

# Ministry of Health

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## 2019/20 Annual Service Plan Report

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Published by the Ministry of Health

## Minister's Accountability Statement



The Ministry of Health *2019/20 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2019/20 – 2021/22 Service Plan* created in February 2019. I am accountable for those results as reported.

A handwritten signature in black ink, appearing to read "Adrian Dix". The signature is stylized and written in a cursive-like font.

Honourable Adrian Dix  
Minister of Health  
July 20, 2020

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## Letter from the Minister

It is a privilege to serve as Minister of Health, and to present this 2019/20 Annual Service Plan Report that provides an update on how the Ministry is improving access to the health services British Columbians rely on every day. During the COVID-19 global pandemic, this has never been more important.

We are incredibly fortunate to have the strong leadership of provincial health officer Dr. Bonnie Henry and deputy minister Stephen Brown working to promote and protect the health and well-being of British Columbians. Through their guidance and the strength of our health-care system, we were able to respond rapidly to the COVID-19 pandemic, keep the public informed, and slow the spread of the virus. We continue to work in partnership to help keep our province safe.

To provide better health care for growing regions of the province, the B.C. government is investing in new and existing health-care facilities to replace or modernize aging hospitals throughout British Columbia. Since 2017, we've announced a total of 13 major health capital projects in every health region in B.C.

To take the demand off emergency departments and to provide better access to same-day non-emergency health care, we opened eight urgent and primary care centres throughout B.C. in 2019/20, for a total of 16 in the province. These centres will help to provide services where and when people need them, in the evenings and on weekends, for injuries such as sprains, cuts or infections.

We're also working hard to get patients better and faster access to surgeries and diagnostic procedures. Through the B.C. Surgical and Diagnostic Imaging Strategy, we have completed thousands more surgeries and magnetic resonance imaging, or MRI, exams. This has been achieved by increasing the existing capacity of operation rooms and MRI operating hours, adding net-new capacity, and improving systems.

In 2019/20, to make life and health care more affordable, we eliminated Medical Services Plan premiums for all British Columbians saving individuals about \$900 a year. Seniors throughout the province are benefitting from a \$1 billion investment over three years to enhance health care options, including investments in primary care, home health, long-term care, assisted living and respite services.

The Ministry of Health has made incredible progress, and we will continue to strengthen our health-care system now and into the future.



Honourable Adrian Dix  
Minister of Health  
July 20, 2020

## **Purpose of the Annual Service Plan Report**

The Annual Service Plan Report is designed to meet the requirements of the [Budget Transparency and Accountability Act](#) (BTAA), which sets out the legislative framework for planning, reporting and accountability for Government organizations. Under the BTAA, the Minister is required to report on the actual results of the Ministry's performance related to the forecasted targets documented in the previous year's Service Plan.

## **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 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 (PHSA), is responsible for provincial clinical policy, the delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology operational planning and services. The Ministry also works in partnership with the First Nations Health Authority (FNHA) to improve the health status of First Nations in B.C. The FNHA is responsible for planning, service delivery, management and funding of health programs in partnership with First Nation communities.

Provincial legislation and regulations related to health care include the [Medicare Protection Act](#) and the [Health Professions Act](#). Legislation and regulations related to the Ministry's public health role include the [Public Health Act](#), the [Drinking Water Protection Act](#), and the [Food Safety 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 births, deaths or marriage.

## **Strategic Direction**

The strategic direction set by Government in 2017 and expanded upon in Minister Dix's [Mandate Letter](#) shaped the [2019/20 Ministry of Health Service Plan](#) and the results reported in this Annual Report.

## **Operating Environment**

B.C. has made meaningful progress in improving health services over the past three years. The underlying strength of the province's social determinants of health and quality of its health care system mean that British Columbians enjoy excellent population health status and are resilient in times of crisis.

In 2019/20, the Ministry demonstrated excellence in achieving a number of important health service improvements in team-based primary care, maternity care, acute care, critical and trauma care, cancer care, scheduled surgeries, and diagnostic services.

Despite progress, however, the system continued to face complex and interconnected pressures requiring long-term, multi-year solutions. In particular, an aging population; imbalances in health outcomes for Indigenous populations; the opioid overdose public health emergency; access to primary care; the availability of health care providers across the province; demands for medications; and timely access to diagnostic and surgical procedures remained challenges that affected the system.

In addition, at the end of 2019/20, the COVID-19 global pandemic required a shift in services to respond rapidly, slow the spread of the virus, and keep our province informed and safe.

## Report on Performance: Goals, Objectives, Measures and Targets

### Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

Goal 1 captures the Ministry’s emphasis on transformational change in two key Mandate Letter priorities: primary and community care, and surgical wait times. In primary and community care, an integrated team-based approach brings together and coordinates local primary and community care providers, services and programs to make it easier for people to access care, receive follow-up and connect to other services they may need. This approach is informed by research evidence in policy, planning, and practice, and focuses on Government’s commitment to delivering the services people count on, particularly on strengthening health services for seniors and other adults who have complex care needs.

Efforts to improve wait times focus on making the best use of resources and effective information management. They also focus on working to increase health and wellness to prevent the need for surgeries, and allowing more surgeries in areas with long wait times, starting with hip and knee surgeries, and incrementally addressing other surgeries with long waits.

### Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care

#### Key Highlights

- Supported B.C.’s first 18 Primary Care Networks (PCNs) to begin implementation of four-year plans to recruit and deploy family physicians, nurse practitioners, registered nurses, and allied health care professionals. Another 21 PCNs are now under implementation.
- Launched a new Community Health Centre in Southeast Vancouver for delivering primary health care, including access to preventative care to patients with complex medical and social needs, and mental health and addictions challenges.
- Supported Indigenous primary care services with FNHA through the expansion of the Lu’ma Medical Centre, which will increase access to culturally safe and appropriate primary care for First Nations and other Metro Vancouver residents.

Performance Measure	2016/17 Baseline	2018/19 Actual	2019/20 Target	2019/20 Actual	2020/21 Target	2021/22 Target
1.1 Number of Primary Care Networks operating or in implementation <sup>1</sup>	0	18	25	39	45	65

Data source: Ministry of Health

### Discussion of Results

Patients can be attached to family practices through a PCN, meaning that patients have ongoing care relationships with primary care providers such as family doctors or nurse practitioners who



work in team-based practices that include nurses, clinical pharmacists, and other health professionals. The establishment of PCNs is fully underway across the province. 39 PCNs have moved into the implementation phase, exceeding the target for 2019/20.

## Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services

### Key Highlights

- Expanded support for seniors living in their communities during the COVID-19 pandemic by providing the United Way of the Lower Mainland \$50 million to maintain and expand the [Better at Home](#) program, and to deliver the [Safe Seniors, Strong Communities](#) program, linking seniors with volunteers through BC 211.
- Worked to transition home support services from contracted providers to direct delivery by health authority staff. This allows health authorities to coordinate care safely and effectively and to focus on planning, delivering, and integrating all services for seniors.
- Made accessing long-term care more client-centred, consistent, and fair by revising the Long-term Care Access Policy and [Health Care \(Consent\) and Care Facility \(Admission\) Act](#). Seniors now have more choice, are able to remain on the waitlist for their preferred facility while receiving care, and are better informed about decisions they are being asked to make.
- Improved supports to people in long-term care homes across B.C. to ensure they receive dignified and quality care, allowing for an estimated 3.30 direct care hours per resident day by the end of 2019/20, up from 3.11 in 2016/17.
- Supported seniors to live better independently, and to stay physically and socially active, by providing \$1.23 million, through regional health authorities, to 13 community organizations across B.C. for projects that improve transportation services.

Performance Measure	2016/17 Baseline	2018/19 Actual	2019/20 Target	2019/20 Actual <sup>2</sup>	2020/21 Target	2021/22 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older. <sup>1</sup>	3,273	2,957	3,010	2,817	2,955	2,910

Data source: Ministry of Health, Discharge Abstract Database

<sup>1</sup>Population figures based on BC Stats Population Extrapolation for Organizational Planning with Less Error (P.E.O.P.L.E.) 2018

<sup>2</sup>Up to and including the four quarters ending September 30, 2019

### Discussion of Results

This performance measure tracks the number of people, 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease (COPD), heart disease and diabetes, who are admitted to hospital. Proactive disease management and community-based services can help seniors maintain functioning and reduce complications that could otherwise lead to more emergency department visits and hospitalizations. As of the most recent quarter for which information is available this target is being met.

## Objective 1.3: Timely access to appropriate surgical procedures

### Key Highlights

- Improved access to MRI scans by adding \$5.25 million in funding and 15,000 more scans in the second year of the Surgical and Diagnostic Imaging Strategy. New MRI machines opened in Surrey and Victoria, and were announced for Langley and Nanaimo to begin operation in 2020.
- Engaged health authorities, Ministry of Advanced Education, Skills and Training and Thompson Rivers University to develop and begin implementation of recommendations to standardize Anesthesia Assistant practice across B.C., which can help capacity.
- Worked to reduce wait times by performing additional surgeries in targeted priority areas of hip, knee, and dental. Since 2016/17, reduced the number of patients waiting over 26 weeks by 11 percent for hip and knee, and 6.8 percent for dental surgeries.
- Building on an initial five hip and knee replacement programs, a further 14 programs are in progress to improve the integration and coordination of care for surgical patients across B.C.

Performance Measure	2016/17 Baseline	2018/19 Actual	2019/20 Target	2019/20 Actual	2020/21 Target	2021/22 Target
1.3 Surgeries in targeted priority areas completed <sup>1</sup>	20,519	25,846	26,996	25,710 <sup>2</sup>	27,300	27,600

Data source: Ministry of Health, Surgical Wait Time Production Database

<sup>1</sup>Targets for this measure in the Ministry of Health 2019/20 Service Plan were adjusted up from those in the 2018/19 Service Plan due to a miscalculation when PHSA targets were added. The 2019/20 target was correctly provided to health authorities at 26,996 surgeries in priority areas. The 2020/21 Ministry of Health Service Plan corrected other miscalculated targets in the 2019/20 Service Plan to be 27,300 (down from 28,160) for 2020/21; and 27,600 (down from 28,660) for 2021/22.

<sup>2</sup>Please see following “Discussion of Results” for explanation about impact of COVID-19 on Actual.

### Discussion of Results

The completion of additional surgeries in the areas of hip, knee and dental, reflects efforts to allocate surgical resources to specific areas impacted by patient wait times. This performance measure tracks the efforts to “catch up” and “keep up” volumes in these priority areas. Data shows that actual surgeries of 25,710 fell short of the 2019/20 target of 26,996 due to the difficult decision to stop and postpone non-urgent, scheduled surgeries following the COVID-19 outbreak toward the end of the fiscal year. Future year targets are adjusted upwards in the *2019/20-2021/22 Ministry of Health Service Plan* with the aim of driving continued improvement. Given ongoing impacts of the global COVID-19 pandemic, it is expected that this measure will be reviewed and a more appropriate measure for surgical recoveries will be established in the future.

## Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services

Goal 2 focuses on Government’s commitment to deliver the services people count on by continuing to improve and strengthen a range of important health services. Additionally, this Goal addresses implementation of the [United Nations Declaration on the Rights of Indigenous Peoples](#), and the [Truth and Reconciliation Commission of Canada: Calls to Action](#) that are central to the delivery of high-quality, culturally safe health services across the province.

### Objective 2.1: Effective population health, health promotion, and illness and injury prevention services

#### Key Highlights

- Recorded an additional 37,525 children as fully immunized against measles due to records reconciliation and a K-12 catch-up program that addressed those who were not previously immunized or had not received both doses.
- Served over 600 pregnant/parenting mothers and families with socioeconomic challenges in 68 B.C. communities through the Nurse-Family Partnership home visitation program.
- Helped low-income British Columbians access healthy, locally grown food through a \$121,000 increase in funding to the BC Farmers Market Nutrition Coupon Program. Program enhancements increased participation to a total of 5,404 households representing 15,862 individuals.
- Collaborated with health system partners to enact the [Declaration on the Rights of Indigenous Peoples Act](#) passed in November 2019, and worked with the Ministry of Indigenous Relations and Reconciliation, the lead for ensuring alignment of B.C.’s laws with the UN Declaration.

Performance Measure	2011/12 Baseline	2018/19 Actual	2019/20 Target	2019/20 Actual <sup>1</sup>	2020/21 Target	2021/22 Target
2.1 Percent of communities that have completed healthy living strategic plans.	13%	65%	68%	71%	70%	72%

Data source: Health Authority Community Survey conducted by the Ministry of Health

<sup>1</sup>Up to the end of Quarter 3 (December 31, 2019)

#### Discussion of Results

This performance measure focuses on the percentage of 161 communities across B.C. that have been developing healthy living strategic plans in partnership with the Ministry and health authorities. Annual community surveys show that at the end of the third quarter, 71 percent of communities developed healthy living plans, exceeding the 2019/20 target.

## Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services

### Key Highlights

- Increased care options and protections for people living in assisted living residencies, including supportive recovery homes, by amending the [Community Care and Assisted Living Act](#) to give people the flexibility to stay in their communities while ensuring they get the quality of care they need.
- Partnered with the First Nations Health Council, FNHA and the Government of Canada to support First Nation communities and Nations in B.C. to develop, renew or redesign mental health and wellness plans in a manner that aligns with Indigenous approaches to health and wellness.
- Collaborated with BC Women’s Hospital, the Ministry of Mental Health and Addictions, and all regional health authorities and community agencies to support the Provincial Perinatal Substance Use Project, serving women who are pregnant, or newly parenting, and using substances.
- Established a Ministry of Health Team-Based Care Advisory Group, including representatives with a focus on mental health and substance use, to support required culture change, share best practice, and to collectively develop provincial resources with all partners involved in team-based care in the province.

Performance Measure	2016/17 Baseline	2018/19 Actuals	2019/20 Target	2019/20 Actuals <sup>1</sup>	2020/21 Target	2021/22 Target
2.2 Percent of people admitted for mental illness and substance use who are readmitted within 30 days.	14.7%	14.3%	14.2%	14.2%	14.1%	14.0%

Data source: Ministry of Health, Discharge Abstract Database

<sup>1</sup>Up to the end of Quarter 2 (September 30, 2019)

### Discussion of Results

This performance measure reflects the progress of increased supports from specialized community-based mental health and substance use programs, Assertive Community Treatment Teams, Integrated Case Management services and effective hospital discharge planning, which together aim to reduce unnecessary hospital re-admissions. As of the most recent quarter for which information is available (quarter two of 2019/20), this target is being met.

## Objective 2.3: Continued improvement of other key primary and community care services

### Key Highlights

- Supported [Pain BC](#) to provide a range of services to people living with chronic pain through funding from the Ministry’s Patients as Partners Initiative.

- Supported adjudication of Public Health Agency Harm Reduction grant proposals to help reduce HIV and hepatitis C among people who share injection and inhalation drug use equipment, with awards to four community organizations during the 2019 funding call.
- Partnered with the Ministry of Mental Health and Addictions to support the expression of interest process to identify communities and lead agencies that will open new Foundry centres, offering young people ages 12-24 integrated health and wellness resources and services.
- Partnered with the Ministry of Mental Health and Addictions and regional health authorities to expand and enhance injectable opioid agonist treatment (iOAT) across B.C. and implement the tablet opioid agonist treatment (TiOAT) pilot project to reduce overdose risks.

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Target	2019/20 Actual <sup>1</sup>	2020/21 Target	2021/22 Target
2.3 Potentially inappropriate use of antipsychotics in long-term care. <sup>1</sup>	25.3%	24.8%	23%	24.5%	21%	19%

Data source: Canadian Institute for Health Information (CIHI)

<sup>1</sup>Up to and including Quarter 2 (September 30, 2019)

## Discussion of Results

This performance measure, new for the *Ministry of Health 2019/20 - 2021/22 Service Plan*, identifies the percentage of long-term care residents who are taking antipsychotic drugs without a medical diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Given the risks for side effects, including increased risk of stroke, confusion, etc., antipsychotic drugs should be used with caution, and all other non-medication interventions should be explored before antipsychotic medications are considered. The most recent data available is as of quarter two 2019/20.

## Objective 2.4: Continued improvement of hospital services

### Key Highlights

- Supported [BC Emergency Health Services](#) to add staffing resources to improve patient care and paramedic response times, including 80 full-time equivalent community paramedicine positions, 115 paramedic positions and 14 ambulances.
- Continued commitment to improve hospital services in the interior and northern B.C. by evaluating and approving the business plans for a new Stuart Lake Hospital in Fort St. James, Cariboo Memorial Hospital in Williams Lake, and Mills Memorial Hospital in Terrace.
- Invested in an expanded emergency department at Abbotsford Regional Hospital and Cancer Centre, which includes additional space, redesigned work and patient flow, new trauma bays, and patient exam rooms.
- Improved delivery of hospital services by supporting construction upgrades to South Okanagan General Hospital's emergency department (completed in January 2020).

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Target	2019/20 Actual <sup>1</sup>	2020/21 Target	2021/22 Target
2.4 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days.	3.8	3.4	3.3	3.3	3.1	3.0

Data source: Provincial Infection Control Network of B.C. (PICNet)

<sup>1</sup>Up to end of Quarter 1 (June 30, 2019)

## Discussion of Results

*Clostridium difficile* (*C. difficile*) is a bacterium that can pose a health risk for people taking antibiotics or who have weakened immune systems. Actively monitoring *C. difficile* infections in acute care facilities and developing evidence-based infection prevention and control guidelines, help to reduce these infections and improve the quality of care and patient safety, protecting both patients and healthcare providers. This target is being met as of the most recent quarter for which information is available (quarter one, 2019/20).

### Goal 3: Deliver an innovative and sustainable public health care system

Goal 3 focuses on Government’s commitment to provide available and sustainable services through the effective use of human resources, digital and information technology, efficient budgets, and meaningful and productive interjurisdictional partnerships, which enable the delivery of services across the health system.

### Objective 3.1: Effective health sector resources and approaches to funding

#### Key Highlights

- In partnership with Provincial Health Services Authority/BC Centre for Disease Control, launched the COVID-19 BC support app and online self-assessment tool.
- Took action to make work safer for health-care workers by committing \$8.5 million over three years for a new agency that will address workplace safety, tackling high rates of injuries in the health-care sector by identifying and promoting best practices.
- Announced an investment of \$3.64 million over two years with the Ministry of Advanced Education, Skills and Training to create 418 new health care assistant seats in 14 post-secondary institutions throughout B.C. for 2019/20 and 2020/21.
- With 350 users currently enrolled, and more to follow, established “Health Gateway,” a service to provide B.C. residents with secure, online access to their health information, beginning with access to dispensed medication history and more features to be introduced over time.

Performance Measure	2016 Baseline	2018 Actual	2019 Target	2019 Actual	2020 Target	2021 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours	3.8%	4.4%	3.8%	4.6%	3.8%	3.8%

Data source: Health Employers Association of BC, Health Sector Compensation Information System

## Discussion of Results

Overtime is a key indicator of the overall health of a workplace and illustrates the supply and demand of health professionals. This measure tracks efforts to maintain overtime rates by addressing the root causes of excessive overtime at the health authority level, which contributes to unnecessary costs to the health care system. Root causes of overtime can include vacancies, available supply, patient flow and acuity, illness and sick leave, and staffing levels. Recent data indicates that the 2019 target has not been met. This is largely the result of the demand for nursing and allied health professionals exceeding available supply.

To address staffing and supply challenges related to overtime, Government has made investments to expand education and recruitment for nursing, Health Care Assistants (HCAs) and allied health professionals. This includes: a \$3.64 million education strategy funded by the Ministry and the Ministry of Advanced Education, Skills and Training to expand HCA training; \$7.9 million to add 611 specialty nurse training seats to the previous 389 seat baseline for a total of 1,000 seats; and a \$2.26 million provincial marketing and recruitment campaign for HCAs through [HealthMatch BC](#). Additional investments were made to increase educational opportunities for high priority programs in allied health, including physiotherapists, occupational therapists and sonographers. Recruitment and retention strategies are currently underway to support priority allied health professions to fill in-demand roles. This includes working with other ministries and stakeholders to reduce barriers for internationally educated health professionals.

The Ministry will continue to invest in strategies to increase workforce supply and prioritize actions that reduce barriers to employment, enhance education and training opportunities, optimize the role and scope of health professionals, and ensure safe work environments that promote people-centred care.

## Financial Report

### Discussion of Results

The Ministry of Health 2019/20 budget was \$20.846 billion. Actual operating expenditures for the fiscal year ending March 31, 2020 was \$20.826 billion, a surplus of \$20.0 million or 0.1 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 deficit is primarily due to unbudgeted Sustainable Services Negotiating Mandate and Employers Health Tax payments to health authorities, as well as demand driven Out of Province payments and Treasury Board approved grant payments.

**Medical Services Plan (MSP):** The surplus is mainly due to one-time savings for new Primary Care initiatives.

**PharmaCare:** Savings is driven by higher than anticipated rebates, offset by rising costs of prescription drugs, along with expensive drug therapies such as hepatitis C drugs.

**Health Benefits Operations (HBO):** The deficit is mainly due to MSP Premium Elimination project (MPE 2020).

**Stewardship and Corporate Services:** The surplus is mainly due to lower than anticipated amortization costs as large project completion dates were pushed out to future years and underspent in contracts, offset by increased staffing for key ministry priorities and decreasing revenue from Canada Health Infoway.

### Financial Summary

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
<b>Operating Expenses (\$000)</b>					
Health Programs					
Regional Services	14,215,526		14,215,526	14,368,515	152,989
Medical Services Plan	4,969,810		4,969,810	4,914,820	(54,990)
PharmaCare	1,349,592		1,349,592	1,233,152	(116,440)
Health Benefits Operations	47,147		47,147	56,481	9,334
Sub-Total	<b>20,582,075</b>		<b>20,582,075</b>	<b>20,572,968</b>	<b>(9,107)</b>
Executive and Support Services					
Minister's Office	785		785	678	(107)
Stewardship and Corporate Services	262,729		262,729	251,946	(10,783)
Sub-Total	<b>263,514</b>		<b>263,514</b>	<b>252,624</b>	<b>(10,890)</b>



Ministry of Health

Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
<b>Total Vote 31</b>	<b>20,698,339</b>		<b>20,698,339</b>	<b>20,678,342</b>	<b>(19,997)</b>
Health Special Account	147,250		147,250	147,250	0
Sub-Total – Operating Expenses	<b>20,845,589</b>		<b>20,845,589</b>	<b>20,825,592</b>	<b>(19,997)</b>
Adjustment of Prior Year Accrual <sup>1</sup>	0		0	(1,311)	(1,311)
<b>Total – Ministry of Health</b>	<b>20,845,589</b>		<b>20,845,589</b>	<b>20,824,281</b>	<b>(21,308)</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>					
<b>Ministry Operations</b>					
Stewardship and Corporate Services	1,051		1,051	384	(667)
<b>Total - Ministry of Health</b>	<b>1,051</b>		<b>1,051</b>	<b>384</b>	<b>(667)</b>
<b>Consolidated Capital Plan (\$000)</b>					
Health Facilities <sup>2</sup>	654,442		654,442	524,052	(130,390)
Adjustment of Prior Year Accrual <sup>1</sup>	0		0	(3)	(3)
<b>Total - Ministry of Health</b>	<b>654,442</b>		<b>654,442</b>	<b>524,049</b>	<b>(130,393)</b>

<sup>1</sup> The Adjustment of Prior Year Accrual of \$1.314 million is a reversal of accruals in the previous year.

<sup>2</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 and 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 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	2019/20 Budget	2019/20 Actual	Variance
<b>Health Authorities and Hospital Societies – Combined Income Statement (\$000)</b>			
<b>Total Revenue<sup>3</sup></b>	16,292,000	17,053,000	761,000
<b>Total Expense<sup>4</sup></b>	16,292,000	17,038,000	746,000
<b>Net Results<sup>5</sup></b>	<b>0</b>	<b>15,000</b>	<b>15,000</b>

<sup>3</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>4</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>5</sup> This combined income statement is based on financial statements from six health authorities and six 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.

## Major Capital Projects

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>Queen Charlotte/Haida Gwaii Hospital</b>	2016	48	0	48
<p>Construction on the new Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay (Queen Charlotte Hospital) completed in September 2016 and patients moved in November 16, 2016. The existing hospital was demolished to make way for parking. The new hospital replaces an aging facility and consolidates health services into one location. The facility consists of 16 beds, including 8 residential care beds plus a labour, delivery, recovery suite 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 \$48 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.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522448/qch-replacement-project-capital-plan.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522448/qch-replacement-project-capital-plan.pdf</a></p>				
<b>Surrey Emergency/Critical Care Tower</b>	2019	482	0	482
<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 percent. The capital cost of the project is \$482 million. The new emergency department opened for service in 2013 and the tower opened in 2014. The connector link and final renovation work completed in March 2019.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/PubDocs/bcdocs/456304/Capital_project_plan.pdf">http://www.llbc.leg.bc.ca/public/PubDocs/bcdocs/456304/Capital_project_plan.pdf</a></p>				
<b>Royal Inland Hospital Clinical Services Building</b>	2016	61	0	61
<p>Construction of the Clinical Services Building completed 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 \$61 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>Royal Inland Hospital Patient Care Tower</b>	2024	113	304	417
<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 started in fall 2018 and is scheduled to be open to patients in July 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2024.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</a></p>				

<b>Major Capital Projects (over \$50 million)</b>	<b>Year of Completion</b>	<b>Project Cost to March 31, 2020 (\$m)</b>	<b>Estimated Cost to Complete (\$m)</b>	<b>Anticipated Total Cost (\$m)</b>
<b>Vancouver General Hospital - Jim Pattison Pavilion Operating Rooms</b>	2021	54	48	102
<p>The Vancouver General Hospital Operating Room (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. OR construction started in 2019 and is planned to 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>North Island Hospitals</b>	2017	599	0	599
<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 completed in spring 2017. Both sites opened to patients in early fall 2017 and demolition of the Campbell River and District General Hospital was completed in late 2018. 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 \$599 million. The Comox-Strathcona Regional Hospital District is contributing approximately \$235 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>Interior Heart and Surgical Centre</b>	2018	309	72	381
<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 IHSC building opened in September 2015 and renovations to the final existing building, Strathcona, completed in December 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>				
<b>Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre</b>	2017	74	0	74

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>Construction on the 100-bed, 8-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre completed in spring 2017 and patients moved in late August 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 \$74 million. The Vancouver General Hospital and University of British Columbia (UBC) Foundation contributed \$25 million to the cost of the project, including \$12 million from the Segal family.</p>				
<p><b>Children's and Women's Hospital Redevelopment</b></p>	<p>2020</p>	<p>649</p>	<p>27</p>	<p>676</p>
<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 by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building.</p> <p>Construction of the second phase of the project was substantially complete in summer 2017 and consists of the demolition of A-Wing, L-Wing and the Medical Education and Research Unit building, construction of a new 59,400 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 on 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 3 business plan in 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. Construction of Phase 3 is underway with completion planned for 2020. The capital cost of the redevelopment 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>				
<p><b>Penticton Regional Hospital – Patient Care Tower</b></p>	<p>2022</p>	<p>265</p>	<p>47</p>	<p>312</p>
<p>The Patient Care Tower (PCT) project will proceed in two phases. Phase 1 construction of the new 26,155 square metre 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 on April 29, 2019.</p> <p>Phase 2 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.</p> <p>For more information, please see the website at: <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</a></p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>Royal Columbian Hospital – Phase 1</b>	2020	219	40	259
<p>Phase 1 of the Royal Columbian Hospital (RCH) redevelopment project 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 percent, 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 early 2020 with patients scheduled to move in April 2020. The capital cost of the project is estimated at \$259 million. The RCH 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.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf</a></p>				
<b>Royal Columbian Hospital – Phases 2 &amp; 3</b>	2026	32	1,204	1,236
<p>Phase 2 of the RCH redevelopment project is planned to be 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 3 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 2 and 3, there will be an increase in RCH campus inpatient capacity of over 50 percent 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 \$1.2 billion. The RCH 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>Peace Arch Hospital Renewal</b>	2022	25	59	84
<p>The Peace Arch Hospital Renewal project will improve patient experience and outcomes by providing new and larger operating rooms and expanding pre/post patient care and clinical support spaces. A new medical device reprocessing department will be relocated below the emergency department (ED) allowing for improved access to sterilized surgical equipment. The existing ED will be renovated and expanded to accommodate increased treatment spaces and a new mental health unit. Construction started in December 2018 and is expected to be complete in early 2022.</p> <p>For more information, please see the website at:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf</a></p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>Centre for Mental Health and Addictions</b>	2021	59	72	131
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. Construction of the new facility is expected to complete in 2021 and 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 \$131 million with funding provided by the Province.				
<b>Dogwood Complex Residential Care</b>	2022	4	54	58
The \$57.6 million replacement 150-bed complex residential care facility will be located on Lot 5 of the Pearson Dogwood site in Vancouver. The project is to be funded by Vancouver Coastal Health Authority from net sale proceeds from the sale of the combined Pearson and Dogwood properties. Design is underway and construction is planned to start in March 2020 and complete in late 2022.  For more information, please see the website at: <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf</a>				
<b>Lions Gate Hospital - New Acute Care Facility</b>	2024	2	253	255
Construction of the new six-storey Acute Care Facility (ACF) will replace 108 outdated and undersized inpatient beds, expand the perioperative suite (including 8 new universal operating rooms), create a new surgical daycare and post-anaesthetic recovery room to support new and existing ORs, and provide a new replacement medical device reprocessing department and new outpatient clinics and support services.  Renovations will be made to existing infrastructure to facilitate integration of new ACF with existing buildings. The capital cost of the project is estimated at \$255 million. The Lions Gate Hospital Foundation will be contributing \$96 million with the balance provided by the Province (\$89 million) and Vancouver Coastal Health Authority (\$70 million)  For more information, please see the website at: <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf</a>				
<b>New St Paul's Hospital</b>	2026	8	2,075	2,083
The project to build a New St. Paul's Hospital at Station Street in Vancouver will result in a new core hospital (acute care centre and outpatient care centre) including capacity for 548 inpatient beds, new and larger emergency department, surgical suite and consolidated specialty outpatient clinics and underground parkade. Procurement is underway and expected to complete in fall 2020. Construction planned to start in fall 2020 and expected to be completed in 2026. The capital cost of the project is estimated at \$2.083 billion with \$125 million to be provided by the St. Paul's Foundation, \$1.158 billion from the Province, and \$800 million from Providence Health Care.				

**Significant IT Projects**

Significant IT Projects (over \$20 million in total)	Year of Completion	Project Cost to March 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>Clinical and Systems Transformation</b>	2023	452	28	480
<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”.</p> <p>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 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. This TCO estimate is being reviewed and the operating cost component is expected to be significantly over budget.</p>				
<b>IHealth Project – Vancouver Island Health Authority</b>	2020	98	2	100
<p>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 a patient’s health records in one single record, across sites and across programs and services, over a patient’s entire life. A review has 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.</p>				



## **Appendix: Agencies, Boards, Commissions and Tribunals**

As of March 31, 2020, the Minister of Health is responsible and accountable for the following:

### **Health Authorities**

#### [Fraser Health Authority](#)

Fraser Health delivers public health, hospital, residential, community-based and primary health care services in communities stretching from Burnaby to White Rock to Hope.

#### [Interior Health Authority](#)

Interior Health delivers public health, hospital, residential, community-based and primary health care services to residents across BC's Southern Interior.

#### [Northern Health Authority](#)

Northern Health delivers public health, hospital, residential, community-based and primary health care services to residents of Northern BC.

#### [Provincial Health Services Authority](#)

PHSA works collaboratively with the Ministry, B.C.'s five regional health authorities and the FNHA to provide select specialized and province-wide health care services, ensuring residents have access to a coordinated provincial network of high-quality specialized health-care services.

#### [Vancouver Coastal Health Authority](#)

Vancouver Coastal delivers public health, hospital, residential, community-based and primary health care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

#### [Vancouver Island Health Authority](#)

Island Health delivers public health, hospital, residential, community-based and primary health care services to residents living in communities from Victoria to Cape Scott.

### **Agencies, Boards, Commissions, Tribunals, and Colleges**

#### [BC Emergency Health Services](#)

BC Emergency Health Services, an agency of PHSA, oversees the BC Ambulance Service and Patient Transfer Coordination Centre, providing out-of-hospital and inter-hospital health service.

#### [BC Patient Safety and Quality Council](#)

The BC Patient Safety and Quality Council provides system-wide leadership to efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, the Council promotes and informs a provincially-coordinated, patient-centred approach to quality.

#### [Data Stewardship Committee](#)

The Data Stewardship Committee is established under the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and is responsible for managing the

disclosure of information contained in a health information bank or a prescribed Ministry of Health database. *The Pharmaceutical Services Act* also mandates that the disclosure of PharmaNet data for research purposes is adjudicated by the Data Stewardship Committee.

### [Drug Benefit Council](#)

The Drug Benefit Council is an independent advisory body that makes evidence-based recommendations on whether PharmaCare should include a drug in its formulary.

### [Emergency Medical Assistants Licensing Board](#)

The Emergency Medical Assistants Licensing Board is responsible for examining, registering and licensing B.C. emergency medical assistants, including first responders. The board, under the authority of the *Emergency Health Services Act*, sets licence terms and conditions.

### [Health Profession Regulatory Colleges](#)

Regulatory colleges are the authorities under provincial legislation to govern practice of their registrants in the public interest. The primary function of colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics.

### [Medical Services Commission](#)

The Medical Services Commission manages MSP in accordance with the *Medicare Protection Act and Regulations*. The responsibilities of the commission are two-fold: to ensure that all B.C. residents have reasonable access to medical care, and to manage the provision and payment of medical services in an effective and cost-efficient manner. The Commission's audit powers over health care practitioners are delegated to various special committees, including the [Health Care Practitioner Special Committee for Audit Hearings](#)

### [Patient Care Quality Review Boards](#)

The Patient Care Quality Review Boards are six independent review boards created under the *Patient Care Quality Review Board Act*. They receive and review care complaints that have first been addressed by a health authority's Patient Care Quality Office but remain unresolved.

## **Designated Officers**

### [Assisted Living Registrar](#)

The mandate of the Registrar, under the *Community Care and Assisted Living Act*, is to protect the health and safety of assisted living residents. The Registrar administers the assisted living provisions of the *Act*, which require assisted living operators to register their residences and meet provincial health and safety standards.

### [Director of Licensing](#)

Under authority of the *Community Care and Assisted Living Act*, the Director of Licensing is designated by the Minister of Health and has powers to specify policies and standards of practice, and inspect the premises and records of licensed community care facilities, including long term care homes and child care facilities.