

# **Ministry of Health**

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## **2017/18 Annual Service Plan Report**

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## Minister's Message and Accountability Statement



It is my pleasure to work on behalf of all British Columbians, and present to them this *2017/18 Annual Service Plan Report* on how the Ministry of Health is helping to improve the public health care services B.C. families depend on every day.

Since the service plan was created in September 2017, we have found and implemented solutions that are working to create a health care system that provides better quality care to more people, is reliable, and cost-efficient.

To make sure people have faster access to the surgeries they need to enjoy full, active lives, in March 2018, we launched a strategy to reduce wait times and improve health outcomes for people throughout the province. We have planned to add 9,400 more surgeries and 37,000 more magnetic resonance imaging, or MRI, exams this year by bolstering surgical services and making them more efficient.

Hospitals and other health care facilities play important roles in our health and wellbeing. We have made it a priority to make sure capital projects get the timely approvals needed to bring communities closer to having facilities that support all healthcare professionals in delivering the enhanced patient-centred care people deserve. Recently, we approved moving forward with long-awaited projects in Terrace, Williams Lake, Richmond and Surrey.

The Ministry of Health has forged a path to better health care with the release of a research strategy that puts unbiased analysis and evaluation at the centre of its decision making, which is essential when we are seeking to ensure the optimal use of prescription drugs.

We have also worked to protect public health services, taking the necessary actions so that people have the services they need to stay healthy, recover from illness and enjoy a high quality of life.

The *Ministry of Health 2017/18 Annual Service Plan Report* compares the ministry's actual results to the expected results identified in the [2017/18-2019/20 Ministry of Health Service Plan](#) created in September 2017. I am accountable for those results as reported.

A handwritten signature in dark ink, appearing to read 'Adrian Dix', written in a cursive style.

Honourable Adrian Dix  
Minister of Health  
June 27, 2018

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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 specialized services and province-wide health programs. The Ministry also works in partnership with the First Nations Health Authority (FNHA) to improve the health status of First Nations, Métis and other Indigenous peoples in British Columbia.

## Strategic Direction

In September 2017, the new government announced its priorities with three key commitments to British Columbians:

- To make life more affordable.
- To deliver the services people count on.
- To build a strong, sustainable, innovative economy that works for everyone.

Integrating with these priorities is government's commitment to true, lasting reconciliation with Indigenous peoples in British Columbia, as we move towards fully adopting and implementing the United Nations Declaration on the Rights of Indigenous Peoples and the Calls to Action of the Truth and Reconciliation Commission.

The Ministry's strategic direction reflects an emphasis on service delivery improvements in areas requiring fundamental repositioning, which includes team-based primary and community care focused on seniors, mental health and addictions, and those requiring cancer care. Work in these important areas is intended to strengthen linkages with health authority services and specialized community care services, and to promote a coordinated, team-based approach. Achieving successful outcomes requires close collaboration with partners, including health authorities, physicians and health care providers, unions, patients, Indigenous peoples, government partners, including the Ministry for Mental Health and Addictions, and other stakeholders.

In the [2017/18-2019/20 Ministry of Health Service Plan](#) the Ministry provided a series of objectives and performance targets from the Minister's [Mandate Letter](#) designed to further the key commitments of government.

## Operating Environment

British Columbians enjoy excellent population health status, pointing to the underlying strength of the province’s social determinants of health and the quality of its health care system. Every day, thousands of successful health care interactions take place demonstrating excellent results in a number of areas including: maternity care, acute care, critical and trauma care, cancer care, elective surgeries and diagnostic services.

B.C. has made meaningful progress in improving services across a range of areas over the past several years; however, challenges remain. In 2017/18, the Ministry focused on improvements in areas that, despite significant effort, required additional attention: access to family physicians and primary care in many communities; wait times for some specialists, diagnostic imaging, and elective surgeries; the continuum of mental health services for children and youth, as well as for some adult patients with moderate to severe mental illnesses and/or addictions; and health care services across rural and remote communities.

## Report on Performance

The following table reports on the objectives and performance targets provided in the *2017/18 – 2019/20 Service Plan* along with the Ministry’s achievements.

Objective	Actions Taken Up to March 31, 2018
Objective 1: Prioritize the provision of team-based primary care by establishing urgent family-care centres across the province.	<ul style="list-style-type: none"> <li>• Allocated resources to help connect those who do not have a family doctor with team-based primary care services, including the development of urgent family-care centres, the first of which is scheduled to open in 2018.</li> <li>• The Ministry engaged health authorities, Doctors of BC and Divisions of Family Practice to begin planning and implementation of Primary Care Networks and Specialized Community Services Programs in communities throughout the province.</li> <li>• Once operational, Primary Care Networks link physician practices together with other primary and community services as well as more specialized community based services for seniors and those with mental health and substance use issues.</li> </ul>

Objective	Actions Taken Up to March 31, 2018
<p>Objective 2: Improve rural health services and expand the medical travel allowance for those who must travel for care.</p>	<ul style="list-style-type: none"> <li>• Thirty-two internationally educated family physicians established practices in rural communities throughout B.C. in 2017/18, thanks to Practice Ready Assessment BC which is funded jointly by the Ministry and Doctors of BC through the Joint standing Committee on Rural Issues.</li> <li>• The Joint Standing Committee on Rural Issues implemented the Medical Assistance in Dying Travel and Training Assistance Program in November 2017. The program provides funding to compensate visiting physicians for travel time and travel costs incurred in conducting an eligibility assessment or providing services when no local physician or nurse practitioner is available.</li> <li>• Funding provided to support the development of Rural Surgical and Obstetrical Networks in collaboration with the regional health authorities including the First Nations Health Authority.</li> </ul>
<p>Objective 3: Work with the Parliamentary Secretary for Seniors to improve and strengthen services to ensure seniors receive dignified and quality care.</p>	<ul style="list-style-type: none"> <li>• Improvements in home and community care, and residential care through targeted funding. Investments included: <ul style="list-style-type: none"> <li>○ Increased direct care hours</li> <li>○ Increased staffing levels</li> <li>○ Staff training</li> <li>○ Enhanced technology and equipment</li> </ul> </li> <li>• New funding, through partnership with the Federal Government, allocated to health authorities to support: <ul style="list-style-type: none"> <li>○ Expanded home support services</li> <li>○ Enhanced adult day services, respite beds and community bathing programs</li> <li>○ Increased community nursing and rehabilitation</li> <li>○ Increased hospice palliative services</li> </ul> </li> <li>• New programs and services provided to seniors through enhancements to the new Seniors Health and Wellness Centre in Kamloops and Eden Gardens in Nanaimo, and construction of Cariboo Place in Williams Lake.</li> </ul>

Objective	Actions Taken Up to March 31, 2018
Objective 4: Invest in more paramedics.	<ul style="list-style-type: none"> <li>• Invested new funding in BC Emergency Health Services to support improved responses to calls, including additional ambulances, paramedics, and dispatchers. This funding also supports the implementation of the Community Paramedicine Initiative.</li> <li>• In early 2018, BC Emergency Health Services and the Province of BC added nine ambulances, and 61 full-time, and eight part-time paramedic positions in communities such as Nanaimo, Williams Lake, 100 Mile House, Peace River, Parksville, Qualicum Beach, Ladysmith, Vancouver and Castlegar.</li> </ul>
Objective 5: Work to reduce wait times and implement province-wide co-ordination to manage and actively monitor waitlists.	<ul style="list-style-type: none"> <li>• Launched a new, four-part surgical strategy aimed at reducing wait times, with new Hip and Knee Replacement Programs established in all regional health authorities.</li> <li>• Commenced work with health authority partners to ensure referrals for MRI are the most appropriate diagnostic choice, and improve access and patient choice through pooled referrals, and rapid access clinics for urgently needed CT and ultrasound services.</li> <li>• Established a plan for B.C. hospitals to perform 900 more dental surgeries in the coming year to improve access to care for vulnerable children and adults.</li> </ul>
Objective 6: Provide the Therapeutics Initiative with the resources it needs to do its job effectively.	<ul style="list-style-type: none"> <li>• Increased funding to enable the Therapeutics Initiative to support improved prescribing practices and monitoring.</li> <li>• Expanded the role to support therapeutic reviews that inform PharmaCare program policy and decision making.</li> </ul>
Objective 7: Work with the federal government towards a national Pharmacare program and work with the B.C. Green caucus to develop a proposal to implement an essential drugs program.	<ul style="list-style-type: none"> <li>• Began work with Health Canada, Alberta and Ontario on a Federal/Provincial/Territorial Pharmaceuticals Working Group to examine ways to improve equitable and appropriate access to pharmaceuticals, including options for a national formulary concept.</li> <li>• Announced \$105 million investment over three years to eliminate or lower Fair PharmaCare deductibles and co-payments for working families with the lowest incomes in</li> </ul>

Objective	Actions Taken Up to March 31, 2018
	the province, making prescription medications more affordable. This is first change to PharmaCare deductibles in 15 years.

As committed to in the *2017/18 – 2019/20 Service Plan* tabled in September 2017, the Ministry released fully developed objectives and performance measures in the Ministry's *2018/19 – 2020/21 Service Plan*, tabled in February 2018.

## Financial Report

### *Discussion of Results*

The Ministry of Health 2017/18 budget before other authorizations was \$18.897 billion. The Ministry's contingencies (other authorizations) spending was \$53.5 million, bringing the total estimated spending to \$18.950 billion. Actual operating expenditures for the fiscal year ending March 31, 2018 were \$18.950 billion, resulting in a balanced budget prior to the accounting entry for adjustment of prior year's accrual.

The significant operating variances were:

**Regional Services:** The deficit is primarily due to higher than anticipated transfer payments for various Ministry supported programs as approved by Treasury Board.

**Medical Services Plan (MSP):** The surplus is mainly due to lower utilization for medical and lab fee for service billings (includes three fewer billing days) and other one-time savings.

**PharmaCare:** Savings is driven by higher than anticipated rebates, offset by increased demand for expensive drug therapies such as hepatitis C drugs and opioid agonist treatments.

**Health Benefits Operations (HBO):** The deficit is mainly due to MSP Premium Changes (MPC) and MSP Premiums & Premium Assistance (MPPA) project costs.

**Stewardship and Corporate Services:** The deficit is due to costs associated with the BC Services Card project offset by savings in salaries and benefits due to hiring lags.

### *Financial Report Summary Table*

	Estimated	Other Authorizations <sup>1</sup>	Total Estimated	Actual	Variance
<b>Operating Expenses (\$000)</b>					
Health Programs					
Regional Services	12,825,684	53,520	12,879,204	12,931,327	52,123
Medical Services Plan	4,570,177		4,570,177	4,502,945	(67,232)
PharmaCare	1,225,764		1,225,764	1,214,235	(11,529)

Ministry of Health

	Estimated	Other Authorizations <sup>1</sup>	Total Estimated	Actual	Variance
<b>Operating Expenses (\$000)</b>					
Health Benefits Operations	45,227		45,227	51,972	6,745
Vital Statistics	6,531		6,531	5,225	(1,306)
<b>Sub-Total</b>	<b>18,673,383</b>	<b>53,520</b>	<b>18,726,903</b>	<b>18,705,704</b>	<b>(21,199)</b>
Executive and Support Services					
Minister's Office	769		769	601	(168)
Stewardship and Corporate Services	222,752		222,752	244,119	21,367
<b>Sub-Total</b>	<b>223,521</b>		<b>223,521</b>	<b>244,720</b>	<b>21,199</b>
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 30	18,749,654	53,520	18,803,174	18,803,174	0
Health Special Account	147,250		147,250	147,250	0
<b>Sub-Total – Operating Expenses</b>	<b>18,896,904</b>	<b>53,520</b>	<b>18,950,424</b>	<b>18,950,424</b>	<b>0</b>
Adjustment of Prior Year Accrual <sup>2</sup>	0		0	(27,032)	(27,032)
<b>Total – Ministry of Health</b>	<b>18,896,904</b>	<b>53,520</b>	<b>18,950,424</b>	<b>18,923,392</b>	<b>(27,032)</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>					
<b>Ministry Operations</b>					
Stewardship and Corporate Services	2,566		2,566	1,058	(1,508)
<b>Total - Ministry of Health</b>	<b>2,566</b>		<b>2,566</b>	<b>1,058</b>	<b>(1,508)</b>
<b>Consolidated Capital Plan (\$000)</b>					
Health Facilities <sup>3</sup>	461,067		461,067	347,007	(114,060)
<b>Total - Ministry of Health</b>	<b>461,067</b>		<b>461,067</b>	<b>347,007</b>	<b>(114,060)</b>

	Estimated	Other Authorizations <sup>1</sup>	Total Estimated	Actual	Variance
<b>Operating Expenses (\$000)</b>					

<sup>1</sup>“Other Authorizations” include Supplementary Estimates, Statutory Appropriations and Contingencies. Amounts in this column are not related to the “estimated amount” under sections 5(1) and 6(1) of the *Balanced Budget and Ministerial Accountability Act* for ministerial accountability for operating expenses under the Act.

<sup>2</sup> The Adjustment of Prior Year Accrual of \$27.032 million is a reversal of accruals in the previous year.

<sup>3</sup> 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 health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

<b>Description</b>	<b>2017/18 Budget</b>	<b>2017/18 Actual</b>	<b>Variance</b>
<b>Health Authorities and Hospital Societies – Combined Income Statement (\$000)</b>			
<b>Total Revenue<sup>4</sup></b>	14,687,000	15,001,000	314,000
<b>Total Expense<sup>5</sup></b>	14,687,000	14,983,000	296,000
<b>Net Results<sup>6</sup></b>	<b>0</b>	<b>18,000</b>	<b>18,000</b>

**NOTES:**

<sup>4</sup> 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), fees and licenses and other revenues.

<sup>5</sup> Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

<sup>6</sup> This combined income statement is based on draft financial statements from six health authorities, seven hospital societies and BC Clinical and Support Services Society, including eliminating entries between these agencies. However, figures do not include the eliminating entries to consolidate these agencies with the government reporting entity.

## Major Capital Projects

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2018 (\$ millions)
<b>#1 Queen Charlotte/Haida Gwaii Hospital</b>	<b>2016</b>	<b>50</b>	<b>48</b>
<p>Construction on the new Queen Charlotte Hospital completed in September 2016 and patients moved in November 16, 2016. The existing hospital will be demolished to make way for parking. The new Queen Charlotte Hospital replaces an aging facility and consolidates health services into one location. The facility consists of 17 beds in a two-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, please see the website at:  <a href="http://www.health.gov.bc.ca/library/publications/year/2012/qch-replacement-project-capital-plan.pdf">http://www.health.gov.bc.ca/library/publications/year/2012/qch-replacement-project-capital-plan.pdf</a>.</p>			
<b>#2 Surrey Emergency/Critical Care Tower</b>	<b>2018</b>	<b>512</b>	<b>481</b>
<p>The new emergency department is five times larger and includes specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The Critical Care Tower includes a perinatal centre with 48 neonatal intensive care unit beds. The maternity department was also expanded and 13 new obstetric beds were added. The project also included additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent.</p> <p>The capital cost of the project is estimated at \$512 million. The new emergency department opened for service in 2013 and the tower opened in 2014. The remaining work includes a support services connector (tunnel) between the existing hospital campus and the new critical care tower. The connector link was substantially complete in August 2017 with deficiencies estimated to complete by spring 2018 with final renovation work planned to complete in June 2018.</p>			
<b>#3 Royal Inland Hospital Clinical Services Building</b>	<b>2016</b>	<b>63</b>	<b>60</b>
<p>Construction of the Clinical Services Building completed in spring 2016, followed by commissioning and move-in summer 2016. The new six-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 \$63 million and is cost shared with the Thompson Regional Hospital District.</p> <p>For more information, please see the website at:  <a href="https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx">https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx</a>.</p>			
<b>#4 Royal Inland Hospital Patient Care Tower</b>	<b>2024</b>	<b>417</b>	<b>3</b>
<p>A new 107-bed patient care tower at Royal Inland Hospital in Kamloops will improve patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms and expanding the existing emergency department. Construction of the new patient care tower is expected to start in 2018 and be open to patients in 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2024. For more information, please see the website at:  <a href="http://www.health.gov.bc.ca/library/publications/year/2017/Capital-Project-Plan-Royal-Inland-Hospital.pdf">http://www.health.gov.bc.ca/library/publications/year/2017/Capital-Project-Plan-Royal-Inland-Hospital.pdf</a></p>			

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2018 (\$ millions)
<b>#5 Vancouver General Hospital – Jim Pattison Pavilion Operating Rooms (OR)</b>	<b>2021</b>	<b>102</b>	<b>6</b>
<p>The Vancouver General Hospital OR project will modernize the operating rooms to create appropriately-sized operating rooms leading to better services and outcomes for patients. This phase of the Vancouver General Hospital OR renewal project includes construction of 16 new ORs and a 40-bed perioperative care unit. The \$102 million project will enable Vancouver General Hospital to increase the number of surgeries performed and to reduce the cancellation rate for scheduled cases. The project is scheduled to begin construction in 2018 and complete in 2021.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf</a></p>			
<b>#6 North Island Hospitals</b>	<b>2017</b>	<b>606</b>	<b>584</b>
<p>The North Island Hospitals Project includes a new 95-bed, four-storey, 32,000 square metre LEED Gold facility and parking structure in Campbell River and a new 153-bed, five-storey, 40,000 square metre LEED Gold facility and parking structure in the Comox Valley. Construction completed in spring 2017. Both sites opened to patients 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, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf</a></p>			
<b>#7 Interior Heart and Surgical Centre</b>	<b>2018</b>	<b>381</b>	<b>299</b>
<p>The Interior Heart and Surgical Centre project consists of a four-storey, 14,000 square metre surgical facility, a three-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. The IHSC building opened in September 2015 and renovations to the final existing building, Strathcona, will continue until 2018. 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.</p> <p>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 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, please see the website at:  <a href="http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx">http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</a></p>			

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2018 (\$ millions)
<b>#8 Vancouver General Hospital (VGH) – Joseph and Rosalie Segal Family Health Centre</b>	<b>2017</b>	<b>82</b>	<b>73</b>
<p>Construction on the 100-bed, eight-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre was completed in spring 2017, and opened to patients in summer 2017. The centre creates seamless access to acute secondary psychiatric services and community-based programs for patient populations in Vancouver and consolidates services to allow for improved staff utilization, streamlined discharges and improved patient engagement. The project resulted 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. VGH and the UBC Foundation contributed \$25 million to the cost of the project, including \$12 million from the Segal family.</p> <p>For more information, please see the website at: <a href="http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre">http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre</a>.</p>			
<b>#9 Children’s and Women’s Hospital</b>	<b>2019</b>	<b>676</b>	<b>576</b>
<p>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 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. Construction of the second phase is also complete 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 (TACC), and renovations to the BC Women’s Urgent Assessment Room in the 1982 Building. The TACC opened for patients October 29, 2017.</p> <p>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 approved the Phase three business plan in spring 2016. Construction is expected to start in 2018 and complete in late 2019. 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 \$676 million, including a \$144 million contribution from the BC Children’s Hospital Foundation.</p> <p>For more information, please see the website at: <a href="http://www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf">www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf</a>.</p>			
<b>#10 Penticton Regional Hospital – Patient Care Tower</b>	<b>2021</b>	<b>312</b>	<b>183</b>
<p>The Patient Care Tower project will proceed in two phases. Phase one construction of the new 26,155 square metre Patient Care Tower (PCT) started in April 2016 and includes a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. The PCT is planned to open to patients in spring 2019.</p> <p>Phase two will involve renovation of vacant areas in the current hospital to allow for the expansion of the 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 \$312 million. Costs are shared between Government, the Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation. For more information, please see the website at: <a href="http://www.health.gov.bc.ca/library/publications/year/2014/capital-project-plan-penticton-regional-hospital.pdf">http://www.health.gov.bc.ca/library/publications/year/2014/capital-project-plan-penticton-regional-hospital.pdf</a>.</p>			

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project (\$ millions)	Project Cost to March 31, 2018 (\$ millions)
<b>#11 Royal Columbian Hospital – Phase One</b>	<b>2019</b>	<b>259</b>	<b>78</b>
<p>Phase one of the Royal Columbian Hospital redevelopment project consists of a 75-bed, five-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.</p> <p>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 preferred design-build proponent was selected in December 2016. Construction started in early 2017 and is expected to be complete in late 2019. 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, please see the website at:  <a href="http://www.health.gov.bc.ca/library/publications/year/2015/capital-project-plan-royal-columbian-hospital.pdf">http://www.health.gov.bc.ca/library/publications/year/2015/capital-project-plan-royal-columbian-hospital.pdf</a></p>			
<b>#12 Royal Columbian Hospital – Phases Two &amp; Three</b>	<b>2026</b>	<b>1,100</b>	<b>4</b>
<p>Phase two of the Royal Columbian Hospital (RCH) redevelopment project consists of a 348-bed, 11-storey, approximately 55,000 square metre Acute Care Tower with an underground parkade and heliport on top of the building. Phase three is critical, enabling works to support the RCH campus' increased capacity and to improve the delivery of patient care. It includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower.</p> <p>Upon completion of Phases two and three, there will be an increase in RCH campus inpatient capacity of over 50 per cent to a total of 675 beds. The project will address growing service needs, help ease congestion, improve patient-centred outcomes, introduce advanced medical technologies and enhance the working environment for health professionals. Construction on the tower is expected to start in 2020 and complete in 2024. The renovations will be complete in 2026. The capital cost of the project is estimated at \$1.1 billion. The Royal Columbian Hospital Foundation is contributing \$30 million with the balance provided by the Province.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</a></p>			
<b>#13 Peace Arch Hospital Renewal</b>	<b>2021</b>	<b>68</b>	<b>2</b>
<p>The project at Peace Arch Hospital in White Rock will improve patient experience and outcomes by providing new and larger operating rooms (as well as related support spaces) and expanding the existing emergency department. The surgical suite will also benefit from the relocation and expansion of the medical device reprocessing department, allowing for improved access to sterilized surgical equipment. Construction is expected to start in 2018 and be open to patients in 2021.</p> <p>For more information, please see the website at:  <a href="http://www.health.gov.bc.ca/library/publications/year/2017/peace-arch-hospital-renewal-capital-project-plan.pdf">http://www.health.gov.bc.ca/library/publications/year/2017/peace-arch-hospital-renewal-capital-project-plan.pdf</a></p>			

<b>Major Capital Projects (over \$50 million)</b>	<b>Targeted Completion Date (Year)</b>	<b>Approved Anticipated Total Cost of Project (\$ millions)</b>	<b>Project Cost to March 31, 2018 (\$ millions)</b>
<b>#14 Centre for Mental Health and Addictions</b>	<b>2020</b>	<b>101</b>	<b>15</b>
Planned to open in 2020, the new 105-bed facility will be located on the Riverview lands in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addictions. The new facility will be a more therapeutic space for those living with complex mental health challenges and substance-use issues. The capital cost of the project is estimated at \$101 million with funding provided by the Province.			

### *Significant IT Projects*

<b>Significant IT Projects (exceeds \$20 million in total or \$10 million in one fiscal year)</b>	<b>Targeted Completion Date (Year)</b>	<b>Approved Anticipated Total Cost of Project (\$ millions)</b>	<b>Project Cost to March 31, 2018 (\$ millions)</b>
<b>#1 Clinical and Systems Transformation</b>	<b>2023</b>	<b>480</b>	<b>262</b>
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 system has recently been implemented at Lions Gate Hospital and will be rolled out to other locations in the future. 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 was originally budgeted at \$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. This TCO estimate is currently being reviewed and the operating cost component is expected to be significantly over budget.			
<b>#2 IHealth Project – Vancouver Island Health Authority</b>	<b>2020</b>	<b>100</b>	<b>86</b>
IHealth is a multi-year, Island Health-wide strategy to support quality, safe patient care, increase consistency across sites and systems and reduce the risk of medication-related errors. IHealth will provide a single electronic health record for all parts of the health care system. It is interactive for health care providers, and includes clinical decision support and quality measures that will guide critical thinking in a new way. It is a powerful integrated electronic system that will keep track of patients’ health records in one single record, across sites and across programs and services, over a patient’s entire life. However, the project has been delayed and is facing serious financial pressures. A recent review concluded that Island Health will not be able to complete the full project scope within the timelines identified, and it is expected that the project will be significantly over budget.			

## Appendix A: Ministry Contact Information and Hyperlinks

### Ministry of Health ([www.gov.bc.ca/health](http://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

### BC Clinical and Support Services

([www.bccss.org](http://www.bccss.org))

1795 Willingdon Avenue  
Burnaby, British Columbia V5C 6E3  
Lower Mainland: 604-297-9800  
Email: [info@bccss.org](mailto:info@bccss.org)

### Medical Services Plan

Health Insurance BC ([www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca))

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

### PharmaCare

Health Insurance BC ([www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca))

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

HealthLink BC ([www.healthlinkbc.ca](http://www.healthlinkbc.ca))

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

## British Columbia's Health Authorities

First Nations Health Authority [www.fnha.ca](http://www.fnha.ca)

Fraser Health Authority [www.fraserhealth.ca](http://www.fraserhealth.ca)

Interior Health Authority  
[www.interiorhealth.ca](http://www.interiorhealth.ca)

Northern Health Authority  
[www.northernhealth.ca](http://www.northernhealth.ca)

Ministry of Health – Seniors Advocate  
([www.seniorsadvocatebc.ca](http://www.seniorsadvocatebc.ca))

Ministry of Health – Healthy Families BC  
([www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca))  
Email: [healthyfamiliesbc@gov.bc.ca](mailto:healthyfamiliesbc@gov.bc.ca)

### Office of the Provincial Health Officer

([www.health.gov.bc.ca/pho/](http://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](http://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](mailto:contact@patientcarequalityreviewboard.ca)

### Vital Statistics Agency

(<https://www2.gov.bc.ca/gov/content/life-events>)

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](http://www.phsa.ca)

Vancouver Coastal Health Authority  
[www.vch.ca](http://www.vch.ca)

Vancouver Island Health Authority  
<http://www.viha.ca>