

Ministry of
Health

2013/14
Annual Service Plan Report



Ministry of Health

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Message from the Minister and Accountability Statement



As the Minister of Health, it is my pleasure to present the *2013/14 Annual Service Plan Report* for the Ministry of Health (the Ministry). This report outlines the Ministry's progress in achieving its goals in the delivery of high quality, patient-centred care to British Columbians.

Our government continues to invest in the health and wellbeing of B.C. families. This year, the Ministry presented the strategic and operational priorities for the delivery of health services in British Columbia with the release of [*Setting Priorities for the B.C. Health System*](#). The document builds upon the work set out in the Ministry's Innovation and Change Agenda – a strategic agenda that recognized the need for a multi-faceted approach to achieving system wide change.

At the heart of *Setting Priorities for the B.C. Health System* is the Triple Aim philosophy, an approach focused on: improving the health and wellbeing of the population; delivering high-quality, effective patient care; and providing the best value for the cost of this care.

Our Healthy Families BC strategy continues to reach out to individuals and organizations throughout the province, with the goal of developing healthy, supportive communities for British Columbia families. Our Parliamentary Secretary for Healthy Living has a mandate to work with medical professionals and make recommendations on how government can support healthy living and preventative measures to keep British Columbians healthy and out of hospital.

Improving the overall health of B.C. residents is not the only strategy to reduce the stress on our acute care system. We know that having access to a primary health care professional is a vital part of a person's ability to achieve and maintain good health. This is especially needed to improve the health outcomes for people in the most vulnerable population groups: frail seniors, those with chronic diseases and people affected by mental health and substance use problems. Through programs such as A GP for Me, 26,000 previously unattached complex patients are now receiving care from over 1,500 family doctors. By building a strong primary care system – a system of physicians and allied health care professionals to provide care and supports within our communities – patients are receiving the coordinated care they need.

Over the past two years, we have been working to deliver on the actions set out in *Improving Care for B.C. Seniors: An Action Plan*, our strategic approach to ensuring that seniors and their families successfully navigate the health system. As part of this plan, we have appointed a Seniors Advocate and established the first Office of the Seniors Advocate in Canada. The Seniors Advocate is a statutory officer who reports to, and provides independent advice to, the Ministry of Health. The office is set up to run independently, while allowing for the ability to work within government to effect needed change. We are confident the advocate will serve as a voice for B.C. seniors and will promote positive systemic change that benefits seniors, their families and their caregivers.

Ministry of Health

B.C. continues to have among the best health outcomes in Canada, while spending the second lowest per capita on health care. We are working hard to improve the quality of care British Columbians receive, while managing the costs of delivering this care by eliminating inefficiencies and focusing our spending on where it counts – on patient care. We continue to use Lean techniques to reduce wait times, increase efficiencies and redirect savings back into patient care. Through shared services, we are leveraging health authority buying power, consolidating their supply chains and enabling them to work together to increase efficiency and improve outcomes.

Billions of dollars have been invested in the construction of new and expanded health care facilities, generating thousands of construction jobs and improving the quality and access to care for all British Columbians. Capital projects in 2013/14 included the following:

- The \$512-million Surrey Memorial Hospital redevelopment and expansion project, which includes a new emergency department that opened in October 2013, and a critical care tower, neonatal intensive care unit and additional inpatient beds that opened in June 2014.
- The new \$62.2-million Greta & Robert H.N. Ho Centre for Psychiatry and Education (HOpe Centre) at Lions Gate Hospital, which is scheduled to open to patients in fall 2014.
- Construction on the clinical services building at Royal Inland Hospital. This first phase of redevelopment includes outpatient services, medical teaching space and more onsite parking. At an estimated cost of \$79.8 million, it is expected to open to patients in late 2015.
- The second phase of the estimated \$676 million three-phase redevelopment of BC Children's and BC Women's hospitals, with preparations for the new Teck Acute Care Centre, which is scheduled for completion by 2017.

The Ministry will continue to work towards ensuring the right care is provided in the right place at the right time. By embracing innovation and making health care delivery more efficient and more focused on meeting patient needs, we can create a sustainable health system that remains strong for our children and grandchildren.

The *Ministry of Health 2013/14 Annual Service Plan Report* compares the actual results to the expected results identified in the *Ministry of Health Revised 2013/14 – 2015/16 Service Plan*. I am accountable for those results as reported.



Honourable Terry Lake
Minister of Health

June 30, 2014

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Highlights of the Year

In 2013/14, the Ministry invested almost \$16.4 billion to meet the health needs of British Columbians. This expenditure was made across a wide spectrum of programs and services that align with the initiatives outlined in the Minister of Health’s Mandate Letter.

The following are highlights of actions taken to achieve the Minister’s Mandate Letter initiatives.

Mandate Letter Initiative	2013/14 Highlights
<p>1. Balance your ministerial budget in order to control spending and ensure an overall balanced budget for the Province of B.C.</p>	<p>Achieved the Ministry budget targets, ending the 2013/14 fiscal year with a surplus of \$225.7 million.</p> <p>Factors that contributed to this achievement included successfully lowering prices for generic drugs to 25 per cent of brand name drugs, and realizing efficiencies in corporate services.</p>
<p>2. Ensure services are delivered within health authority budgetary targets.</p>	<p>Ensured delivery of services within cumulative budget targets.</p> <p>Actions taken to achieve these targets included consolidating administrative functions across health authorities and implementing shared purchasing of certain drugs, equipment and supplies.</p> <p>Additionally, the Minister of Health commissioned a strategic and operational review to assist the Fraser Health Authority to examine current operational practices and identify priority action areas to address fiscal and service challenges.</p>
<p>3. Review and recommend to Cabinet within eight months the priorities of a new government to ensure maximum value for taxpayers while providing maximum benefit to patients.</p>	<p>Published Setting Priorities for the B.C. Health System in February 2014 that outlines a refreshed strategic and operational planning framework.</p> <p>This new strategic direction builds on successes achieved in recent years, and is informed by in-depth analysis, research and consultation.</p>

Mandate Letter Initiative	2013/14 Highlights
<p>4. Continue our government’s change and innovation agenda within the health care sector. We will continue to strive for better outcomes for patients while ensuring the best possible value for money.</p>	<p>The refreshed health system strategy builds upon successes achieved through the Innovation and Change Agenda, and focuses on delivering a patient-centred culture across all health sector services and programs, while improving on the quality of service outcomes.</p> <p>Quality of service outcomes are evidenced by B.C.’s performance compared to other jurisdictions.</p> <p>For example, B.C. has:</p> <ul style="list-style-type: none"> • The highest life expectancy in Canada (82 years in B.C. versus 81 years across Canada) and among the highest in the world (70 years). • The best results in Canada for health care outcomes and cancer treatment. • Among the lowest rates of heart disease and infant mortality. • Among the lowest in per capita health spending.
<p>5. Ensure full implementation of the provincial mental health plan, <i>Healthy Minds, Healthy People</i>.</p>	<p>Continued to implement the <i>Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia</i> with initiatives:</p> <ul style="list-style-type: none"> • Achieved significant progress during the first three years of implementing a ten-year plan. Three of six plan milestones have been fully accomplished, two are ahead of schedule, and work continues on the remaining three, which have target dates of 2015 and 2018. • Published <i>Improving Health Services for Individuals with Severe Addiction and Mental Illness</i> to provide recommendations for better serving the care needs of a harder-to-serve addictions and mental illness population. • Established two Assertive Community Treatment (ACT) teams in Vancouver to provide specialized services to vulnerable populations.

Mandate Letter Initiative	2013/14 Highlights
	<ul style="list-style-type: none"> • Reconfigured mental health services at St. Paul’s emergency department to help individuals transition from the emergency department back into the community. • Developed information sharing protocols to improve transfer of clients detained under the <i>Mental Health Act</i> by the Vancouver Police Department for admission to St. Paul’s and Vancouver General hospital. • Streamlined access to the Burnaby Centre for Mental Health and Addiction for clients with severe addiction and mental illness (SAMI).
<p>6. Successfully conclude labour negotiations within the health sector for the 2014 round of collective bargaining.</p>	<p>Collective agreements with three of five health sector bargaining associations have been achieved under the government’s Economic Stability Mandate, including:</p> <ul style="list-style-type: none"> • Health Science Professionals Bargaining Association • Community Bargaining Association • Facilities Bargaining Association <p>Negotiations are currently underway with the Professional Association of Residents and the Nurses Bargaining Association.</p>
<p>7. Complete laboratory reform initiative and achieve required savings.</p>	<p>The <i>Laboratory Services Act</i> received Royal Assent on April 9, 2014. The legislation provides the authority to:</p> <ul style="list-style-type: none"> • Better coordinate in-patient and out-patient clinical laboratory services. • Enter into agreements with service providers to provide greater certainty regarding costs.
<p>8. Increase the scope of practice for Nurse Practitioners in B.C. by working with regulatory bodies and professional organizations.</p>	<p>The Ministry introduced legislation to enable Nurse Practitioners (NPs) to practice to full scope.</p> <p>Amendments to nine statutes were passed when Bill 17 received Royal Assent. This legislation allows NPs to better utilize their skills and further integrate into the health care system to ultimately improve efficiencies in the health care system for patients.</p>

Mandate Letter Initiative	2013/14 Highlights
<p>9. Create and implement addiction space expansion that includes a significant role for the non-profit sector in the delivery of these new spaces by 2017 as committed in Strong Economy, Secure Tomorrow.</p>	<p>Established foundational elements and developed key strategies for the future expansion of new addiction spaces.</p> <p>As of March 2013 there were 2,617 health authority-funded substance use beds, of which 1,104 provide substance use treatment and intervention services. The remaining 1,513 provide supported housing for people with identified substance use problems.</p> <p>The 500 new spaces will increase the number of treatment and intervention beds by almost 50 per cent, from 1,104 to 1,604. To date, the number of treatment and intervention beds has increased by 26 with the next phase of implementation scheduled for 2014/15.</p>
<p>10. Continue executing our government’s end of life care strategy and create plan for hospice plan expansion and begin process of doubling the number of hospice spaces in B.C. by 2020.</p>	<p>Formulated an approach for the expansion of hospice space in B.C., including the development of regional plans and engagement with sector partners.</p> <p>The Ministry of Health and health authorities provide a range of services to support people to receive palliative and end-of-life care in the care settings that best meet their needs, including: at home, in hospital, in long-term care facilities, and in free-standing hospice residences (often simply called hospices).</p> <p>Since 2010, the Ministry of Health has provided over \$17 million in hospice and palliative care funding.</p>
<p>11. Work with provincial health authorities to develop a preventative health plan for the province.</p>	<p>Developed the Healthy Families BC Policy Framework, which outlines how the Ministry and health authorities will work to address risk and protective factors for chronic disease and injury prevention, and promote healthy living for all British Columbians. The Healthy Families BC Policy Framework builds on the following successes:</p> <ul style="list-style-type: none"> • Expansion of Shapedown BC and implementation of Mind, Exercise, Nutrition, Do It! (MEND) program, both as part of the Childhood Healthy Weights Intervention Initiative.

Mandate Letter Initiative

2013/14 Highlights

- Continued expansion of the Informed Dining program with 19 national restaurant chains representing about 2,000 restaurant outlets signed up to provide customers in British Columbia with nutrition information for all of their standard menu items. Informed Dining has also been implemented at the University of Victoria, making it the first public institution to fully adopt the program.
- Completion of joint health authority / local government healthy living strategic plans in 41 per cent of B.C. communities.
- Launch of BC Healthy Connections, enrolling young, first-time, vulnerable mothers into the Nurse Family Partnership, an intensive public health nurse visitation program.

Purpose of Ministry

The Ministry of Health has overall responsibility for ensuring that high quality, appropriate, cost effective and timely health services are available for all British Columbians. Working in conjunction with health authorities, health care providers, agencies and other organizations, the Ministry guides and enhances the Province's health services to ensure that British Columbians are supported in their efforts to maintain and improve their health. The Ministry provides leadership, direction and support to health service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. This leadership role is accomplished 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. These programs include the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

The province's 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 services and province-wide health programs. These include the specialized programs and services that are provided through the following agencies: BC Cancer Agency; BC Centre for Disease Control; BC Provincial Renal Agency; BC Transplant; Cardiac Services BC; the Emergency and Health Services Commission, which provides ambulance services across the province; BC Mental Health Addiction Services; and Perinatal Services BC. The Provincial Health Services Authority is also responsible for the BC Children's Hospital and Sunny Hill Health Centre for Children and the BC Women's Hospital and Health Centre.



The Ministry works in partnership with the First Nations Health Authority (FNHA) and Health Canada to improve the health status of First Nations in British Columbia and to build a better, more responsive and more integrated health system that will benefit all Aboriginal peoples and, in fact, all British Columbians. The FNHA is Canada's first provincial First Nations Health Authority and its creation is a key achievement of the Tripartite First Nations Health Plan signed in 2007. The First Nations Health Authority provides services previously delivered by Health Canada's First Nations and Inuit Health Branch, Pacific Region, with a mandate to focus on improving wellness.

Strategic Context

British Columbia has a population of 4.72 million people, made up of 50.4 per cent women and 49.6 per cent men. Over a third of B.C.'s population is over the age of 50, while the proportion of children under 15 is lower than ever. Within the next 15 years there will be fewer school-age children than people over 65 and more people retiring than entering the workforce.

B.C. generally has the healthiest population in Canada and experiences among the highest life expectancies (82 years)¹ in Canada (81 years)² and the world (71 years).³ We are continuing to see decreasing premature mortality rates. However, there are still nearly 570,000 British Columbians who smoke and over one million are overweight or obese.⁴ Additionally, a decrease in premature mortality is not consistent across the province, and in particular the gap between the North and the other health authorities is growing. There continue to be significant differences in health outcomes between Aboriginal and non-Aboriginal people in the province, with considerable gaps remaining for health indicators such as life expectancy and mortality. These elements point to the importance of the social determinants of population health addressed through other government ministry policy and services as well as the role the health care system plays.

The key to understanding how best to deliver care to British Columbians is an in-depth understanding of the care requirements of the patients themselves. B.C. has made meaningful progress in improving services across a range of areas over the past several years. However, despite significant efforts, challenges persist in a number of populations and service areas. Key populations include: seniors, particularly the subset requiring residential care services; those with complex chronic conditions; and the population with severe mental illness and/or substance use.

B.C. has the fastest growing population of seniors in Canada. Currently, 16.9 per cent of the total population is 65 or older, and it is expected that by 2022, one in five British Columbians, or 20 per cent, will be over 65 years old.⁵ The likelihood that a person will have at least one chronic condition or life-limiting illness increases significantly with age and, as a result, their need for health services rises. However, while seniors need more health services than other populations, only a subset of seniors require high cost services such as residential care. Rates of dementia are also rising rapidly and pose a challenge for the health system. As such, the system must adapt to meet the changing needs of residential care users, in particular those with dementia.

The health status of seniors prior to entering residential care is an important factor in the analysis of population and patient needs. More than 60 per cent of people entering residential

¹ Life Expectancy Tables, Vital Statistics Agency, Ministry of Health (2012)

² Life Expectancy at Birth [CANSIM Table 102-0512], Statistics Canada (2009)

³ World Development Indicators, The World Bank (2011)

⁴ Health Indicator Profile [CANSIM Table 105-0501], Statistics Canada (2012)

⁵ Population Projections, BC Stats, Ministry of Labour, Citizens' Services and Open Government (2013)

care have been identified as having a high complexity chronic condition in the previous year.⁶ These seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence.

With an aging demographic, the prevalence of chronic illnesses is on the rise. Chronic illnesses have multiple causes varying over time and include hereditary factors, social and economic status, lifestyle (e.g., poor diet, lack of exercise, smoking and/or alcohol consumption, stress, etc.), exposure to environmental factors, and physiological factors. There are a wide range of chronic illnesses (including arthritis, asthma and lung disease, chronic pain, congestive heart failure, diabetes, high blood pressure, and stroke) that require both sustained and coordinated medical and non-medical management over time.

While mental health and substance use conditions represent a relatively small proportion of health system resources, they come at a high personal cost to patients and their families. Fortunately, the majority of British Columbians with mild to moderate mental health and/or substance use problems can be effectively supported through low-intensity community-based services. However, a small subset of patients experience more complex conditions that require higher-intensity supports and services. These conditions represent a high burden of disease in the population because of the early age of onset (typically before age 24) and the need for ongoing treatment and support across the lifespan. The consequences of untreated or inappropriately treated severe mental illness and substance use extend beyond the health system to areas such as social services, housing and criminal justice.

Continued attention is also needed on access and wait times for services across the health care continuum, in all regions of the province. While progress has been made, wait times persist within emergency departments and for certain elective surgical procedures. Wait times can be complicated by accessibility issues, particularly in rural and remote areas of the province. It is imperative that health care services remain accessible for British Columbians in communities of all types and sizes, with a balance of services across the range of public health, primary care, hospital care, diagnostic and residential care services.

The care needs of British Columbians must be addressed in a way that encourages efficiency and maintains fiscal discipline while ensuring high quality, patient-centred care. This will ensure that British Columbians will continue to reap the benefits of a world-class health system for generations to come.

⁶ Health Sector Planning and Innovation Division, Ministry of Health, 2013

Report on Performance

The following table provides an overview of progress in achieving the goals and objectives in the *Ministry of Health Revised 2013/14 – 2015/16 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.

Performance Results Summary Table

Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians. For greater detail see pages 15 to 16	2013/14 Target	2013/14 Actual
1.1 Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention. Per cent of communities that have completed healthy living strategic plans.	30%	41% EXCEEDED
Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services. For greater detail see pages 16 to 19	2013/14 Target	2013/14 Actual
2.1 Providing a system of community based health care and support services built around attachment to a family doctor and an extended health care team with links to local community services. Per cent of general practitioner physicians providing chronic disease management.	90%	88% SUBSTANTIVELY ACHIEVED
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years).	240	269 NOT ACHIEVED
Goal 3: British Columbians have access to high quality hospital services when needed. For greater detail see pages 19 to 20	2013/14 Target	2013/14 Actual
3.1 Acute care services are accessible, effective and efficient. Per cent of non-emergency surgeries completed within the benchmark wait time.	80%	66% NOT ACHIEVED
Goal 4: Improved innovation, productivity and efficiency in the delivery of health services. For greater detail see pages 21 to 23	2013/14 Target	2013/14 Actual
4.1 Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery. Per cent of physicians implementing electronic medical record systems.	65%	91% EXCEEDED

Goals, Objectives, Strategies and Performance Results

Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.

Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.

British Columbians are among the healthiest people in the world. Providing choices and supports for people to invest in their health will protect the excellent health status of the majority of British Columbians while also helping those who do not enjoy good health, or who are at risk of diminishing health from factors such as poor diet, obesity, physical inactivity, injuries, tobacco use and problematic substance use. In collaboration with its health sector partners, the Ministry will promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across British Columbia.

Strategies

- Continue to work with health authorities, physicians and community partners to improve the health of British Columbians through programs such as the Healthy Start initiative that focuses on perinatal, child and family public health services.
- Support communities, schools and workplaces in promoting healthy lifestyles through a focus on healthy eating, increased physical activity, decreased sodium and sugary drink consumption, mental health promotion and tobacco reduction.
- Improve health outcomes for Aboriginal communities by supporting the new First Nations Health Authority and respecting the commitments outlined in the Tripartite First Nations Health Plan and Métis Nation Relationship Accord.

Informed Dining Program

B.C. is helping residents make informed choices when dining out through the Informed Dining program. Highlights include:

- ✓ *Over 1,500 participating restaurants throughout the province*
- ✓ *Over 6,000 outlets across the country*

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2012/13 Actual	2013/14 Target	2013/14 Actual	2014/15 Target*	2015/16 Target*	2016/17 Target*
Per cent of communities that have completed healthy living strategic plans	13%	25%	30%	41% EXCEEDED	35%	40%	50%

Data Source: Healthy Living Branch, Population and Public Health Division, B.C. Ministry of Health.

*Targets as published in the *Ministry of Health 2014/15 – 2016/17 Service Plan*, February 2014.

Discussion of Results

This performance measure focuses on the proportion of the 160 communities in British Columbia that have developed healthy living strategic plans. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level action will decrease the number of British Columbians who develop chronic diseases. In the coming years the Ministry will continue to work with communities to support health living.

Progress on this measure has been positive with the Ministry exceeding its target. Therefore, previously determined targets as shown above and published in February 2014 will be re-evaluated.

Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services.

Objective 2.1: Providing a system of community based health care and support services built around attachment to a family doctor and an extended health care team with links to local community services.

As British Columbia’s population ages and the incidence of chronic disease increases, the demand for health services is increasing and changing. An integrated system of primary and community based health care will improve care for all patients, but particularly for those with more complex needs such as people with chronic diseases, mental illnesses and substance use, women during



pregnancy and childbirth and the frail senior population. Evidence suggests that primary and community based health care are best suited to provide care to these populations and can play a critical role in improving health and reducing the need for emergency department visits and hospitalizations. Increasing access to family doctors and coordinating and linking family doctors to other community services such as home health care and community mental health care will improve the quality and experience of care for patients and better support their families and caregivers.

Strategies

- Provide every citizen of British Columbia the opportunity to have a family doctor by 2015 through the patient attachment initiative.
- Continue to implement an integrated model of primary and community care to more effectively meet the needs of British Columbians, especially frail seniors, patients with chronic conditions, maternity patients and patients with mental health and substance use issues.
- Improve the home and community care system to better address the needs of B.C.'s seniors who require these services, including appointing a Seniors Advocate, expanding non-medical home support to help seniors stay at home longer and strengthening protections from abuse and neglect.
- Implement *Healthy Minds, Healthy People: A 10 Year Plan to Address Mental Health and Substance Use in British Columbia* by working with ministries, health authorities and other partners to ensure alignment with the plan's focus on prevention, early intervention, appropriate treatment and sustainability.
- Expand the Assertive Community Treatment program, an evidence-based and individually tailored treatment model for people with complex mental disorders and/or substance dependence to improve patient care and reduce hospitalizations.

Seniors Advocate

On March 19, 2014, the Government of B.C. announced the appointment of Canada's first Seniors Advocate. The Advocate's responsibilities include:

- ✓ *Monitoring and reviewing system-wide issues affecting the wellbeing of seniors*
- ✓ *Raising awareness about available resources*
- ✓ *Making recommendations to government*

Performance Measure 2: Chronic disease management

Performance Measure	2009/10 Baseline	2012/13 Actual	2013/14 Target	2013/14 Actual	2014/15 Target	2015/16 Target	2016/17 Target
Per cent of general practitioner physicians providing chronic disease management	81%	90%	90%	88% SUBSTANTIVELY ACHIEVED*	—	—	—

Data Source: Medical Services Plan, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, B.C. Ministry of Health.

*Partial-year data (third quarter of 2013/14).

Discussion of Results

Proactive management of chronic diseases can improve the quality of life for people with chronic conditions and reduce complications, emergency department visits, hospitalizations, some surgeries and repeated diagnostic testing.

This performance measure focuses on the number of general practitioner physicians (family doctors) providing comprehensive chronic disease management for people with diabetes, congestive heart failure, hypertension and chronic obstructive pulmonary disease. The target was substantively achieved, with the vast majority of family doctors in British Columbia providing proactive chronic disease management to their patients.

Future targets are not projected for this performance measure because it was replaced in 2014/15. The measure in the *Ministry of Health 2014/15 – 2016/17 Service Plan* better reflects the comprehensive primary health care services available for all patients including chronic disease management.

Performance Measure 3: Chronic disease hospital admissions

Performance Measure	2010/11 Baseline	2012/13 Actual	2013/14 Target	2013/14 Actual	2014/15 Target*	2015/16 Target*	2016/17 Target*
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years)	265	260	240	269 NOT ACHIEVED**	250	245	240

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.

*Targets as published in the *Ministry of Health 2014/15 – 2016/17 Service Plan*, February 2014.

**Partial-year data (third quarter of 2013/14).

Discussion of Results

This performance measure tracks the number of people with selected chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes who are admitted to hospital. A low rate of admissions is believed to indicate good management of these conditions outside the hospital setting. Managing certain conditions in the community helps to maintain functioning and reduce hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which benefit the patient and help control the costs of health care.

While the target for 2013/14 was a stretch target and not achieved, the result is still the lowest rate of these admissions in Canada. B.C. is well ahead of the Canadian rate of 290, but will continue to focus on providing more options and better care in settings outside of hospital for those with chronic diseases. Going forward, the targets will be adjusted to better reflect the progress the Ministry intends to achieve.

Goal 3: British Columbians have access to high quality hospital services when needed.

Objective 3.1: Acute care services are accessible, effective and efficient.

While the majority of health needs can be met through primary and community based health care, the citizens of British Columbia also require timely access to safe and appropriate hospital services that support the needs of patients and their families.

Strategies

- Improve the quality, safety and consistency of key clinical services through an evidence-based clinical care management system designed to assure a high standard of care.
- Continue to redesign and improve hospitals to enhance patient experience and decrease emergency department wait times.
- Enhance diagnostic imaging services such as MRI and CT exams by working with health authorities to improve access and appropriateness.
- Expand hospital capacity through investments in physical infrastructure, including the replacement Burns Lake hospital, the Interior Heart and Surgical Centre and the Surrey Memorial Hospital redevelopment project.

The new emergency department at Surrey Memorial Hospital features:

- ✓ *Over 100 single-patient rooms*
- ✓ *A separate emergency department for children*
- ✓ *A secure garage that can hold six ambulances*
- ✓ *Five times as much space as the previous emergency department*
- ✓ *Capacity to provide 70,000 medical imaging procedures per year*

Performance Measure 4: Access to surgery

Performance Measure	2011/12 Baseline	2012/13 Actual	2013/14 Target	2013/14 Actual	2014/15 Target	2015/16 Target	2016/17 Target
Per cent of non-emergency surgeries completed within the benchmark wait time	72.1%	75%	80%	66% NOT ACHIEVED	—	—	—

Data Source: Surgical Wait Times Production, Business Analytics Strategies and Operations, Health Sector Planning and Innovation Division, Ministry of Health.

Discussion of Results

Expanded surgical activity, combined with continuous efforts to foster innovation and efficiency in British Columbia’s hospitals, has improved the timeliness of patients’ access to an expanding range of surgical procedures. The Patient Prioritization Initiative is one of these innovations, a first in Canada, enabling surgeons to monitor patients’ wait times in five priority levels. This performance measure tracks whether non-emergency surgeries are completed within the established benchmark wait times associated with each priority level.

The benchmark wait time target was not achieved as early efforts to manage wait times focused on long waits, in particular those patients waiting more than a year. From 2012/13 to 2013/14, this has resulted in a reduction of the number of people waiting more than a year from 11 per cent to 3.7 per cent. It is important to note that half of all surgeries are performed without the patient ever going on a wait list, and for those elective surgeries with wait times, approximately 90% are completed within 26 weeks. In the coming years the Ministry will continue to manage and work to improve wait times for surgery in British Columbia.

Future targets are not projected for this performance measure because the measurement focus was modified for 2014/15. The *Ministry of Health 2014/15 – 2016/17 Service Plan* continues to prioritize the timeliness of access to surgical procedures but the measure was updated to focus on completing non-emergency surgeries within 26 weeks, reflecting efforts to allocate surgical resources to complete the surgeries of people who have been waiting the longest.

Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients. Ensuring that the health system has sufficient numbers and the right mix of health professionals is key to providing the services that will meet British Columbians' needs now and in the future. Health care providers must also be appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Strategies

- Support an affordable, sustainable health system by ensuring that British Columbia has the required supply of health care providers and that their skills are being used effectively.
- Strengthen and align performance assessment and monitoring systems for medical and other health care professionals, including licensure, credentialing and privileging, in order to improve public confidence in the quality of care provided in British Columbia.
- Continue deployment of the BC Services Card, offering the security benefits of photo identification and anti-forgery features and improving citizen access to health services both in person and online through computer chip technology.
- Continue to modernize the health system through information management/information technology solutions, including the expanded uptake of the physician electronic medical record system to support both patients and physicians in securing timely access to health information.
- Establish and expand a provincial home health monitoring service platform, improving the ability of clients and their family caregivers to successfully manage their health conditions at home.



Performance Measure 5: Electronic medical record system implementation

Performance Measure	2009/10 Baseline	2012/13 Actual	2013/14 Target	2013/14 Actual	2014/15 Target	2015/16 Target	2016/17 Target
Per cent of physicians implementing electronic medical record systems	41%	71%	65%	91% EXCEEDED	—	—	—

Data Source: Physician Information Technology Office, which is a voluntary program to promote adoption of electronic medical record (EMR) systems.

Discussion of Results

Electronic medical record systems (EMRs) are helping to improve the overall efficiency and sustainability of British Columbia’s health system. In busy physician offices, where volumes of paper files from multiple sources must be managed on a daily basis, EMRs help with organization, accuracy and completeness of patient records. EMRs also make critical clinical information about patients more accessible to physicians and their health care staff. When integrated with other eHealth systems, EMRs have access to laboratory and drug information, reducing unnecessary clinical tests and adverse drug interactions, both of which support patient safety and reduce health care costs.

Over time, the Ministry has seen this measure steadily improve. In 2007, it was estimated between 15 to 20 per cent of community-based physicians in B.C. had EMRs in their medical practice. At that time most physicians used computers only to perform administrative functions like scheduling patients and billing the Medical Services Plan. By 2014, this figure has changed significantly, and now over 90 per cent of community-based physicians use an EMR. This progress is significant because it provides the groundwork for the Province to pursue its goal of having a longitudinal electronic health record for all British Columbians available to authorized care providers at any point of care.

Future targets are not projected for this performance measure because the program successfully concluded on March 31, 2014.

Objective 4.2: Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcome. Improvements in innovation, productivity and efficiency must be continually pursued to make sure our publicly funded health system is both effective and affordable for the citizens of British Columbia.

Strategies

- Utilize Lean design principles across the health system to eliminate waste, improve services to patients and improve the quality, productivity and efficiency of health care processes.
- Implement a provincial evidence informed decision making process for the introduction of new health technologies and drugs to improve health outcomes and manage health care costs.
- Continue consolidation of corporate, clinical support, purchasing and administrative functions to achieve savings and quality improvements across the province.
- Continue to develop performance monitoring tools and performance management practices and improve the availability of quality data and analysis to assist clinical and management decision making and optimize health expenditures.

Report on Resources

Report on Resources

The Ministry of Health 2013/14 budget was \$16.550 billion. Actual operating expenditures for the fiscal year ending March 31, 2014, were \$16.387 billion, resulting in an operating surplus of \$164.1 million or 1.0 per cent of the annual budget prior to the accounting entry for adjustment of prior year's accrual.

Resource Summary Table

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Health Programs					
Regional Services	11,121,315		11,121,315	11,076,074	(45,241)
Medical Services Plan	3,982,075		3,982,075	3,967,897	(14,178)
PharmaCare	1,179,232		1,179,232	1,076,147	(103,085)
Health Benefits Operations	35,560		35,560	43,386	7,826
Vital Statistics	6,971		6,971	5,832	(1,139)
Sub-Total	16,325,153		16,325,153	16,169,336	(155,817)
Executive and Support Services					
Minister's Office	714		714	672	(42)
Stewardship and Corporate Services	224,858		224,858	216,623	(8,235)
Sub-Total	225,572		225,572	217,295	(8,277)
Recoveries – Health Special Account	-147,250		-147,250	-147,250	0
Total Vote 32	16,403,475		16,403,475	16,239,381	(164,094)
Health Special Account	147,250		147,250	147,250	0
Sub-Total – Operating Expenses	16,550,725		16,550,725	16,386,631	(164,094)
Adjustment of Prior Year Accrual¹	0		0	(61,594)	(61,594)
Total – Ministry of Health	16,550,725		16,550,725	16,325,037	(225,688)

Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)					
Ministry Operations					
Stewardship and Corporate Services ²	2,644	19,550	22,194	13,258	(8,936)
Total - Ministry of Health	2,644	19,550	22,194	13,258	(8,936)
Consolidated Capital Plan (\$000)					
Health Facilities ³	414,474	0	414,474	294,636	(119,838)
Adjustment of Prior Year Accrual ¹	0		0	(3)	(3)
Total - Ministry of Health	414,474		414,474	294,633	(119,841)

¹ Reversal of prior year over accruals is the total amount from the prior year's accruals that was not needed. The credit was not available for spending.

² Other Authorizations refer to the Treasury Board approval to reallocate capital funding for Ministry of Health information systems' capital maintenance from within its current 3 year capital plan.

³ Only the portion of health authority capital spending funded through restricted capital grants is included. This excludes capital funding through public private partnership debt as well as other funding sources (regional hospital districts, foundations, health authority own-source funding)

Ministry of Health

The significant operating variances were:

Regional Services: The surplus is primarily due to lower than anticipated transfer payments for the primary care service and health networks programs, and lower than anticipated costs for the Health Benefits Trust.

PharmaCare: The surplus is primarily due to savings achieved through lower costs of generic drugs.

Stewardship and Corporate Services: The surplus is primarily due to savings in salaries.

Income Statement for Health Authorities

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities and ten hospital societies 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	2013/14 Budget	2013/14 Preliminary Actual	Variance
Combined Income Statement (\$000)			
Total Revenue⁴	12,771,000	12,949,000	178,000
Total Expense⁵	12,771,000	12,828,000	57,000
Operating Results	0	121,000	121,000
Gain (Loss) on sale of Capital Assets	0	22,000	22,000
Net Results	0	143,000	143,000

NOTES:

⁴ Revenues: 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 licenses.

⁵ 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 the growing population and its need for health services. The health sector invests in health facilities such as hospitals, clinics and residential and complex 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 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 maintain three-year capital expenditure plans, 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 and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects include:

Interior Heart and Surgical Centre, Kelowna

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 13,166 square metre (141,718 square foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. An additional partial floor has been added to permit the relocation of the perinatal department so it maintains a close adjacency to the operating suite. The new buildings will be designed to Leadership in Energy and Environmental Design Gold standards, and will maximize interior and exterior wood construction. The Interior Heart and Surgical Centre will be open for patients by mid-2015 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$381 million. A portion of the project is cost shared with the Central Okanagan Regional Hospital District.

For more information on the Interior Heart and Surgical Centre, please see the website at www.buildingpatientcare.ca/interior-heart-and-surgical-centre-project.

Children's and Women's Hospital Redevelopment

The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase will

include opening three additional neonatal intensive care unit beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds will become part of the provincial network of neonatal intensive care unit beds. First phase work at BC Children's Hospital and the Shaughnessy Building includes: site preparations for the new hospital; constructing additional academic space for the UBC; constructing a new clinical support building and a free-standing child day-care centre. Phase One is expected to cost \$79 million. The second and third phases of the project will include the construction of the new BC Children's Hospital and renovations and expansion of BC Women's Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately \$676 million.

For more information on the Children's and Women's Hospital Redevelopment project, please see the website at www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.

North Island Hospitals Project

The North Island Hospitals project is intended to replace existing, outdated hospital facilities in Campbell River and the Comox Valley. The construction contract was awarded to Tandem Health Partners in summer 2014 with construction activity well underway. The hospitals are expected to be complete by late 2017. The North Island Hospitals Project includes a new 95-bed hospital in Campbell River and a new 153-bed hospital in the Comox Valley. The estimated capital cost of approximately \$606 million for the project will be shared by the B.C. Government and the Comox Strathcona Regional Hospital District. The new Campbell River Hospital will be built on the existing hospital site. The new Comox Valley Hospital will be built near the intersection of Lerwick and Ryan Roads in Courtenay, adjacent to the North Island College campus.

For more information about the North Island Hospitals Project, please see the website at http://www.viha.ca/about_viha/building_for_health/nihp.htm.

Lakes District Hospital and Health Centre (Burns Lake)

Construction continues for the new Lakes District Hospital and Health Centre in Burns Lake. The replacement hospital is scheduled to be completed and open for patients by the fall of 2015. The project is expected to generate approximately 200 direct jobs during the construction period. The new hospital will have 16 beds and the new centre will provide acute care and emergency services, diagnostic imaging, a laboratory and pharmacy. Space also is planned for a medical clinic along with the delivery of mental health and addictions services, public health, and home and community care. The facility will be a two-storey building and approximately 6,100 square metres (65,000 square feet). The hospital will be a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Gold certification. The total capital cost of the project is estimated up to \$55 million. The project is cost shared with the Stuart-Nechako Regional Hospital District.

For more information about the Lakes District Hospital and Health Centre Project, please see the website at

<http://www.northernhealth.ca/AboutUs/CapitalProjects/LakesDistrictHospitalProject.aspx>

Queen Charlotte/Haida Gwaii Hospital (Village of Queen Charlotte)

Construction continues for the new Queen Charlotte hospital. The hospital is expected to be complete in fall 2015. The total capital cost of the project is estimated up to \$50 million. The project is cost shared with the Northwest Regional Hospital District.

For more information about the Queen Charlotte/Haida Gwaii Hospital Project, please see the website at

<http://www.northernhealth.ca/AboutUs/CapitalProjects/QueenCharlotteHospitalProject.aspx>

HOpe Centre, Lions Gate Hospital, North Vancouver

Construction is underway at the \$62.2 million Greta & Robert H.N. Ho Centre for Psychiatry and Education (HOpe Centre) at Lions Gate Hospital. The state-of-the-art treatment facility will help people struggling with mental health and substance use challenges. The HOpe Centre will provide integrated services for clients who require hospital care, outpatient services, or both. The facility is a designated facility under the provincial *Mental Health Act* and will include a 26-bed inpatient psychiatric unit and provide enough space to enable consolidation of multiple community-based mental health and substance use outpatient services into one central location. The new HOpe Centre will also contain space for the expansion of the UBC medical school and provide a permanent home for BC Ambulance on the North Shore. The project was first announced in September 2010. The B.C. Government, through Vancouver Coastal Health, has supported the HOpe Centre with a \$38.2 million financial contribution. The Lions Gate Hospital Foundation has raised another \$24 million for the project, with \$10 million of this amount being generously donated by Greta and Robert Ho, after whom the new centre is named. The facility will be open for patients in fall 2014.

Royal Inland Hospital, Clinical Services Building

Construction is underway for the clinical services building at Royal Inland Hospital. The scope of the first phase includes ambulatory clinics consisting of an outpatient lab, cardiopulmonary/neurodiagnostics, community respiratory therapy, intravenous therapy, pre-surgical screening and operating room booking, as well as teaching space for the UBC medical school program and educational space for continued health professional training. The project will also include onsite parking and improved vehicle and pedestrian access to the Royal Inland Hospital campus. The first phase of redevelopment is estimated to cost \$79.8 million and will be cost shared with the Thompson Regional Hospital District and the Interior Health Authority. The facility is expected to open for patients in late 2015.

St. Paul's Hospital Redevelopment, Ambulatory Care Building and Redevelopment

The Ministry of Health and Providence Health Care are working to finalize the redevelopment concept plan, noting the detailed planning will need to account for the complexities of maintaining necessary care for patients on the current site when the project gets underway. It is expected the final concept plan will be complete in 2014. The redevelopment timeframe will be determined through the business plan process. It is anticipated the redevelopment will include construction of a new outpatient care tower on the northwest corner of the current St. Paul's Hospital site as well as essential site infrastructure upgrades and selected renovations such as seismic upgrades to existing buildings.

Royal Columbian Hospital Redevelopment

The Government of B.C. is proceeding with the business plan for the first phase in the redevelopment of Royal Columbian Hospital. The first phase will include the replacement of the 50 year old Sherbrooke Centre with a new mental health building. Final scope, cost, and schedule will be determined as part of the business case planning, which is expected to be complete in 2014/15. Following approval of the business case, procurement for construction of the first phase of the project will commence.

For more information about the Royal Columbian Hospital Redevelopment, please see the website at

http://www.fraserhealth.ca/about_us/building_for_better_health/royal_columbian_hospital/.

Joseph and Rosalie Segal Family Centre, Vancouver General Hospital

The new Joseph and Rosalie Segal Family Health Centre will help mental health professionals provide better care to patients and their families in a modern environment when it opens in 2017. Total capital cost is estimated at \$82 million, with the provincial government contributing \$57 million. The centre will focus on a patient-centred therapeutic environment that meets high standards of modern psychiatric care and is also expected to improve health outcomes for British Columbians. The centre will include the following: eight floors, 11,100 square metres (approximately 119,500 square feet), excluding parking and mechanical penthouse; 100 private patient rooms, each with its own bathroom; natural light in most areas and the use of calming colours and textures to create healing environments; quiet places on each floor for reading and meditating; access to outdoor gardens and courtyards, as well as exercise facilities, televisions and the internet; improved patient and staff safety and security. The Joseph and Rosalie Segal Family Health Centre will provide short-term, acute care to those suffering from major depression, anxiety, schizophrenia, psychotic and mood disorders, and drug and alcohol addiction.

Vernon Jubilee Hospital – completion of inpatient floors

This project consists of completing two unfinished floors for inpatient beds. Construction is underway and occupancy is expected in 2015.

Patient Care Tower, Penticton General Hospital

Government is proceeding with business case planning for a new patient care tower at Penticton Regional Hospital. Business case development is currently underway and is expected to be completed in 2014/15. Following approval of the business case, procurement for construction of a new patient care tower would commence. The scope, cost and schedule will be finalized as part of the business case. It is anticipated that the capital cost of the redevelopment project will be shared between the Province and the Okanagan Similkameen Regional Hospital District and the South Okanagan Similkameen Medical Foundation.

Annual Service Plan Report Appendices

Appendix A: Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)

1515 Blanshard Street
Victoria, British Columbia
V8W 3C8

Medical Services Plan (<http://www.health.gov.bc.ca/msp/>)

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

PharmaCare (<http://www.health.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: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)

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

Healthy Families BC (<http://www.healthyfamiliesbc.ca/>)

Email: healthyfamiliesbc@gov.bc.ca

SeniorsBC (www.seniorsbc.ca)

Seniors Health Care Support Line:
Toll free in B.C.: 1-877-952-3181
In Vancouver: 250-952-3181

Seniors Advocate (www.gov.bc.ca/seniorsadvocate)

Office of the Seniors Advocate
1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
Email: seniorsadvocate@gov.bc.ca

Ministry of Health

Office of the Provincial Health Officer (<http://www.health.gov.bc.ca/pho/>)

1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
In Victoria: 250-952-1330
Fax: 250-952-1362

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

PO Box 9643 Stn Prov Govt
Victoria, British Columbia
V8W 9P1
Toll free in B.C.: 1-866-952-2448
Email: contact@patientcarequalityreviewboard.ca
Fax: 250-952-2428

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

PO Box 9657 Stn Prov Govt
Victoria, British Columbia
V8W 9P3
Toll free in B.C.: 1-888-876-1633
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

VANCOUVER
605 Robson Street, Room 250
Phone: 604-660-2937

KELOWNA
305-478 Bernard Avenue
Phone: 250-712-7562

Appendix B: Hyperlinks to Additional Information

British Columbia's 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

First Nations Health Authority – www.fnha.ca