cancer treatment:		
a) Percentage of patients who receive radiotherapy within four weeks	90%	94% Exceeded
b) Percentage of patients who receive chemotherapy within two weeks	90%	87% Not Achieved
2.2 Patient-centred care to meet the specific health needs of patients and specific patient groups		
Percentage of patients with diabetes who undergo at least two A _{1c} tests per year	55%	Data Not Available until Fall 2009
2.3 Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system		
Number of people with a mental disorder and/or substance addiction receiving housing with supports	Increase over previous year (7,916)	8,189 (Partial year data) Achieved
Goal 3: A Sustainable, Affordable, Publicly Funded Health System For greater detail see pages 22 to 25	2008/09 Target	2008/09 Actual
3.2 Strategic investments in information management and technology to improve patient care and system integration		
Percentage of physicians implementing electronic medical record systems	20%	20% Achieved

Goals, Objectives, Strategies and Performance Results

Goal 1: Improved Health and Wellness for British Columbians

As a result of the changes in ministry responsibilities and creation of the Ministry of Healthy Living and Sport in February 2009, Goal 1, its supporting objectives and performance measure (Tobacco use rates) are now the responsibility of the Ministry of Healthy Living and Sport and will be reported in its annual service plan report.

Goal 2: High Quality Patient Care

Patients receive appropriate, effective, quality care at the right time in the right setting. 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 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 the elderly and persons with disabilities 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 with care 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.
- Implementing a surgical patient registry to give patients more control over their surgical options, provide surgeons and health authorities with better management tools and improve public reporting of wait times.
- Improving waiting times in emergency departments by introducing innovative services such as fast track units and urgent care centres that work in conjunction with hospital emergency departments across B.C.

- Increasing the availability of care from multidisciplinary primary health care teams to provide effective first point of contact care and a more integrated, patient-centred experience that focuses on supporting the role of patients in staying healthy and managing their conditions, particularly for those with chronic diseases.
- Providing British Columbians access to prescription drug therapy through the PharmaCare program and co-leading the development of a National Pharmaceuticals Strategy.

The Ministry is tracking access indicators for hip and knee replacement surgeries and cancer treatment – two priority areas identified by First Ministers in the 2004 *Ten-Year Plan to Strengthen Health Care*.

Performance Results

Performance Measure	2006/07 Baseline	2007/08 Actual	2008/09 Target	2008/09 Actual
Waiting times for surgery:				
a) Percentage of hip replacement cases completed within 26 weeks	52%	62%	Increase towards 90%	74% Achieved
b) Percentage of knee replacement cases completed within 26 weeks	49%	55%	Increase towards 90%	65% Achieved

Data Source: SWIFT, on March 31 of each fiscal year, Management Information Branch, Health System Planning Division, Ministry of Health Services

Discussion of Results

Demand for hip and knee joint replacement surgeries has been rising sharply as the population ages and new surgical techniques and technology make joint replacement surgeries available to more people. In the 2004 *Ten-Year Plan to Strengthen Health Care*, First Ministers committed to establish benchmarks in priority areas and to set multiyear targets against these benchmarks. The benchmark of completion within 26 weeks has been established for hip and knee replacement. The Ministry is making significant efforts to improve access to these services and has established a target to complete 90 per cent of hip and knee replacement surgeries within 26 weeks by March 2010.

The Ministry is currently working with health authorities on improving wait list management while maintaining increases in surgery volumes. While the Activity Based Funding initiative has led to higher surgery volumes for hip and knee joint replacements, the Ministry remains concerned about ‘long waiters’ (patients waiting longer than 52 weeks) and the wait times in general. A Provincial Musculoskeletal Advisory group has been established to bring together representatives from regional health authorities and the Ministry of Health Services to address identified theme areas and, through their activities, improve access to quality care for all musculoskeletal patients in B.C.

Performance Results

Performance Measure	Benchmark ¹	2006/07 Actual	2007/08 Actual	2008/09 Target	2008/09 Actual
Waiting times for cancer treatment: a) Percentage of patients who receive radiotherapy within four weeks	90%	96%	97%	90%	94% Achieved
b) Percentage of patients who receive chemotherapy within two weeks	90%	90%	90%	90%	87% Not Achieved

Data Sources: Radiotherapy: Provincial Radiation Therapy Program, 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, BCCA. Data involves all existing BCCA centres and does not include all hospitals in B.C.

¹ The radiotherapy benchmark was developed in accordance with the First Ministers' *Ten-Year Plan to Strengthen Health Care*, September 2004.

Discussion of Results

As one of the five First Ministers' Meeting priority areas, the Ministry has been tracking ongoing performance in radiation therapy. Radiotherapy is the use of a focused radiation beam to destroy malignant cancer cells. This service is provided in five regional cancer centres operated by the BC Cancer Agency. Along with chemotherapy, which is frequently provided closer to home at community hospitals, early treatment with radiotherapy is important to achieving the best health outcomes for people with cancer.

Although a national benchmark has been established for radiotherapy, one has not been established for chemotherapy. British Columbia's performance in delivering timely access to cancer care has been excellent. Through the BC Cancer Agency, 94 per cent of patients received their first round of radiation therapy within four weeks of being ready to treat while 87 per cent received chemotherapy within two weeks, which is slightly below the province's target of 90 per cent. Overall, 96 per cent of patients received chemotherapy treatment within four weeks in 2008/09.

According to the Cancer Advocacy Council, B.C. has the best funded and most timely access to cancer drugs in Canada.⁹ Access to cancer treatment remains an important performance indicator for the Ministry. Demand for radiotherapy and chemotherapy are growing, driven by the aging population and increases in the prevalence and incidence of cancer. The Northern Cancer Control Strategy — including a new Cancer Centre in Prince George due to open in 2012 — will expand cancer care services for B.C.'s northern residents.

⁹ Cancer Advocacy Coalition of Canada's 2005 Report Card. Link: www.canceradvocacy.ca/reportcard/2005/REPORT_CARD_2005.pdf

Ministry Response

Growth in incidence of cancer related to the aging population has increased demand for chemotherapy treatment. B.C.'s investment in cancer care and control has increased substantially in the last few years. Over 31,000 patients in B.C. receive cancer drug therapy annually through the BC Cancer Agency's five regional centres.¹⁰ For the year ending March 2008, chemotherapy drug costs were over \$114 million.¹¹

The BC Cancer Agency, Provincial Health Services Authority and Ministry of Health Services are working to meet the increased demand for chemotherapy treatment. Plans to increase chemotherapy capacity included the opening of the Abbotsford Cancer Centre in 2008 as well as the new Northern Regional Cancer Centre in Prince George, which is expected to be operational in 2012. See page 29 – Major Capital Projects for more details.

Objective 2.2: Patient-centred care 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.

Strategies

- Improving delivery of, and access to, culturally appropriate health services tailored to meet the needs of First Nations communities, and enabling First Nations to take a leadership role in improving their health status and providing input into health planning.
- Increasing the emphasis on effective management for patients with chronic diseases to prevent or slow disease progression. In line with B.C.'s *Primary Health Care Charter*, the key area of focus is working with physicians and other health providers to provide care according to best practice guidelines in the areas of 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.

¹⁰ Fact sheet: Stats at a glance (for the year ended March 2008). BC Cancer Agency.
<http://www.bccancer.bc.ca/NR/rdonlyres/E1D56E3C-D645-4947-8CD7-5690347A4033/29391/BCCAFactSheet1.pdf>, accessed June 22, 2009

¹¹ *ibid*

Performance Results

Performance Measure	2006/07 Actual	2007/08 Actual	2008/09 Target	2008/09 Actual
Percentage of patients with diabetes who undergo at least two A _{1C} tests per year	48%	50%	55%	Data Not Available

Data Source: Primary Health Care Registry - Diabetes (DM) data extracted November 2008, Health System Planning Division, Ministry of Health Services.

Discussion of Results

This performance measure centres on improving chronic disease management, focusing specifically on the treatment of diabetes. Diabetes is one of the most common chronic diseases. It affected about 283,000 patients or about 6.5 per cent of British Columbians in 2007/08 and is steadily increasing in prevalence.¹²

This indicator measures improved management of diabetes through the percentage of patients with diabetes who undergo the recommended best practice of at least two hemoglobin A_{1C} tests per year. The hemoglobin A_{1C} test is a simple lab test used in the management of diabetes that shows the average amount of sugar (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 under control, or if immediate intervention is required to lower complication rates.

Data for this measure will not be available until the Fall 2009. The 2007/08 results, released Fall 2008, show that the Ministry is continuing to make progress in improving care for people with diabetes. 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 incentives for physicians to provide evidence-based care. 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, including eighty Diabetes Education Centres across B.C, HealthLink BC programs, and diabetes management guidelines for physicians. 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.

¹² Primary Health Care Registry - Diabetes (DM), 2007/08. Health System Planning Division, Ministry of Health Services.

Objective 2.3: Improved integration of health service 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 continues to work to improve the integration of those services so care can be provided in the most coordinated and seamless manner possible, which benefits both patients and health service providers. The Ministry is also working to improve collaboration and coordinate with other provincial government ministries and with agencies outside the traditional health system. Coordinated action and improved integration allows government to provide better support services for persons with disabilities or 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 or substance use disorders often must access various providers to receive care and support services. The Ministry is working to ensure services, from child and youth to adult programs, are integrated to provide seamless, appropriate care and supports to facilitate recovery and maintain quality of life for those with chronic illnesses.

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 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 methamphetamine use in British Columbia.
- Working with other government ministries to ensure programs and services are integrated to achieve maximum benefit for those in need, including people with mental illness and/or substance use disorders who access employment and income assistance programs, are involved in the corrections system or require services related to a dual diagnosis of mental illness and developmental disability.

Performance Results

Performance Measure	2007/08 Baseline	2008/09 Target	2008/09 Actual
Number of people with a mental disorder and/or substance addiction receiving housing with supports	7,916	Increase over previous year	8,189* Achieved

Data Source: Mental Health and Addictions Branch, Ministry of Health Services. The Community Mental Health and Addictions Bed/Unit Inventory is based on mental health and addictions bed data reported by health authorities in October/November 2007.

* Partial year data from July 2008 Bed/Unit Inventory.

Discussion of Results

People with severe mental illness and/or substance use disorders benefit from access to safe, secure and affordable housing that is coordinated with a range of appropriate support services to treat their conditions. This indicator measures the Province's progress in improving the coordination and availability of housing and support services for those with mental illness and/or substance use disorders. Housing with support services is for people who can live independently while receiving community living support services, as well as those who require a structured residential or family care home environment. This indicator measures progress in improving the availability of housing and support services for those with mental illness and/or substance use disorders. Health authorities provide assessment, treatment and a range of other health services that are coordinated and integrated with other providers responsible for housing and other community supports.

This performance measure was new in 2008/09. The baseline was determined from data gathered in a housing inventory of mental health and addictions beds reported by health authorities in October/November 2007. The Ministry, in partnership with BC Housing, is working toward a 20 per cent increase in the availability of housing with supports by 2010/11. The 2008 annual housing survey showed an increase of 273 units, from 7,916 to 8,189 between October/November 2007 and July 2008 — good progress toward meeting the 2010/11 target¹³.

¹³ Bed data reported by health authorities, October/November 2007 and July 2008, Mental Health and Addictions Branch, Ministry of Health Services.

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

Skilled and caring health professionals are the cornerstones 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 Columbian's needs now and in the future. B.C. has made significant progress over the past five years in addressing our health human resource needs, but there is more work to be done.

Strategies

- Working with the Ministry of Advanced Education and Labour Market Development 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 B.C.'s medical school, with campuses in Victoria, Prince George and Kelowna, doubling of the number of postgraduate residency spaces to 256 by 2010, and investing in the continued recruitment, training, and retention of nurses.
- Recruiting foreign trained doctors and nurses through the B.C. Provincial Nominee Program, which allows applicants to gain permanent residence status more quickly and practice permanently in British Columbia.
- Integrating nurse practitioners into B.C.'s health system, and increasing the number of nurse practitioners graduating in the province, including new graduates of 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.

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

Making the right investments in information management systems and new technologies will support the health system in meeting the goals and objectives set out in this service plan. Innovations in information technology can improve system integration and efficiency, support access to services across the province, assist managers and health care practitioners in making evidence-based decisions, and provide the public with access to valuable health information in a timely and convenient manner.

The Ministry is working to realize the full potential of electronically enabled information technologies through its provincial leadership 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 better ensure the safe delivery of health services for British Columbians, support health care providers in their provision of quality health care and optimize health expenditures.

Strategies

- Enhancing patient care by implementing a secure electronic health record system across the province that will allow medical practitioners to easily access information (such as test results or medication histories) that will assist treatment while protecting personal privacy.
- Working with the British Columbia Medical Association and the College of Physicians and Surgeons to coordinate, facilitate and support information technology planning and implementation for physicians, including supporting the use of electronic medical record systems by physicians.
- 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	2007/08 Actual	2008/09 Target	2008/09 Actual
Percentage of physicians implementing electronic medical record systems ¹	Program introduced and systems made available to physicians	20%	20% Achieved

Data Source: Physician Information Technology Office database for March 31, 2008.

¹ Electronic medical record systems are implemented through a voluntary program of the Ministry/BCMA Physician Master Agreement.

Discussion of Results

The 20 per cent performance measure target for 2008/09 has been achieved. The Ministry and the British Columbia Medical Association, representing physicians, are working together to expand the use of electronic medical record systems in physicians' offices throughout the province. This work is supported by the Physician Information Technology Office and a provincially funded physician incentive program directed at increasing physicians' adoption of electronic medical record systems. Through involvement in, and analysis of the physician community, the Physician Information Technology Office estimated that the maximum target number of physicians who would be likely candidates to implement an electronic medical record system is approximately 5,000 – the majority of which would be in private practice settings. Other physicians, who work predominately in practice settings that have existing clinical information systems already in place, such as in hospitals, would not be candidates to implement an electronic medical record system.

In 2008/09 1,974 physicians were accepted into the incentive program to implement an electronic medical record system, of which:

- 1,013 physicians, or approximately 20 per cent of the 5,000 maximum, were considered 'active' in the program (153 having completed implementation and 860 in the process of implementing); and,
- 961 physicians were 'in the queue' to begin implementation¹⁴.

Objective 3.3: Sound business practices to ensure sustainability of the publicly funded health system

The Ministry is committed to managing 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 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

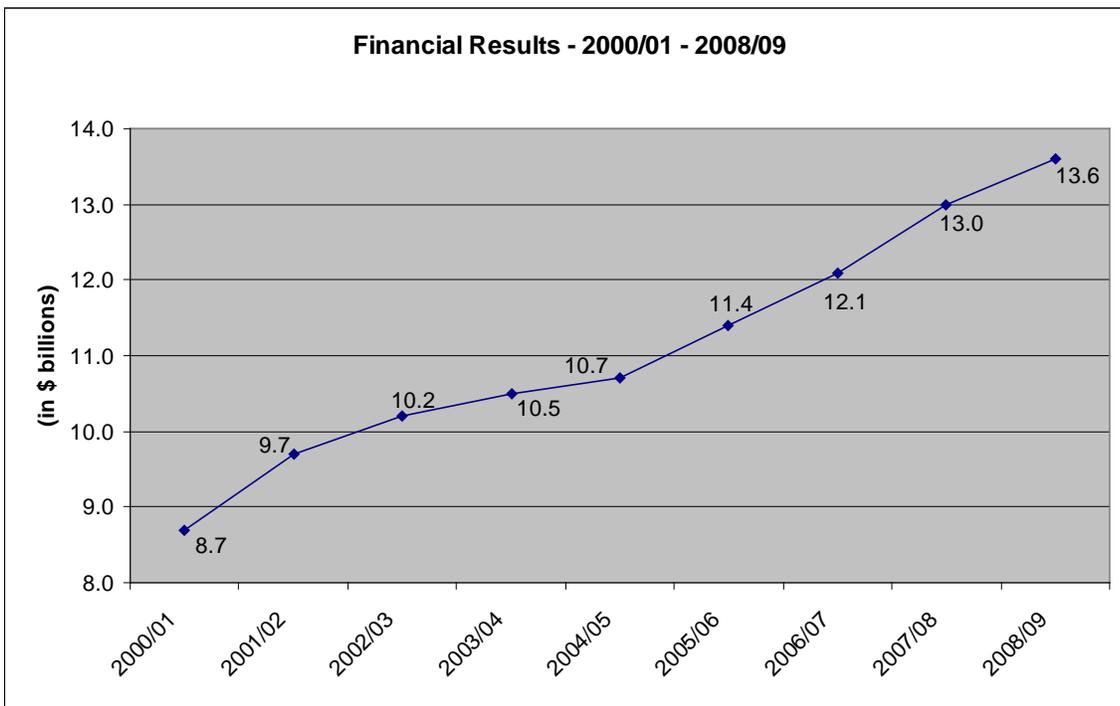
- Providing legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Planning and making strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.
- Supporting the *B.C. Energy Plan – A Vision for Clean Energy Leadership* by implementing Green Health Care initiatives to make hospital and health authority operations carbon neutral by 2010.

¹⁴ Physician Information Technology Office Database for March 31, 2008; Ministry of Health Services and British Columbia Medical Association Steering Committee.

- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.
- Investing in health research and innovation to improve service delivery and treatments for major health care challenges. For example, the Province is providing \$30 million to the new Terry Fox Research Institute, a national organization for cancer research headquartered in B.C.
- Working with system partners to ensure overall health system costs remain affordable and within budget, and utilizing strategic partnerships and innovative approaches to improve services to the public within the available fiscal resources.
- Working with a wide range of partners to ensure a system wide integrated approach to better enable an appropriate response to emergency events and the continuity of health services during times of major disruption.

Report on Resources

The Ministry of Health Services' operating budget for 2008/09 was \$13.765 billion. The government reorganization in June 2008 transferred \$39.4 million to the Ministry of Healthy Living and Sport, and \$120 million in Supplementary Estimates was approved for government priority initiatives. Debt service costs were also transferred to the Ministry of Finance in 2008/09 and the Dial-A-Dietitian program was transferred to the Ministry of Healthy Living and Sport, resulting in Revised Estimates of \$13.650 billion. Operating expenditures for the fiscal year ending March 31, 2009 were \$13.591 billion.



Resource Summary Table

	Estimated	Other Authorizations ¹	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Services Delivered by Partners					
Regional Health Sector Funding	8,622,812	93,663	8,716,475	8,672,599	43,876
Medical Services Plan	3,189,540		3,189,540	3,235,989	(46,448)
PharmaCare	1,016,170		1,016,170	989,165	27,004
Debt Service Costs	194,100	(194,100)	0	0	0
Amortization of Prepaid Capital	235,600		235,600	242,240	(6,640)
Health Benefits Operations	29,633		29,633	33,060	(3,427)
Sub-Total	13,287,855	(100,437)	13,187,418	13,173,054	14,364
Services Delivered by Ministry					
Emergency and Health Services	298,004	(1,474)	296,530	305,077	(8,547)
Vital Statistics	7,643		7,643	7,265	377
Sub-Total	305,647	(1,474)	304,173	312,342	(8,169)
Executive and Support Services					
Minister's Office	775		775	712	63
Stewardship and Corporate Management	170,460	(12,334)	158,126	137,501	20,625
Sub-Total	171,235	(12,334)	158,901	138,213	20,688
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total – Vote 36	13,617,487	(114,245)	13,503,242	13,476,359	26,883
Health Special Account	147,250		147,250	147,250	0
Sub-total – Operating Expenses	13,764,737	(114,245)	13,650,492	13,623,609	26,883
Reversal of Prior Year Over-accruals				(33,037)	33,037
Total – Ministry of Health Services	13,764,737	(114,245)	13,650,492	13,590,572	59,920

Ministry of Health Services

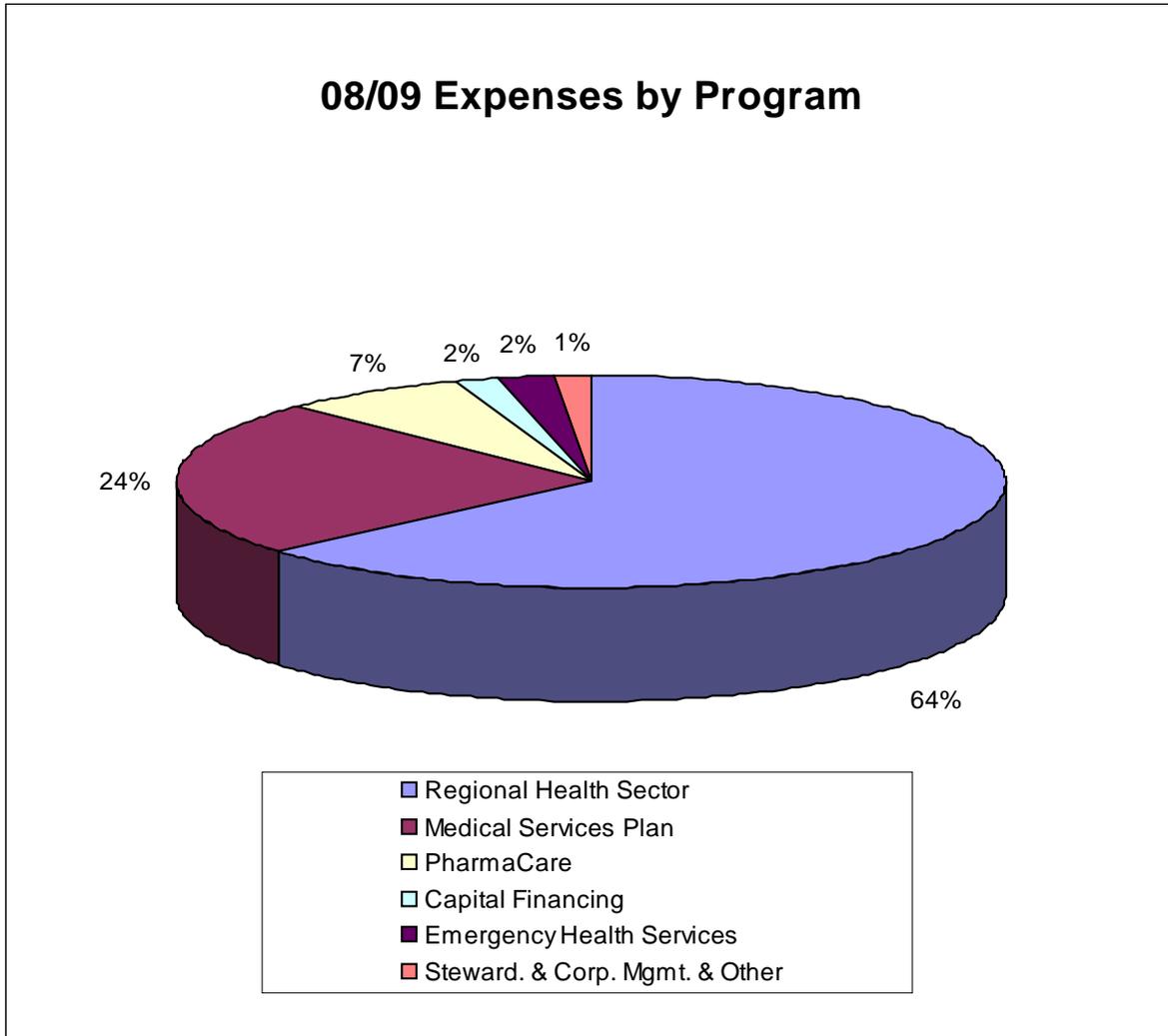
	Estimated	Other Authorizations ₁	Total Estimated	Actual	Variance
Full-time Equivalents (FTEs)					
Ministry Operations					
Emergency and Health Services	3,175		3,175	3,211	(36)
Stewardship and Corporate Management	810	(83)	727	779	(52)
Minister's Office	7		7	7	0
Vital Statistics	86		86	90	(4)
Total - Ministry of Health Services²	4,078	(83)	3,995	4,087	(92)
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)					
Ministry Operations					
Stewardship and Corporate Management	8,334	54,678	63,012	63,231	(219)
Emergency and Health Services	8,460	5,932	14,392	14,392	0
Vital Statistics	430		430	211	219
Total - Ministry of Health Services³	17,224	60,610	77,834	77,834	0
Capital Plan (\$000)²					
Prepaid Capital Advances	427,190	0	427,190	331,709	95,481
Total - Ministry of Health Services⁴	427,190	0	427,190	331,709	95,481

¹ Other authorizations include government reorganization transfers and Supplementary Estimates.

² The Ministry's FTE shortfall is primarily due to program management and BC Ambulance Services.

³ The Ministry CRF capital budget was \$17.2 million in 2008/09. The Ministry received approval to access the Capital contingency vote for \$60.6 million to cover the cost of e-health initiatives and new ambulances.

⁴ The Consolidated Capital Plan budget was \$427.2 million in 2008/09. The surplus of \$95.5 million was due to schedule changes in some major capital projects.



The significant operating variances were:

Regional Health Sector Funding: The surplus is primarily due to delayed spending of some Transformation Fund projects.

Medical Services Plan: The deficit is primarily due to increased utilization for fee for service and out-of-province services.

PharmaCare: The surplus in PharmaCare is primarily due to lower than anticipated demand for drugs.

Amortization of Prepaid Capital: The deficit is mainly due to higher than anticipated spending in 2007/08 on information technology projects.

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

Emergency and Health Services: The deficit is due to rising fuel and other emergency service costs.

Income Statement for Health Authorities

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.

Name of Sector	2008/09 Budget	2008/09 Actual	Variance
Combined Income Statement (\$000)			
Total Revenue ¹	10,888,000	11,369,491	481,491
Total Expense ²	10,888,000	11,388,721	500,721
Operating Results	0	(19,230)	(19,230)
Gain (Loss) on sale of Capital Assets	0	(234)	(234)
Net Results	0	(19,464)	(19,464)

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 Services, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities) and fees and licenses.

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

Capital investment ensures the province's health infrastructure is maintained and expanded to meet our growing population and its need for health services.

The health sector invests in health facilities such as hospitals, clinics and residential care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services, particularly in rural areas.

The Province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments — both in acquisition and use — the Ministry and health authorities prepare three year capital plans annually, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population as well as medical and technological innovations, and to plan and prioritize long term capital investments.

Health sector projects included building more than 5,800 net new residential care, assisted living and supportive housing beds throughout the province, expanding B.C.'s medical school, and continuing to invest in medical and diagnostic equipment such as MRIs and CT scanners, as well as in information management technology to support health service delivery and B.C.'s eHealth strategy.

Since 2001, the Province, regional hospital districts and foundations have spent nearly \$5 billion on health care capital projects across British Columbia. In the next three years a further \$2.5 billion will be spent on capital projects. Major capital projects completed or underway in 2008/09 include:

Abbotsford Regional Hospital and Cancer Centre: This new facility, which opened August 24, 2008, is a state-of-the-art 300 bed replacement for the Matsqui-Sumas-Abbotsford Hospital. The \$475 million facility provides enhanced and specialized health services to more than 150,000 people in the greater Abbotsford area and up to 330,000 in the Fraser Valley region. The hospital offers a new cancer treatment centre, MRI services, general surgery and all inpatient and outpatient hospital services.

Royal Jubilee Hospital (Victoria): The new facility will provide 500 beds, with most being in single patient rooms. It will be elder friendly with a design to provide patient-centred, best practice care for seniors. The project will cost \$348 million and is currently under construction, with completion planned for early 2011.

Kelowna General Hospital: Expansion is underway at Kelowna General Hospital that will include a new patient care tower with a quadrupled emergency department, consolidated outpatient services and two extra inpatient floors. There will also be a new facility to house a Clinical Academic Campus for the UBC Faculty of Medicine. Completion is planned for 2012. The capital cost of the combined Kelowna General Hospital and Vernon Jubilee Hospital project is \$433 million.

Vernon Jubilee Hospital: Construction of a new patient care tower, including a new emergency department and new operating rooms, a new intensive care unit, shell space for future acute care beds,

and new maternity and paediatrics ward is underway. Completion is targeted for 2011. The capital cost of the combined Kelowna General Hospital and Vernon Jubilee Hospital project is \$433 million.

Kelowna Cardiac Program: Kelowna General Hospital will become the fifth hospital in B.C. to offer a full service cardiac revascularization program. Through a multiphase redevelopment, Kelowna General Hospital will begin offering cardiac procedures by 2010, with full heart surgeries beginning in 2012. When fully operational, about 1,600 people from the Interior will receive the care they need closer to home.

Surrey Outpatient Hospital: Construction of the new \$239 million Surrey Outpatient Hospital is underway at the Green Timbers site. The hospital is scheduled to open in 2011 and will provide residents of Surrey and its surrounding communities with improved access to outpatient services and a primary health care clinic in a state-of-the-art health care facility. The four storey facility will be located within one kilometre of Surrey Memorial Hospital, and will accommodate approximately 450,000 visits per year.

Fort St. John Hospital: Fort St. John will see the construction of a replacement hospital and a new residential care facility to improve access to better health care for people in the northeast. The project includes a 55 bed hospital and a 123 bed residential care facility for seniors. Construction will begin in 2009, with completion targeted for 2012.

Northern Cancer Centre: Infrastructure investments in Prince George related to the implementation of the Northern Cancer Strategy include a new Cancer Centre facility linked to the Prince George Regional Hospital; an addition and renovations inside the hospital to accommodate a new 6 bed oncology unit; and renovations and enhancements to up to 11 sites in communities throughout the north to accommodate expansion of community cancer clinics. The estimated cost is up to \$103.5 million, with a planned completion date of 2012.

Annual Service Plan Report Appendices

Appendix A: Ministry Contact Information

Ministry of Health Services (www.gov.bc.ca/healthservices)

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

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

Medical Services Plan

PO Box 9035 Stn Prov Govt
Victoria, British Columbia
V8W 9E3
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

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

PharmaCare

PO Box 9655 Stn Prov Govt
Victoria, British Columbia
V8W 9P2
Toll free in B.C.: 1-800-663-7100
In Vancouver call: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)

By phone: 8-1-1
For deaf and hearing-impaired assistance (TTY) call 7-1-1.

Ministry of Health Services - Health and Seniors Information Line

Toll free in B.C.: 1-800-465-4911
In Victoria or from other areas: 250-952-1742

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

PO Box 9412
Victoria, British Columbia.
V8W 9V1
Fax: 250-952-2428
Email: contact@patientcarequalityreviewboard.ca
Toll Free: 1-866-952-2448

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

Mailing Address: PO BOX 9657 STN PROV GOVT

Victoria British, Columbia

V8W 9P3

In Victoria: 250-952-2681

Agency Offices:

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

VICTORIA

818 Fort Street

Phone: 250-952-2681

Fax: 250-952-2527

VANCOUVER

605 Robson Street, Room 250

Fax: 604-660-2645

KELOWNA

1475 Ellis Street, Room 101

Fax: 250-712-7598

Appendix B: Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority - www.fraserhealth.ca

Interior Health Authority - www.interiorhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca