

Ministry of
Health

2015/16
Annual Service Plan Report



For more information contact:

Ministry of Health:
PO BOX 9639
STN PROV GOVT
VICTORIA, BC
V8W 9P1

or visit our website at
www.gov.bc.ca/health

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Minister's Message and Accountability Statement



As Health Minister, I am pleased to present the 2015/16 Annual Service Plan Report for the Ministry of Health as required under the [Budget Transparency and Accountability Act](#).

Our government has achieved significant accomplishments this past year to provide a strong economy and secure tomorrow for British Columbians. This work allows us to invest in programs to support the services British Columbians depend on for their health and wellbeing.

The Ministry of Health is guided by the principles set out in [Setting Priorities for the B.C. Health System](#). These principles put patients at the centre of health care delivery, with a focus on improving the overall health of the population, enhancing the experience and outcomes of patients and achieving the best outcomes for the health-care dollar.

B.C. has some of the best health-care outcomes in Canada, with per capita spending lower than the Canadian average. We continue to work to build on our success.

To do this we are looking at our services, programs and resources through the patient lens – building the best supports to help our population remain healthy and at home and, when they are ill, the care they need to get better.

The Ministry of Health is working with partners to build a strong primary and community care system to care for British Columbians. We are strengthening this system through a focus on the full range of health care professionals working as part of a team to better meet patient needs, as well as better integration between different parts of the system and a proactive community-based approach to prevent people at risk from ending up in hospital.

Our primary and community care strategies will help build better supports to meet the needs of some of our most vulnerable citizens, in particular the frail elderly and people facing mental health and substance use issues.

We will continue to work to achieve our priorities, to build on our success, and to keep improving our health care system for the benefit of all British Columbians.

The Ministry of Health 2015/16 Annual Service Plan Report compares the Ministry's actual results to the expected results identified in the 2015/16 - 2017/18 Service Plan. I am accountable for those results as reported.

A handwritten signature in blue ink that reads "T. Lake". The signature is written in a cursive, flowing style.

Honourable Terry Lake
Minister of Health

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Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. The Ministry is responsible for provincial legislation and regulations related to health care, including the *Medicare Protection Act* and the *Health Professions Act*. The Ministry also directly manages a number of provincial programs and services, including the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance; and 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. The Ministry also works in partnership with the First Nations Health Authority to improve the health status of First Nations in British Columbia.

Strategic Direction and Context

The Ministry of Health receives its strategic direction from clearly identified government priorities set forth in the government strategic plan and the Minister's [Mandate Letter](#) from the Premier. Strategic and operational priorities for the delivery of health services across the province is set forth in [Setting Priorities for the B.C. Health System](#), and in a series of subsequently released policy papers.

Successfully achieving the Ministry's strategic vision will require close collaboration with partners, including health authorities, physicians and health care providers, unions, patients and other stakeholders, in shaping and implementing key areas of focus. This collaborative approach aligns with the [Taxpayer Accountability Principles](#), which strengthen two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. Recognizing that public sector organizations have both an ethical and fiduciary accountability to the taxpayer, enhanced performance management will ensure the delivery of patient-centred health services while promoting quality and containing costs.

British Columbians have thousands of successful interactions with the health care system every day, with multiple examples of excellent results: high quality maternity care; high quality acute care, critical and trauma care services; excellent cancer care and treatment; high quality elective surgeries; exceptional diagnostic services; and a highly trained health workforce. Citizens of B.C. enjoy some of the best health indicators in the world, pointing to the underlying strength of the province's social determinants of health and the quality of its health care system.

B.C. has the fastest growing population of seniors in Canada – by 2022, one in five British Columbians, or 20 per cent, will be over 65 years old.¹ 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. Continued attention is also needed on access and wait times for services across the health care continuum. While progress has been made, wait times persist within emergency departments and for certain elective surgical procedures. The development of new treatments and technology, including less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies, have made health care more efficient and effective, but have also led to a significant increase in demand for products and services.

In 2015, British Columbia took a leadership role with its provincial and territorial counterparts and was able to advance a number of key priorities, including: enhancing the affordability of prescription drugs; improving community, home and mental health care; and fostering innovations in health care delivery. A key success was the creation of a working group to address the high cost of prescription drugs, which will further the work of the provinces' Pan-Canadian Pharmaceutical Alliance. B.C. also pressed the federal government to help allay the increasing costs of providing health care to an aging population.

¹ BC Stats, Sub-Provincial Population Projections - P.E.O.P.L.E. 2015

Report on Performance

The Minister's Mandate Letter directs the Ministry of Health to ensure maximum value for taxpayers while providing maximum benefit to patients. Progress has been made against the priorities outlined in the mandate letter in the areas of balanced-budget, care in the community, end-of-life, and mental health. The goals, objectives and performance measures in the *Ministry of Health 2015/16 – 2017/18 Service Plan* reflect the strategic priorities for the health system. The priorities focus on supporting the health and wellbeing of British Columbians, delivering health care services that are responsive and effective, and ensuring value for money in the health system. Underlying these goals is the principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which will continue to drive policy, accountability, service design and delivery in the coming years.

The Ministry and health authorities have made progress in implementing actions identified in the [Taxpayer Accountability Principles](#). The progress to date has contributed to a mature, collaborative relationship between the Ministry and health authorities through improved communication, increased engagement and understanding of progress of health system initiatives.

Goals, Objectives, Strategies and Performance Results

Goal 1: Support the health and well-being of British Columbians.

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 the province.

Objective 1.1: Targeted and effective primary disease prevention and health promotion.

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population.

Strategies

- Work with health authorities and other partners to continue implementation of [Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.

- Work with health authorities, physicians and other partners to implement the [Healthy Families BC Policy Framework](#), improving the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.

Performance Measure 1: Healthy Communities.

Performance Measure	2011/2012 Baseline	2014/15 Actual	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Percent of communities that have completed healthy living strategic plans.	13%	48%	45%	56% EXCEEDED	50%	55%

Data Source: Survey, Healthy Living and Health Promotion Branch, Population and Public Health Division, Ministry of Health.

Note: The 2015/16 actual was not known until after publication of the 2016/17 and 2017/18 targets, and as such the targets will be reviewed prior to publication of the 2017/18 Ministry of Health Service Plan.

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia that are implementing healthy living strategic plans with their health authorities. Community efforts to support healthy living through joint planning, policy, and collaborative action are critical to improving the quality of life of individuals where they live, work, learn, and play. Sustained community level actions will reduce risk factors and increase protective factors for major chronic diseases and injuries.

The Ministry exceeded its target for this measure, and will continue to build upon successes achieved to date in order to continue supporting and promoting the health and well-being of British Columbians.

Performance Measure 2: Healthy Schools BC.

Performance Measure	2013/14 Baseline	2014/15 Actual	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
The percentage of B.C. students in grades 3, 4, 7, 10 and 12 who report that at school, they are learning to stay healthy.	46%	44%	48%	DATA NOT YET AVAILABLE	55%	60%

Data Source: Satisfaction Survey, Knowledge Management Branch, Knowledge Management and Accountability Division, Ministry of Education.

Discussion

This performance measure is part of *BC's Guiding Framework for Public Health*. Evidence suggests that over time, a primary prevention and health promotion agenda can help improve the overall health of the population. Accordingly, Healthy Schools BC, a key initiative of Healthy Families BC, aims to improve students' awareness of healthy lifestyles and healthy environments. The Ministry, in partnership with health authorities and school districts, supports a number of targeted programs which provide comprehensive health resources for teachers and schools.

The results for this performance measure is from the School Satisfaction Survey. This survey is open to students in grades 3/4, 7, 10 and 12, during January to April. The survey results for 2015/16 are expected at the end of the current school year and will be reported out on in the *2016/17 Ministry of Health Annual Service Plan Report*.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

In order to deliver responsive and effective health care services, the Ministry and its partners aim to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner in alignment with the *Taxpayer Accountability Principles*.

Objective 2.1: A provincial system of primary and community care built around inter-professional teams and functions.

British Columbia's health care system has been engaged in a collaborative process to look for ways to improve primary and community care at a community level. Numerous practice and service delivery innovations and initiatives have been introduced at all levels - practice, health authorities, and provincial level - with the intent of meeting the expanding demand for services due to the population demographics. The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and health care administrators will facilitate better care for all British Columbians, and particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

Strategies

- Implement a system supporting the development of full-service family practice but incrementally facilitate the establishment of fully realized team-based practices delivering services based on population and patient needs, including the needs of several key patient populations (patients with comorbid chronic illnesses, moderate to severe mental illnesses, and/or frailty).

- Provide end-of-life care services including hospice space expansion, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to services
- Provide a full continuum of high quality mental health and substance use services within each health authority to better integrate services within the larger care network.
- Improve access to addiction treatment, including creating an additional 500 addictions spaces by 2017.
- Develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.
- Increase the quality of primary and community care services to reduce the need for hospitalization.
- Develop residential care models and quality standards for patients with dementia and younger populations with special needs such as chronic severe mental illness.
- With the advice of B.C.’s Seniors Advocate, improve the home and community care system, including the use of technology for home health monitoring, better address the needs of B.C.’s seniors who require these services, and strengthen protections from abuse and neglect.

Performance Measure 3: Access to Full Service Primary Care.

Performance Measure	2013 Baseline	2014 Actual	2015 Target	2015 Actual	2016 Target	2017 Target
Percent of family physicians participating in the “A GP For Me” full service family practice initiative.	65%	75%	80%	74% NOT ACHIEVED	–	–

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

Note: Future targets are not projected because the measure has been changed to align with a broader health system focus on reducing hospitalizations by strengthening community based health care and support services.

Discussion

Better health outcomes for patients start with a strong primary care system. A GP for Me is a program sponsored by the Ministry of Health and Doctors of BC and is aimed at improving quality health care in community settings and to help support British Columbians to access a family doctor. Due to the GP for Me initiative 60,000 British Columbians were transitioned to a new provider after their family doctor retired, and 100,000 more people now have a family doctor or belong to a primary-care clinic who previously did not. Building on the foundation of A GP for Me, the Ministry, doctors and health authorities are working on a broader primary-care access strategy that focuses on expanding team-based care as well as better integration between different parts of the system and a proactive approach to prevent people at risk ending up in hospital.

Performance Measure 4: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2014/15 Actual	2015/16 Target	2015/16 Actual*	2016/17 Target	2017/18 Target
Percent of people admitted for mental illness and substance use who are readmitted within 30 days.	14.1%	14.0%	13.8%	14.5% NOT ACHIEVED	13.0%	12.0%

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

* Partial-year data to December 31, 2015

Discussion

The measure focuses on the effectiveness of community-based supports to help persons with mental illness and substance use issues receive appropriate and accessible care and avoid readmission to hospital. Central to this effort is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

The year-to-date data shows that the target may not be met. The results for this performance measure will continue to be closely monitored as the Ministry and health authorities begin to implement specific actions to support effective primary and community supports for this population group.

Objective 2.2: A renewed role of hospitals in the regional health care continuum with a starting focus on improved surgical services.

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors, and we must ensure those services are delivered appropriately for those patients. This requires improved coordination between hospitals, primary care and other care providers in communities to develop patient pathways for frail seniors that avoid hospitalization.

There is a need and opportunity to improve provincial coordination, and ultimately improve the quality of acute hospital care services delivered to B.C. patients with respect to services offered across hospitals.

Strategies

- Achieve significant improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers and using technology and financial models to support innovation, quality and coordination in the delivery of surgical services.

- Increase formal coordination, joint planning and operations between the Lower Mainland health authorities to shape patterns of service delivery and referrals to best meet patient needs based on the health needs of their population.

Performance Measure 5: Access to Scheduled (Non-Emergency) Surgery.

Performance Measure	2013/14 Baseline	2014/15 Actual	2015/16 Target	2015/16 Actual*	2016/17 Target	2017/18 Target
Percent of scheduled surgeries completed within 26 weeks.	90%	86%	93%	86% NOT ACHIEVED	95%	95%

Data Source: Surgical Patient Registry, Ministry of Health. Includes all elective adult and pediatric surgeries.

Notes: Baseline is for surgeries completed from April 1, 2012 to March 31, 2013. Target percents are for surgeries completed in the fiscal year.

*Partial-year data to December 31, 2015.

Discussion

This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Expanded surgical activity and funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia’s hospitals, continue to improve the timeliness of access to an expanding range of surgical procedures. Related to these efforts, a long-term strategy was introduced in November 2015 to help health authorities address patient wait lists for MRIs.

The year-to-date data shows that the 2015/16 target may not be met. However, there has been a focus and effort across the province to serve patients who have been waiting longer periods for their scheduled surgeries. In particular, the completed surgery cases for those who had waited longer than 26 weeks increased by 14% when compared to the same period a year earlier. Additional funding has been allocated to surgical capacity throughout the province, including increasing surgical slates for patients who have waited longer than 26 weeks for surgery. As a result, from June 2015 to March 2016, more than 8,500 additional surgeries were completed.

Objective 2.3: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.

Individuals who reside in predominantly rural communities tend to have comparatively poorer health outcomes and socioeconomic status compared to their urban counterparts. The populations of rural British Columbia are often small, dispersed, and fluctuating. Rural British Columbia is home to many First Nations communities and Aboriginal peoples, and a large percentage of the rural population identifies as Aboriginal. Against this health status backdrop, three specific service challenges stand out in the context of rural and remote communities: ensuring access to quality primary care services; ensuring pathways to accessing specialized perinatal, medical, and surgical services when they are

required; and how best to support aging in place. Access to specialized acute care services and access to ancillary health services is especially challenging, so residents are often required to travel for care. Through the Rural Health Strategy, the Ministry and health authorities will work with communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

Strategies

- Develop local community plans for rural and remote communities to create environments that foster healthy behaviours to improve the health of the population.
- Improve access to services through the establishment of regional and provincial networks of specialized care teams.
- Improve timely recruitment and deployment of health professionals to rural and remote communities.

Goal 3: Ensure value for money.

To achieve value for money in health care, the Ministry must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only what services and initiatives are focused on, but also how they are implemented and managed. The Ministry, along with its health system partners, takes a collaborate approach on the effective implementation and management of a shared, consistent strategic plan for the health system with built-in accountability and attention to factors needed for success: change management capacity, ongoing quality improvement, effective leadership and an engaged workforce, information management systems and technologies, physical infrastructure and prudent budget management.

Objective 3.1: A performance management and accountability framework that drives continuous improvement in the health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcomes. Such an approach meets the Triple Aim² goals of providing more effective care for key populations, better experience of care for patients and providers, and improved per capita cost. A focus on performance and budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable.

Strategies

- Focus on operational management excellence through continuous improvement.

² Institute for Healthcare Improvement. www.IHI.org.

- Continue the delivery of quality services or products and the enabling organizational functions in the areas of primary and community care, surgical service and rural health services delivery.
- Drive quality, cost-effectiveness and coordinate investments in new laboratory technology through the provincial laboratory reform initiative.
- Ensure that quality assurance is enabled by corporate services (human resource management, information management, and financial/budget management).
- Expand consolidation of corporate, clinical support, purchasing and administrative functions to achieve savings and quality improvements across the province.

Objective 3.2: Focus on cross-system work and collaboration in the enabling areas of health human resource management, IM/IT and technology infrastructure, and approaches to funding.

Strategies

- Work with health system partners to establish an integrated Health Human Resource Framework to plan, link and coordinate go-forward actions and initiatives that enable effective health human resources management.
- Continue to modernize the health system through the use of information management and technology, including electronic medical records, clinical decision support tools, ePrescribing, telehealth and home health monitoring.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.

Objective 3.3: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. Through Fair PharmaCare, government maintains continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective. This will improve both patient care and value for money in the health system.

Strategies

- Deliver an accessible, responsive, evidence-informed, and sustainable drug program.
- Continued focus on coverage for eligible prescription drugs and designated medical supplies through the Fair PharmaCare plan.

- Leverage programs such as the Low Cost Alternative and Reference Drug Program to achieve the best therapeutic value and price for publicly funded pharmaceuticals.
- Engage in the Council of the Federation's Pan-Canadian Pricing Alliance for brand and generic drugs.

Financial Report

Discussion of Results

The Ministry of Health 2015/16 budget was \$17.444 billion. Actual operating expenditures for the fiscal year ending March 31, 2016 were \$17.442 billion, resulting in an operating surplus of \$2.1 million or 0.01 percent of the annual budget prior to the accounting entry for adjustment of prior year's accrual.

The significant operating variances were:

Regional Services: The surplus is primarily due to lower than anticipated transfer payments for various Ministry supported programs as well as planned savings to off-set other Ministry budget pressures.

Medical Services Plan (MSP): The deficit is mainly due to higher than anticipated utilization of medical fee-for-service and committee initiatives, partially offset by lower than anticipated utilization of other MSP programs.

PharmaCare: The deficit is primarily due to higher than expected demand for hepatitis C drugs.

Stewardship and Corporate Services: The surplus is primarily due to savings in salaries and benefits as a result of a hiring lag.

Financial Report Summary Table

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Health Programs					
Regional Services	11,948,782		11,948,782	11,809,350	(139,432)
Medical Services Plan	4,117,119		4,117,119	4,194,371	77,252
PharmaCare	1,103,033		1,103,033	1,171,625	68,592
Health Benefits Operations	43,075		43,075	43,508	433
Vital Statistics	7,428		7,428	6,410	(1,018)
Sub-Total	17,219,437		17,219,437	17,225,264	5,827
Executive and Support Services					
Minister's Office	725		725	671	(54)
Stewardship and Corporate Services	224,271		224,271	216,371	(7,900)
Sub-Total	224,996		224,996	217,042	(7,954)

Ministry of Health

Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 28	17,297,183		17,297,183	17,295,056	(2,127)
Health Special Account	147,250		147,250	147,250	0
Sub-Total – Operating Expenses	17,444,433		17,444,433	17,442,306	(2,127)
Adjustment of Prior Year Accrual¹	0		0	(17,998)	(17,998)
Total – Ministry of Health	17,444,433		17,444,433	17,424,308	(20,125)
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)					
Ministry Operations					
Stewardship and Corporate Services	5,597		5,597	1,293	(4,304)
Total - Ministry of Health	5,597		5,597	1,293	(4,304)
Consolidated Capital Plan (\$000)					
Health Facilities ²	378,862		378,862	273,604	(105,258)
Total - Ministry of Health	378,862		378,862	273,604	(105,258)

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 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).

Income Statement for Health Authorities

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities and eight 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.

Description	2015/16 Budget	2015/16 Preliminary Actual	Variance
Health Authorities and Hospital Societies – Combined Income Statement (\$000)			
Total Revenue⁴	13,717,000	13,990,000	273,000
Total Expense⁵	13,446,000	13,733,000	287,000
Net Results⁶	271,000	257,000	(14,000)

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.

⁶ This combined income statement is based on draft financial statements from six health authorities and eight hospital societies, including eliminating entries between these agencies. However, figures do not include the eliminating entries to consolidate these agencies with the government reporting entity. The \$271 million budget surplus in 2015/16 reflects the gain on the sale of capital assets by the Vancouver Coastal Health Authority under the government's Release of Assets for Economic Generation (RAEG) initiative; the actual gain was \$276.4 million.

Major Capital Projects

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>Queen Charlotte/Haida Gwaii Hospital Construction on the new Queen Charlotte Hospital is scheduled to complete in summer 2016, followed by commissioning, move-in, and demolition of the existing hospital. The new Queen Charlotte Hospital will replace an aging facility and consolidate health services into one location. The facility will consist of 17 beds in a 2-storey, 5,000 square metre Leadership in Energy and Environmental Design (LEED) Gold facility. The new hospital will provide adequate space to enable client-focused care delivery, as well as specialized care services such as low-risk maternity, obstetrics, and cancer care. The capital cost of the project is estimated at \$50 million and is cost shared with the North West Regional Hospital District.</p> <p>For more information about the project, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2012/qch-replacement-project-capital-plan.pdf</p>	2016	50	42
<p>Royal Inland Hospital (Clinical Services Building) Construction of the Clinical Services Building is scheduled to complete in spring 2016, followed by commissioning and move-in summer 2016. The new 6-storey structure will improve patient flow and access to services, improve site access (vehicular and pedestrian), improve patient care experience and support enhanced education and its integration with the clinical environment. The capital cost of the project is estimated at \$80 million and is cost shared with the Thompson Regional Hospital District.</p> <p>For more information about the project, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx</p>	2016	80	44

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>North Island Hospitals</p> <p>The North Island Hospitals Project includes a new 95-bed, 4-storey, 32,000 square metre LEED Gold facility and parking structure in Campbell River and a new 153-bed, 5-storey, 40,000 square metre LEED Gold facility and parking structure in the Comox Valley. Construction is scheduled to be completed in spring 2017, followed by commissioning and patient occupancy in fall 2017. The new hospitals will enhance the quality of care for patients, increase capacity to meet the population's growing and changing needs, improve access to services for all northern Vancouver Island communities, and increase safety for patients and staff. The project will also increase acute care capacity with safe and efficient facilities, improve the ability of the Vancouver Island Health Authority to recruit and retain physicians and other health care professionals, and increase the opportunity to introduce new services to the communities. The capital cost of the project is estimated at \$606 million. The Comox-Strathcona Regional Hospital District is contributing approximately \$238 million, with the balance provided by the Province.</p> <p>For more information about the project, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf</p>	2017	606	362
<p>Interior Heart and Surgical Centre</p> <p>The Interior Heart and Surgical Centre (IHSC) project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. The project will improve patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and improve health service delivery and patient flow at Kelowna General Hospital. The project will also feature capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The first 3 floors of the IHSC</p>	2017	381	266

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>opened September 28, 2015 and the 4th floor Perinatal Unit opened March 2016. Renovations to the existing Strathcona building will continue until 2017. The capital cost of the project is estimated at \$381 million. The Central Okanagan Regional Hospital District is contributing approximately \$85 million with the balance provided by the Province.</p> <p>For more information about the project, please see the website at: http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx.</p>			
<p>Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre Construction on the 100-bed, 8-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre is scheduled to be completed in spring 2017, with patient occupancy planned for summer 2017. The centre will create seamless access to acute secondary psychiatric services and community-based programs for patient populations in Vancouver and consolidate services to allow for improved staff utilization, streamlined discharges and improved patient engagement. The project will result in the development of an optimal purpose-built facility designed to reduce critical safety risks and improve patient outcomes. The capital cost of the project is estimated at \$82 million. The Vancouver General Hospital and UBC Foundation contributed \$25 million to the cost of the project, including \$12 million from the Segal family.</p> <p>For more information about the project, please see the website at: http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre.</p>	2017	82	39
<p>Children’s and Women’s Hospital Redevelopment The redevelopment of BC Children’s Hospital and BC Women’s Hospital will be completed in three phases. The first phase is now complete and included expansion of the</p>	2019	678	296

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>neonatal intensive care unit (NICU) by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building. The second phase of the project is currently underway and consists of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 49,880 square metre Teck Acute Care Centre, and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. Government approval of the Phase 3 business plan is anticipated in late spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidating and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. The capital cost of the project is estimated at \$678 million, including a \$150 million contribution from the BC Children's Hospital Foundation.</p> <p>For more information about the project, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.</p>			
<p>Patient Care Tower, Penticton Regional Hospital The Patient Care Tower project will proceed in two phases. Phase one construction of the new 26,700- square metre Patient Care Tower is planned to start in spring 2016. This will include a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Ellis Don Infrastructure was the successful proponent from a P3 Request for Proposal process, and the project is expected to achieve financial close in April 2016. Phase two will involve renovation of vacant areas in the current hospital to allow for the expansion of the</p>	2021	325	4

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. The capital cost of the project is estimated at \$325 million. Costs are shared between Government, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p> <p>For more information on the project, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2014/capital-project-plan-penticton-regional-hospital.pdf</p>			
<p>Clinical and Systems Transformation</p> <p>The primary purpose of the Clinical and Systems Transformation Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care. The vision of this integrated system is “One Person. One Record. Better Health”. The most significant benefit to patients and the care delivery process is in relation to the reduction of adverse events associated with a hospital stay. The ten-year total cost of ownership (TCO) for the project is projected to be \$842 million, composed of a \$480 million capital and \$362 million operating cost component. This TCO includes expenditures on the installation and implementation of the new system and related maintenance and support costs for the ten-year period. The Design/Configure/Validate (DCV) phase will be completed and proceed to testing in readiness for the first implementation in the following fiscal year. The new Pharmacy Regional Production Centre will open for production of unit dose medications to enable the new closed-loop medication management processes.</p>	2023	480	156
<p>Royal Columbian Hospital The Royal Columbian Hospital redevelopment project</p>	2019	259	2

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<p>consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 per cent, and eliminate the current risk of power systems failure with a post-disaster building. The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The request for proposals for the design-build team is scheduled to be released in spring 2016, with construction expected to start in early 2017. The capital cost of the project is estimated at \$259 million. The Royal Columbian Hospital Foundation is contributing \$9 million with the balance provided by the Province.</p> <p>For more information about the project, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2015/capital-project-plan-royal-columbian-hospital.pdf</p>			

Appendix A – Ministry Contact Information

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

PO Box 9639 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-800-663-7867
In Victoria: 250-387-6121

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: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)

By phone: 8-1-1
For hearing-impaired assistance call 7-1-1

British Columbia's Health Authorities

Fraser Health Authority www.fraserhealth.ca

Interior Health Authority www.interiorhealth.ca

Northern Health Authority www.northernhealth.ca

First Nations Health Authority www.fnha.ca

Ministry of Health – Seniors Advocate (www.seniorsadvocatebc.ca)

Ministry of Health – Healthy Families BC (www.healthyfamiliesbc.ca)

Email: healthyfamiliesbc@gov.bc.ca

Office of the Provincial Health Officer

(www.health.gov.bc.ca/pho/)

PO Box 9648 Stn Prov Govt
Victoria, British Columbia V8W 9P4
In Victoria: 250-952-1330

Patient Care Quality Review Board

(www.patientcarequalityreviewboard.ca)

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

Vital Statistics Agency (www.vs.gov.bc.ca)

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

Provincial Health Services Authority www.phsa.ca

Vancouver Coastal Health Authority www.vch.ca

Vancouver Island Health Authority www.viha.ca

Appendix B – Minister’s Mandate and Actions Summary

In the Premier’s annual Mandate Letter to the Minister dated June 10, 2014, the Minister of Health received direction on strategic priorities for the 2015/16 fiscal year. These priorities and the ministry’s resulting actions are summarized below:

Mandate Letter Direction	Ministry’s Action
<p>1. Balance your ministerial budget in order to control spending and ensure an overall balanced budget for the province of British Columbia.</p>	<p>Achieved the Ministry budget targets, ending the 2015/16 fiscal year with a surplus of \$41.5 million (unaudited).</p> <p>Factors that contributed to this achievement included lower than anticipated payments for various Ministry supported programs and planned savings in order to offset higher MSP committee and fee-for-service costs and PharmaCare cost pressures created from listing new expensive hepatitis C drugs.</p>
<p>2. Ensure services are delivered within health authority budgets.</p>	<p>Ensured delivery of services within cumulative budget targets.</p> <p>Overall, health authorities have reported a combined 2015/16 surplus of approximately \$258 million (unaudited) which includes gains on asset sales associated with the Release of Assets for Economic Generation initiative. The Ministry also provided funding to health authorities related to wage settlements and payment of the Economic Stability Dividend.</p>
<p>3. Continue our government’s change and innovation agenda within the health care sector.</p>	<p>The Innovation and Change Agenda has been fully incorporated into health sector strategy and documented in Setting Priorities for the B.C. Health System, and the subsequent policy papers, which focus on delivering a patient-centred culture across all health sector services and programs, while improving on the quality of service outcomes</p> <p>System wide areas for change have been identified, and work is underway in each of the following areas:</p> <ul style="list-style-type: none"> • Access to primary care; • Specialized services for seniors and those with mental health and substance use issues; • Surgical services; and • Rural and remote health services.

	<p>Provincial collaborations have been held with health authorities, physicians, patients and other stakeholders to focus on improving care for seniors and for those with mental health and substance use issues.</p>
<p>4. Ensure full implementation of provincial mental health plan, <i>Healthy Minds, Healthy People</i> including the new investments announced last year that focus on improving services in the Lower Mainland.</p>	<p>In 2015 a Cabinet Working Group on Mental Health was created to take stock of government’s existing mental health programs and services, in order to develop a cross-system response.</p> <p>In April 2015, client intake began for new severe addiction and mental illness services, including:</p> <ul style="list-style-type: none"> • Three new integrated case management teams (South Island, Mount Waddington, Courtenay/Comox); • Three Assertive Community Treatment teams (Kamloops, Kelowna, and Surrey/North Delta); and • The Glengarry Transitional Care Unit (Victoria). <p>Since their inception in 2012 and 2013, respectively, the ACT teams in Surrey and New West/Tri-Cities have collectively:</p> <ul style="list-style-type: none"> • Helped reduce emergency department visits by 59 percent, hospital admissions by 65 percent and average length of stay in hospital by 72 percent for Surrey and New West/Tri-Cities clients; and • Helped 75 clients connect with stable housing.
<p>5. Finalize the St. Paul's and Royal Columbian Hospital revitalization plans.</p>	<p>Revitalization plans for St. Paul’s Hospital and Royal Columbian Hospital have been finalized.</p> <p>As announced on April 13, 2015, a redeveloped St. Paul’s hospital and health care campus on the Station Street site will provide new, modern and state-of-the-art treatment for patients who need medical care both inside and outside of an acute care hospital.</p> <p>The first phase of redevelopment at Royal Columbian will include a 75-bed mental health and substance use facility, which will replace the aging 30-bed Sherbrooke Centre. Approval of Phase 1 was announced on May 27, 2015.</p>

<p>6. Successfully conclude labour negotiations within the health sector for the 2014 round of collective bargaining within the Economic Stability mandate.</p>	<p>Collective agreements with all five of the 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; • Professional Association of Residents; and • Nurses Bargaining Association. <p>A new Physician Master Agreement with Doctors of BC was ratified on December 5, 2014.</p>
<p>7. Implement the changes contemplated in the <i>Laboratory Services Act</i> that was passed by the Legislature in the Spring 2014 legislative session.</p>	<p>The <i>Laboratory Services Regulation</i> was deposited in March 2015, bringing the <i>Laboratory Services Act</i> into force on October 1, 2015.</p> <p>The legislation provides the authority to:</p> <ul style="list-style-type: none"> • Better coordinate in-patient and out-patient clinical laboratory services; and • Enter into agreements with service providers to provide greater certainty regarding costs.
<p>8. 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>Regional health authorities have submitted bed enhancement plans to the Ministry and efforts to improve reporting of substance use expansion is ongoing.</p> <p>As of March 31, 2016, 220 substance use treatment and intervention beds have been created through this initiative.</p>
<p>9. Work with Treasury Board and the Ministry of Finance to develop a plan for hospice plan expansion and begin process of doubling the number of hospice spaces in BC by 2020.</p>	<p>Health Authorities have developed and submitted their plans for hospice space expansion for the 2015/16 to 2017/18 time period.</p> <p>Hospice space plans were analyzed to determine geographic distribution and delivery of palliative care, and revisions made to the BC Palliative Care Benefits registration form.</p>
<p>10. Publicly report on the status of the GP4ME program in preparation for the commitment to ensure every British Columbian who wants a GP has access to one.</p>	<p>Over 482,000 patients have received attachment-related services through the GP for Me program.</p> <p>As of December 2015, approximately 103,000 unattached complex/high needs patients have been attached to more than 2,000 family physicians.</p>

	<p>A GP for Me is one part of an integrated approach to provide primary health care services for all British Columbians. A GP for Me initiatives that have shown impact to patients and the system will continue to receive supports by the General Practice Services Committee.</p>
<p>11. Work with other provincial Ministers of Health to change the Canada Health and Social Transfer to become age adjusted in order to account for increased health care costs for British Columbians over the age of 65.</p>	<p>The Minister of Health advocated for an equitable Canada Health Transfer (CHT) that reflects the demographics of provinces and territories at the Federal/Provincial/Territorial Health Ministers' Meeting in October 2014, as well as in meetings with the Federal Health Minister in June 2014 and February 2015.</p> <p>The Minister of Health wrote letters to B.C. Federal Government Caucus members emphasizing the need for an equitable CHT, and presented to them in January 2015. B.C.'s Deputy Minister of Health also raised the issue with counterparts across the country.</p> <p>The Federal, Provincial and Territorial Ministers of Health held a two-day meeting in January 2016, resulting in the federal health minister confirming the federal government's commitment to work collaboratively with the provinces and territories toward a long-term funding arrangement.</p>
<p>12. Work with the federal government to regulate the sale of e-cigarettes and flavoured tobacco to minors in British Columbia or in the absence of a federal strategy, move to introduce legislation.</p>	<p>The <i>Tobacco Control Amendment Act</i>, which amends the <i>Tobacco Control Act</i>, received Royal Assent on May 14, 2015. The amendments expand the scope of the <i>Tobacco Control Act</i> – to be renamed the <i>Tobacco and Vapour Products Control Act</i> – to give the Province the authority to regulate the sale, promotion and display, and use of e-cigarettes and e-liquids in a manner similar to the ability to regulate tobacco products. The Ministry of Health recently developed amendments to the <i>Tobacco Control Regulation</i> to extend prohibitions, administrative penalties, and other requirements in the regulations to vapour products.</p> <p>In light of the federal government's regulatory amendments for flavoured tobacco, no further legislative action on flavoured tobacco is being taken by the B.C. government at this time.</p>