

Ministry of Health

2020/21 Annual Service Plan Report



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Minister's Accountability Statement



The *Ministry of Health 2020/21 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2020/21 – 2022/23 Service Plan* created in February 2020. 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
August 9, 2021

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Letter from the Minister

It is an honor to serve as Minister of Health, and to present this 2020/21 Annual Report, which shows how Government is improving access to health services for British Columbians.

This past year has been difficult for all of us – we’ve lost loved ones and had to change the way we live, play, and work. While many aspects of our lives have felt on hold, the work to provide better health care for people and families has not stopped. In fact, the COVID-19 pandemic has brought light to the strength of our communities and our health-care system.

During COVID-19, the health system came together and we saw many successes, spanning from our first vaccine dose given on December 15, 2020, to launching a robust vaccination program for high-risk people and seniors on March 1, then expanding it to front-line workers, clinically extremely vulnerable people, and others by March 29th.

Through the pandemic, we’ve had to postpone non-urgent scheduled surgeries, but we have not wavered in our commitment to patients to get them the surgeries they need. Since we launched [A Commitment to Surgical Renewal in B.C.](#) last year, we have delivered surgeries to 97 percent of the 15,154 patients whose surgeries were postponed during the first wave of the pandemic and still wanted to pursue a surgical treatment. By March 31, 2021, we had decreased the total waitlist size by 18 percent compared to May 28, 2020, when it reached its peak size after the first wave of COVID-19.

A health system is only as good as the care it can provide. That’s why we have also prioritized change to create a health-care system in B.C. that is culturally safe and respectful of everyone. When developing Budget 2021, we ensured it included funding to help address systemic Indigenous racism in the health-care system.

To ensure seniors receive dignified quality care, we continued strengthening and improving long-term care in B.C. For the first time, all health authorities met or exceeded the target of 3.36 direct care hours per resident day on average, across all long-term care homes thanks to \$100 million in provincial funding in 2020/21. We also bolstered training and recruiting of more health care assistants to better serve seniors in long-term care homes and assisted living facilities.

Additionally, we have made huge strides in making prescription medications more affordable for people by expanding the biosimilars program in August 2020. British Columbians with ALS are also being supported through expanded ALS drug coverage announced in August 2020. People are able to live well and be healthier with access to affordable prescriptions and services.

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



Honourable Adrian Dix
Minister of Health
August 9, 2021

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 British Columbia. The FNHA is responsible for planning, management, service delivery, and funding of health programs, in partnership with First Nations communities in B.C.

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 publicly funded prescription drug benefits; and the [BC Vital Statistics Agency](#), which registers and reports on vital events such as a birth, death or marriage.

Strategic Direction

The strategic direction set by Government in 2017, and expanded upon in Minister of Health's 2017 [Mandate Letter](#) shaped the goals, objectives, performance measures, and financial plan outlined in the [2020/21 Ministry of Health Service Plan](#) and the actual results reported on in this annual report.

The global COVID-19 pandemic resulted in many shifts in priorities, structures, and operations across the public sector. Any changes to the Ministry's goals, objectives, performance measures or financial plan to align with the strategic direction established by Government in late 2020 are presented in the 2021/22 Service Plan.

Operating Environment

In recent years, the Ministry has achieved a number of important health service improvements in team-based primary care, maternity care, acute care, critical and trauma care, scheduled surgeries, and diagnostic services. Complex and interconnected pressures have required 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 have remained challenges that affect the system.

The underlying strength of the province’s social determinants of health and quality of its health care system mean that B.C. residents enjoy excellent population health status and are resilient in times of crisis. This resilience, along with innovation, were demonstrated in 2020/21 following the World Health Organization’s declaration of the COVID-19 pandemic on March 11, 2020.

Responding to COVID-19

In 2020/21, COVID-19 affected all facets of life in B.C. and elsewhere, from day-to-day restrictions on everyday life, to severe impacts on parts of our health system, requiring unprecedented collaboration and refocusing of resources.

The advancement of strategies in the 2020/21 Service Plan under Goal 2, Objective 2.1 (“Effective population health, health promotion, and illness and injury prevention services”) was delayed due to public health being fully subscribed to COVID-19 response during the pandemic.

Additionally, preparing B.C.’s health care system for COVID-19 meant making the difficult decision to postpone all non-urgent scheduled surgeries on March 16, 2020. This action was a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure health care capacity if needed. As such, progress toward increasing patients’ access to surgery and reducing the time they had to wait, Goal 1, Objective 1.4: “Timely access to appropriate surgical procedures” was impacted. Information about progress on surgical renewal is described in this Annual Report.

The health system also refocused significant resources with the availability of vaccines beginning in December 2020, which began an incremental improvement of the situation, continuing through the end of 2020/21. The health system’s response to the disease itself, as well as the effective rollout of the B.C. COVID-19 vaccination plan, are described in [COVID-19: BC’s Immunization Plan](#).

Addressing Racism

Another event influencing the B.C. health care system was the distressing report of Indigenous-specific racism within the system, as announced by the Minister of Health in June 2020. The Ministry is invested in implementing acts of reconciliation, cultural safety and humility to

improve Indigenous health and wellness, as expressed in the [Ministry of Health 2020/21 Service Plan](#). As a response to the reports of racism, the Minister initiated an independent inquiry, with Mary-Ellen Turpel-Lafond appointed to lead this work. The resulting [In Plain Sight](#) Report determined that Indigenous peoples experienced racism and discrimination within the B.C. health care system. Some early actions that have been mobilized in response to the report include the appointment of a new Associate Deputy Minister, Indigenous Health (in response to recommendation 13), and the establishment of a collaborative Task team (in response to recommendation 24).

Report on Performance: Goals, Objectives, Measures and Targets

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

This goal 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, this means an integrated team-based approach that 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, informed using research evidence in policy, planning, and practice. This work focuses on Government's commitment to delivering the services people count on, particularly on improving and strengthening health services for seniors, those with mental health and substance use issues, and other adults who have complex care needs.

Efforts to improve wait times focus on making best use of resources and effective information management, and providing more surgeries in areas with long wait times, starting with hip and knee surgeries, but also increasing all other scheduled surgeries.

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

Key Highlights

- Launched the Health Personal Protective Equipment (PPE) Portal to ensure Primary Care Networks (PCNs), including general practitioners, nurse practitioners (NPs) and community specialists, receive the PPE required to safely provide in-person patient care during the COVID-19 pandemic. This includes health-grade masks, gowns, gloves, goggles/face shields, and cleaning products.
- Began integration of Primary Care Clinical Pharmacists into PCNs. These pharmacists support the provision of team-based care by providing comprehensive medication management and pharmaceutical care to complex patients.
- Advanced collaborative support for First Nations-led primary health care, in partnership with the FNHA, as well as culturally safe and appropriate primary care for Indigenous peoples through PCNs and other service models.
- Operationalized NP Primary Care Clinics in Nanaimo, Victoria, and Surrey, and integrated them into local PCNs. This is an innovative solution to help improve access to primary care services in communities where a large part of the population has difficulty accessing a regular primary care provider – either a family practitioner or NP.
- Opened nine new Urgent and Primary Care Centres (UPCCs) for a total of 22 UPCCs in operation, with eight more in planning. Four-year plans include the recruitment and deployment of team-based care providers such as family physicians, NPs, registered nurses, and allied health professionals.

Performance Measure	2016/17 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
1.1 Number of Primary Care Networks operating or in implementation	0	39	45	53	65	65 ¹

Data source: Ministry of Health

¹ The target for 2022/23 was changed from 65 to 85 in the [2021/22-2023/24 Ministry of Health Service Plan](#)

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 NPs 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. 53 PCNs have moved into the implementation phase, exceeding the target for 2020/21.

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 through the [Better at Home](#) program, and the [Safe Seniors, Strong Communities](#) program, delivering over 816,457 services to seniors.
- Adapted home health, assisted living, and long-term care service delivery in response to the COVID-19 pandemic, focusing on client and health care worker safety and ensuring responsiveness to the evolving pandemic conditions.
- Developed the Expedited Registration Pathway for Canadian Out of Province Health Care Assistants (HCAs) to address current registration barriers, support employers in hiring qualified HCAs and increase HCA supply (HCAs provide personal care in a variety of health-care settings including acute-care hospitals, long-term care homes, assisted-living facilities, group homes, residential care, and community care).
- Launched the Health Career Access Program in September 2020 to introduce a new entry-level non-clinical support role – the Health Care Support Worker in long-term care and assisted living sites in B.C. – and provided employer-sponsored training that will lead to formal qualification as an HCA.
- Improved supports to people in long-term care homes across B.C. to ensure they receive dignified and quality care by allocating \$100 million to increase direct care staffing hours in long-term care homes.

Performance Measure	2016/17 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
1.2a Average direct care hours per resident day across all health authorities	3.11	3.30	3.36	3.40	3.36	3.36

Data source: Ministry of Health

Discussion of Results

This performance measure, new to the 2020/21 Service Plan, identifies the direct care staffing hours per resident day in long-term care homes, and reflects Government’s commitments and efforts to improve and strengthen the quality of service and provide the best day-to-day assistance to seniors living in long-term care homes. In *Budget 2018*, the B.C. government invested \$548 million over three years to improve care for seniors, including investments in primary care, home and community care, long-term care, and assisted living. Included in this investment was \$240 million over three years to increase direct care staffing hours in long-term care homes. In 2020/21, the third year of this initiative, all health authorities were funded to meet the target of 3.36 hours per resident day (HPRD), on average, across all long-term care homes.

In 2020/21, all five health authorities met or exceeded the target of 3.36 HPRD, on average, across all long-term care homes resulting in an overall B.C. average HPRD of 3.40. If the HPRD is adjusted to reflect only occupied beds (versus total beds) the actual care delivered to residents in 2020/21 was higher at 3.58 HPRD, on average, across B.C.

Performance Measure	2017/18 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
1.2b Potentially inappropriate use of antipsychotics in long-term care	25.3%	24.7%	21.0%	25.9% ¹	19.0%	18.0%

Data source: Canadian Institute for Health Information

¹ Annualized rate up to and including 2020/21 Q3 data. Final data for 2020/21 is not available at time of posting.

Discussion of Results

This performance measure 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. As of 2020/21 quarter three, the most recent quarter for which data is available, the target for this indicator has not been met. The population residing in long-term care is increasingly complex, with 78.6 percent of residents identified as having dementia, and over the last number of years the sector has been challenged to recruit and retain staff, including direct care staff. The Ministry has made significant investments to address staffing challenges in long-term care, including hiring 1,229 full-time equivalents in long-term care and assisted living as part of the Health Careers Access Program, with hiring continuing into 2021/22.

Performance Measure	2016/17 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
1.2c Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,360	2,809	2,955	2,311 ¹	2,910	2,865

Data source: Discharge Abstract Data and population data from P.E.O.P.L.E. 2019 BC Stats' annual population projection.

¹ Annualized rate for the most complete hospital data up to and including 2020/21 Q3 data.

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, 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. Lower admission rates indicate that these patients are receiving appropriate care in the community to allow them to stay home longer and be healthier. This indicator has been trending downward in recent years with quarter three of 2020/21, the most recent quarter for which complete data is available, showing that this target is currently being exceeded.

Objective 1.3: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services

Key Highlights

- Supported the Ministry of Mental Health and Addictions (MMHA) in guiding the health system's response to the ongoing illicit drug toxicity crisis, and its exacerbation during COVID-19 pandemic, including supporting the BC Centre for Disease Control's (BCCDC) harm reduction supply distribution.
- Updated PharmaNet to support prescribing by registered nurses and registered psychiatric nurses of opioid agonist treatments (OAT) for substance use disorder.
- Extended the partnered approach with the First Nations Health Council, FNHA and the Government of Canada to support B.C. First Nations to advance community-driven, Nation-based mental health and wellness approaches, services, and supports.
- Supported MMHA's [Pathway to Hope](#)'s commitment to improve mental health through the establishment of a contract to advance enhancement of substance use prevention and harm reductions in B.C. schools; the project promotes evidence-based resources and supports for classroom teachers, school administrators, counsellors and other education professionals.
- Partnered with MMHA and health authorities to expand access to community-based substance use programs and services, including injectable OAT, integrated team-based

care, outreach, and housing-based supports for people experiencing and transitioning from homelessness.

- In partnership with MMHA, began implementation of eight new Foundry sites across B.C., and launched the Foundry App, improving access to a suite of virtual mental health and substance use services for youth, young adults, and their families (Foundry Centres bring existing core health and social services together in a single location where young people ages 12 to 24 years can find the care, connection and support they need).
- Implemented 30 youth community-based substance use treatment beds between August 2020 and March 31, 2021 (Interior: 20, Island: 6 and Fraser: 4).

Performance Measure	2016/17 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days	14.7%	14.4%	14.1%	15.4% ¹	14.0%	13.9%

Data source: Discharge Abstract Database

¹ Fiscal year to date up to and including 2020/21 Q3 data. Final data for 2020/21 has not been received at time of posting.

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 (ACT) Teams, Integrated Case Management services, and effective hospital discharge planning, which together aim to reduce unnecessary hospital re-admissions. As of 2020/21 quarter three, the target for this indicator is not being met. Through the increased development of ACT teams and the implementation of Psychosis Treatment Optimization Programs, which include the use of specific pharmacological interventions (such as clozapine) for people with treatment resistant psychosis, and the use of depot medication to increase medication adherence and consistency, the Ministry has been supporting health authorities in reducing hospital re-admission rates due to severe mental illness and or substance use.

Objective 1.4: Timely access to appropriate surgical procedures

Key Highlights

- Launched and successfully implemented A Commitment to Surgical Renewal in May 2020 as part of the provincial COVID-19 response to catch up and keep up with postponed surgeries, as well as surgeries that were not scheduled due to the first wave of the pandemic.
- Engaged health authorities, the Ministry of Advanced Education and Skills Training, and Thompson Rivers University to implement two Anesthesia Assistant fast-track cohort-based educational programs that will result in 17 graduates by the end of December 2021.

- Improved access to magnetic resonance imaging (MRI) scans by providing \$29.5 million in funding and completing over 247,000 MRI exams, a 40 percent increase in exams since 2016/17. New MRI machines opened in Maple Ridge and Langley.
- Implemented 74 initiatives across all health authorities to increase operating room capacity through extended days, extended weekends, private contracts, reducing seasonal slowdowns, and other initiatives.
- Supported the recruitment and additional training of health professionals to support Surgical Renewal, with a targeted \$815,000 investment in Health Match BC (HMBC). Collectively, health authorities and HMBC were able to recruit 64 anesthesiologists, four family practice anesthetists, 519 perioperative registered nurses, 74 perioperative licenced practical nurses, 308 post-anesthetic recovery registered nurses, and 435 medical device reprocessing technicians to the health sector. In addition, 391 surgical specialty nurses have started their training, and 274 have completed their programs.

Performance Measure	2016/17 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
1.4 Surgeries in targeted priority areas completed	20,541	25,710	27,300	N/A ¹	27,600 ²	27,900 ²

Data source: Ministry of Health, Surgical Wait Times database.

See Discussion of Results.

² Out year targets for this measure are no longer in use as this measure was replaced in the [2021/22 – 2023/24 Ministry of Health Service Plan](#).

Discussion of Results

On March 16, 2020, the Minister of Health and the Provincial Health Officer directed health authorities to immediately move all hospitals to COVID-19 Outbreak Response Phase 2, which postponed all non-urgent scheduled surgeries. When the Surgical Renewal Commitment was launched on May 7, 2020, surgeries resumed across all health authorities on May 18, 2020, with a focus on expanding capacity to significantly increase the number of surgeries performed. The impact of the Surgical Renewal Commitment resulted in the delivery of 97 percent of the 15,154 postponed surgeries and reduced the overall surgical waitlist by 13 percent compared to the previous fiscal year.

The impressive effort to recover surgical volumes impacted by the COVID-19 response meant that to meet the needs of patients on the waitlist, surgeries in targeted priority areas were no longer the focus. As such, we have used N/A for the actuals because the measure and outcome are not an applicable assessment of the work undertaken or the performance of the system as a whole.

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

This goal focuses on Government’s commitment to delivering the services people count on by continuing to improve and strengthen a range of important health services to achieve better

outcomes. 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

- Implemented the largest immunization program in the history of B.C. to protect people against COVID-19, delivering vaccines to the most vulnerable populations first, including those living in long-term care homes, health care workers, elders, and First Nations communities. There were 788,249 doses of vaccine administered in the province between December 15, 2020 and March 31, 2021.
- Administered approximately 1.5 million influenza vaccines to help prevent respiratory illness in people at high risk of serious illness from influenza, including the elderly and those living in long-term care and assisted living settings, and those working in health care settings.
- Expanded the reach of Indigenous Healthy Living Activities through the Indigenous Sport, Physical Activity and Recreation Council that enabled the administration of 159 healthy living community grants to trained Healthy Living Leaders to deliver programs like the Indigenous Run Walk; Honour Your Health; and FitNation.
- Helped 5,717 low-income B.C. households representing 15,890 individuals to access healthy, locally grown food in 74 communities across B.C. with funding provided to the BC Farmers Market Nutrition Coupon Program.
- Implemented the 10-Point Youth Vaping Provincial Action Plan that included bringing new vaping regulations into force, distributing vaping prevention education materials in the K-12 system, establishing a Youth Advisory Council to provide future ideas, and launching a provincial database to enhance ability to monitor compliance of retailers.
- Became the first province to announce creation of a lung cancer screening program. The program will target adults aged 55 to 74 who smoke or have a heavy smoking history.

Performance Measure	2017/18 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
2.1 Percent of communities that have completed healthy living strategic plans	62%	74%	70%	74% ¹	72%	74%

Data source: Health Authority annual community survey

¹Up to and including 2020/21 Q2 data. Complete 2020/21 data is unavailable at time of posting.

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 by 2020/21 quarter two, the most recent

quarter for which data is available, 74 percent of communities developed healthy living plans. Available data show this indicator is on track to meet or exceed the 2020/21 target.

Objective 2.2: Continued improvement of hospital and diagnostic services

Key Highlights

- Supported delivery of an integrated system of laboratory services across the province during the COVID-19 pandemic, and implemented system-wide improvements including regulatory and fee schedule changes, changes to health care professional scopes of practice, and health human resources recruitment and training initiatives to increase B.C.'s COVID-19 testing capacity to 20,000 tests per day by November 2020.
- Supported [BC Emergency Health Services](#) to add 283 net new positions to improve patient care and paramedic response times, including 252 primary care paramedic positions, 15 advanced care paramedic positions, 6 critical care paramedic positions and 10 dispatch positions. As part of the Rural, Remote, First Nations, and Indigenous COVID-19 Framework, an additional 55 ground ambulances and 5 air resources were deployed to 35 communities across the province.
- Continued commitment to improve hospital services throughout the province by evaluating and approving the business plans for a New Surrey Hospital and Cancer Centre, new Cowichan District Hospital in the Cowichan Valley, Dawson Creek and District Hospital in Dawson Creek, and Cariboo Memorial Hospital in Williams Lake.
- Invested in improved and expanded emergency departments at Abbotsford Regional Hospital and Cancer Centre, Langley Memorial Hospital and Eagle Ridge Hospital .
- Launched two Hospital at Home prototypes, which have increased hospital capacity by introducing a new pathway to access acute care beyond the traditional brick and mortar hospital setting. Hospital at Home can allow eligible medically stable patients to be admitted to hospital and receive in-person care from a multi-disciplinary team in the comfort of their home.

Performance Measure	2017/18 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
2.2 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days ¹	3.8	3.2	3.1	3.6 ¹	3.0	2.9

Data source: Provincial Infection Control Network of British Columbians (PICNet)

¹ PICNet fiscal year to date data as of 2020/21 Q3. The complete data for fiscal year 2020/21 is unavailable at time of posting.

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 quality of care and patient safety, protecting both patients and health care providers. The provincial *C. difficile* rate has been trending downward for the past several years; however, results up to 2020/21 quarter three, the most recent quarter for which complete data is available, show that this indicator is not yet meeting the target for 2020/21. Generally, there has been an overall increase in *C. difficile* prevalence in community settings that ends up increasing the *C. difficile* burden in health care facilities. In addition, as steps are taken to prevent and control the spread of infection, the microorganisms are evolving to counter those measures. Strong, foundational infection prevention and control (IPC) practices – e.g., rigorous hand washing, effective environmental cleaning (housekeeping), and appropriate antibiotic prescribing – are the most effective means of stopping and controlling *C. difficile* transmission. There has been an especially strong emphasis on IPC programming during the pandemic. The province has heavily invested in training and hiring large numbers of new infection control practitioners to teach, support and monitor IPC compliance in health care, particularly long-term care. Actively promoting the appropriate prescribing of antibiotics through initiatives such as the “Do Bugs Need Drugs?” program and through health authority antimicrobial stewardship programs are also a part of the province’s work.

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

This goal focuses on Government’s commitment to available and sustainable services through the effective use of human resources, digital and information technology, efficient budgets, and meaningful and productive interjurisdictional partnerships to improve organizational capacity and performance that enables service delivery across the health system.

Objective 3.1: Effective health sector resources and approaches to funding

Key Highlights

- Launched the Rapid COVID-19 Point of Care Screening Program in partnership with PHSA to allow select settings including workplaces to rapidly screen asymptomatic employees to reduce the chances of outbreaks and control the spread of COVID-19.
- In partnership with PHSA and regional health authorities, ensured health care workers, patients and their families were safe and protected during the pandemic by providing a sufficient level of PPE, critical supplies, and medical devices (i.e. ventilators, high flow oxygen machines) at all acute and critical care sites.
- In partnership with PHSA/BCCDC, health authorities, and other sector stakeholders, led the accelerated development, adoption, and expansion of numerous digital health tools and resources actively being used in B.C.’s response to COVID-19. Tools include the BC COVID-19 Support App, Digital Agent (Chatbot) and online applications to allow residents and foreign workers to document their self-isolation.
- Founded the new BC Health Care Occupational Health and Safety Society (a provincial not-for-profit society) that will address workplace safety, tackling high rates of injuries in the health care sector by identifying and promoting best practices, helping to support employees provide patients with the care they need.

- Launched the Health Career Access Program to support staffing for long-term care, assisted living and home health services. The program introduces an innovative work-integrated learning model that is connecting 3,000 British Columbians with high demand, rewarding careers in health care.

Performance Measure	2016 Baseline	2019 Actuals	2020 Target	2020 Actuals	2021 Target	2022 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours	3.8%	4.6%	3.8%	4.4%	3.8%	3.8%

Data source: 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.

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. This indicator did not meet the target for calendar year 2020, although 2020 performance was similar to that in 2019. The COVID-19 pandemic may have created staffing demands that resulted in additional overtime.

Financial Report

Discussion of Results

The Ministry's 2020/21 budget before other authorizations was \$22.190 billion. The Ministry's contingencies (other authorizations) approval was \$1,965.406 million, bringing the total estimated appropriation to \$24.155 billion. Actual operating expenditures for the fiscal year ending March 31, 2021 were \$24.155 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 COVID-19 funding, including provision of PPE and Temporary Pandemic Pay provided to health authorities.

Medical Services Plan (MSP): The surplus is mainly due to low utilization (largely as a consequence of COVID-19).

PharmaCare: Savings are mainly due to decreased demand for high cost Hep C drugs.

Health Benefits Operations: The deficit is mainly due to costs for the MSP Payment Elimination Project.

Stewardship and Corporate Services: The deficit is mainly due to increased staffing, contracts and information systems for key ministry priorities and COVID-19 response.

Financial Summary

	Estimated	Other Authorizations ¹	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Health Programs					
Regional Services	15,232,619	1,936,736	17,169,355	17,389,993	220,638
Medical Services Plan	5,242,763		5,242,763	5,186,930	(55,833)
Pharmacare	1,411,098		1,411,098	1,235,197	(175,901)
Health Benefits Operations	48,147		48,147	49,685	1,538
Recoveries from Health Special Account	(147,250)		(147,250)	(147,250)	0
Executive and Support Services	255,008	28,669	283,677	293,236	9,559
Health Special Account	147,250		147,250	147,250	0
Sub-Total Vote 31	22,189,635	1,965,406	24,155,041	24,155,041	0
Adjustment of Prior Year Accrual ²			0	(72,057)	(72,057)
Total - Ministry of Health	22,189,635	1,965,406	24,155,041	24,082,984	(72,057)
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)					
Executive and Support Services	579	8,418	8,997	8,997	0
Total	579	8,418	8,997	8,997	0
Capital Grants (\$000)					
Health Facilities	1,007,505		1,007,505	639,056	(368,449)
Total	1,007,505		1,007,505	639,056	(368,449)

¹ "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.

² The Adjustment of Prior Year Accrual of \$72,057 million is a reversal of accruals in the previous year.

Income Statement for Health Authorities

Description	2020/21 Budget	2020/21 Actual	Variance
Health Authorities and Hospital Societies - Combined Income Statement (\$000)			
Total Revenue ³	17,425,000	19,611,000	2,186,000
Total Expense ⁴	17,425,000	19,252,000	1,827,000
Net Results^{5,6}	0	359,000	359,000

NOTES:

³ 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.

⁴ 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.

⁵ 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.

⁶ The 2020/21 surplus reflects additional Ministry of Health funding to procure personal protection equipment inventory for which there is not a corresponding expense resulting in a health authority surplus, in addition to other minor health authority surpluses.

Capital Expenditures

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Royal Inland Hospital Patient Care Tower	2025	253	164	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 it is scheduled to be open to patients in February 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2025.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</p>				
Vancouver General Hospital Operating Rooms Renewal - Phase 1	2021	93	9	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 completed in May 2021.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf</p>				
Interior Heart and Surgical Centre	2018	309	0	309
<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 also features 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 \$309 million. The Central Okanagan Regional Hospital District contributed approximately \$74 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</p>				
Children's and Women's Hospital Redevelopment	2020	657	9	666
<p>The redevelopment of BC Children's Hospital and BC Women's Hospital was completed in three phases. The first phase 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>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>Construction of the second phase of the project was substantially complete in summer 2017 and consisted of the demolition of A-Wing, L-Wing and 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 included 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 reached substantial completion and opened to patients in summer 2020. The capital cost of the redevelopment project is estimated at \$666 million, including a \$144 million contribution from the BC Children’s Hospital Foundation.</p> <p>For more information, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf</p>				
Penticton Regional Hospital – Patient Care Tower	2022	283	25	308
<p>The Patient Care Tower (PCT) project was planned in two phases. Phase 1 construction of the new 25,582 square metre PCT started in April 2016 and included a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. The PCT opened to patients on April 29, 2019.</p> <p>Phase 2 involves 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. Phase 2 renovations are underway with completion planned for 2022. The capital cost of the project is estimated at \$308 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: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</p>				
Royal Columbian Hospital Redevelopment – Phase 1	2020	245	6	251
<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 resulted 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, completed in</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>spring 2020, and the facility opened to patients in July 2020. The capital cost of the project is estimated at \$251 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: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf</p>				
Royal Columbian Hospital Redevelopment – Phases 2 & 3	2026	100	1,144	1,244
<p>Phase 2 of the 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 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 started in early 2021 and is expected to complete in 2025 and open to patients in April 2025. Phase 3 renovations are expected to 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 and Fraser Health Authority.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</p>				
Peace Arch Hospital Renewal	2022	59	32	91
<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 2022.</p> <p>The total capital cost of the project is estimated at \$91 million. The Peace Arch Hospital Foundation is contributing \$38 million with the balance provided by the Fraser Health Authority and the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf</p>				
Red Fish Healing Centre for Mental Health and Addiction - ʔəqɪʔ ʔəwʔənəq ʔeləḡ (previously Centre for Mental Health and Addictions)	2021	117	14	131
<p>The new 105-bed facility will be located on səmiq' wəʔelə (pronounced Suh-MEE-kwuh-EL-uh), which means “The Place of the Great Blue Heron” in Coquitlam, and will replace the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility is expected to complete in summer 2021. The new facility will be</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>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 and is fully funded by the Province.</p>				
Dogwood Complex Residential Care	2022	11	47	58
<p>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. Construction started in November 2020 and is expected to complete in December 2022.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Rep_lacement.pdf</p>				
Lions Gate Hospital - New Acute Care Facility	2024	4	306	310
<p>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.</p> <p>Renovations will be made to existing infrastructure to facilitate integration of the new ACF with existing buildings. Construction is planned to begin in July 2021 and complete in 2024. The capital cost of the project is estimated at \$310 million. The Lions Gate Hospital Foundation will be contributing \$96 million with \$70 million provided by Vancouver Coastal Health Authority and the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf</p>				
New St. Paul's Hospital	2027	13	2,161	2,174
<p>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. Construction began in May 2021 and the project is expected to be complete in 2027. The capital cost of the project is estimated at \$2.174 billion with \$125 million to be provided from the St. Paul's Foundation, \$1.327 billion from the Province, and \$722 million from Providence Health Care.</p>				
Mills Memorial Hospital Replacement	2026	28	595	623
<p>The Mills Memorial Hospital replacement project will replace the existing hospital originally built in 1959. The new hospital will include 78 inpatient beds, an increase of 34 beds over the existing capacity. There will be 4 operating rooms and 20 emergency department treatment spaces. The project also includes the relocation and expansion of the Seven Sisters facility, which accommodates a regional mental health rehabilitation and recovery program, on the Mills Memorial Hospital site. The new hospital will meet the needs of a Level 3 Trauma Centre. Construction is planned to start in spring 2021 and the project is expected to complete in 2026. The capital cost of the project is estimated at \$623 million. The North West Regional Hospital District is contributing approximately \$110 million with the balance provided by the Province.</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703045/703045_Capital_Project_Plan_Mills_Memorial_Hospital_Redevelopment_May2019.pdf</p>				
Burnaby Hospital Redevelopment – Phase 1	2027	5	607	612
<p>The Burnaby Hospital Redevelopment Phase 1 project involves construction of a new six-storey 83-bed Inpatient/Outpatient Tower and new energy centre, renovation and expansion of the Support Facilities Building (SFB), and renovation of the Nursing Tower. The new Tower will accommodate relocated services, including medical/surgical inpatient unit, outpatient services, consolidated maternity/labour and delivery unit, a mental health and substance use (MHSU) inpatient unit, and MHSU short stay assessment and treatment unit. Renovation and expansion of the SFB will improve access to care by providing additional operating rooms, medical device reprocessing department, additional parking, and renovations to key support services. Renovation of the Nursing Tower will permit the relocation of the medical and surgical inpatient unit and various administrative and support services. The project also includes the demolition of the Cascade and West Wing Buildings to make way for future development. Construction is expected to start in summer 2021 and be completed in fall 2027.</p> <p>The total capital cost of the project is estimated at \$612 million. The Burnaby Hospital Foundation is contributing \$34 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2021/715939/715939_1Burnaby_Hospital_Redevelopment_Combined_BTAA_Capital_Project_Plan_2020_02_20.pdf</p>				
Cariboo Memorial Hospital Redevelopment	2026	2	216	218
<p>The Cariboo Memorial Hospital (CMH) redevelopment project is a two-phased project on the CMH campus. Phase 1 includes construction of a 3-storey addition. Phase 2 includes renovation of vacated spaces in the existing hospital. Once the project is complete the redeveloped CMH will include 53 inpatient beds, an increase of 25 beds over the existing capacity. The project also includes a new acute adult inpatient psychiatric unit (included in the 53 inpatient beds), a new and larger emergency department and an increase in surface parking stalls. Procurement is underway and is expected to complete in Winter 2021. Phase 1 (new addition) construction is planned to start in Spring 2022 and expected to complete in Summer 2024. Phase 2 (renovations) construction is planned to start in Summer 2024. The capital cost of the project is estimated at \$218 million. The Cariboo Chilcotin Regional Hospital District is contributing approximately \$87 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf</p>				
Stuart Lake Hospital Replacement	2024	3	113	116
<p>The Stuart Lake Hospital (SLH) replacement project is a replacement of the existing SLH on the current site. The hospital will be built on the same site as the existing one and once complete, the existing facility will be demolished to make way for parking. The new hospital will be three times larger than the current facility, with 27 beds, including 18 long-term care beds. There will also be an emergency department with two treatment rooms, a trauma bay and ambulance bay. The hospital will feature a primary care centre that will consolidate services currently being offered in Fort St. James to one location. Construction is expected to begin in spring 2022 and the new facility is targeted to open for patients in January 2025. The capital cost of the project is estimated at \$116</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
million. The Stuart Nechako Regional Hospital District is contributing approximately \$18 million with the balance provided by the Province.				
Cowichan District Hospital	2026	10	877	887
The Cowichan District Hospital Redevelopment project will replace the existing hospital originally built in 1967. The new hospital will be built on a 22-acre greenfield site on Bell McKinnon Road. The new hospital will include 204 inpatient beds, an increase of 70 beds. There will be seven operating rooms, 36 emergency department treatment spaces, and a Level 1 Nursery to support more newborns to stay locally when additional care is needed. Construction is planned to start in spring 2022 and complete in spring 2026. The new hospital is anticipated to open to patients in fall of 2026. The capital cost of the project is estimated at \$887 million. The Cowichan Valley Regional Hospital District is contributing approximately \$282 million with the balance provided by the Province.				
Dawson Creek & District Hospital	2026	1	377	378
The Dawson Creek & District Hospital (DCDH) Redevelopment project is a replacement of the existing hospital on a 10-acre greenfield site in Dawson Creek on the nearby Northern Lights College campus. The new DCDH will be approximately 4,000 m ² larger than the existing hospital and will deliver a total of 70 inpatient beds, an increase of 24 beds. The project also includes an expansion of the emergency department, surgical and operating space, and ambulatory care services. Construction is planned to begin in fall 2022 and the new facility is planned to open for patient care in summer 2026. The capital cost of the project is estimated at \$378 million. The Peace River Regional Hospital District is providing approximately \$131 million towards the project with the balance provided by the Province.				
New Surrey Hospital and Cancer Centre	2027	0	1,660	1,660
The New Surrey Hospital and Cancer Centre (NSHCC) will help meet the needs of a growing and aging population in Surrey. The scope of the project includes 168 inpatient beds, emergency department, medical imaging department that includes computed tomography (CT) and magnetic resonance imaging (MRI), surgical suite, pharmacy, laboratory, and academic space. The new cancer centre will include an oncology ambulatory care unit, chemotherapy, radiation therapy, functional imaging including PET/CT, cyclotron, and space for six linear accelerators (five equipped at opening). The scope of the project also includes a childcare centre and underground and surface parking. The new hospital will be designed to achieve zero on-site carbon emissions and will be one of the first hospitals to achieve this status in Canada. Construction is planned to begin in summer 2023 and the new facility is planned to open for patients in summer 2027. The capital cost of the project is estimated at \$1.66 billion and is fully funded by the Province.				
Richmond Hospital	2031	0	861	861
The Richmond Hospital (RH) Redevelopment project is a multi-phased project on the RH site that includes a new acute care tower. The new acute care tower will replace the original North Tower, which opened in 1964. The redevelopment will result in 353 inpatient beds on the campus for an increase of 113 beds. The new acute care tower will include 216 beds (of the 353 beds) all of which will be single occupancy. The project also includes 82 Emergency Department care spaces (increase of 22 spaces), 11 operating rooms (increase of 3), 8 procedure rooms (increase of 3), 69 Pre- and Post-Care surgical spaces (increase of 43) and an expanded Medical Imaging Suite. Phase 1 of the project includes program relocation, demolition of the Rotunda and Park Centre buildings and site preparation for the new tower. Phase 2 of the project includes the procurement and construction of the new tower. Phase 3 of the project includes renovations of the South Tower and Phase 4 is the demolition of the North Tower and Power Plant. Construction of the tower is expected to begin in 2024 and open for patients in 2027/2028 with the renovations to the South Tower and Demolition of the North Tower completing in 2031. The				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
capital cost of the project is estimated at \$861 million and is funded by the Province (\$791M), Richmond Hospital Foundation (\$40M) and Vancouver Coastal Health Authority (\$30M).				

Significant IT Projects (over \$20 million in total or \$10 million in one fiscal year)	Year of Completion	Project Cost to March 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Clinical and Systems Transformation	2025	528	175	703
<p>The Clinical and Systems Transformation project was initiated in 2013 to improve the safety, quality and consistency of patient care by transforming health care delivery processes and systems, supported by a new, shared Clinical Information System for electronic health records (EHR) using the Cerner software platform for the Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. Once completed, patient data from multiple systems will be consolidated into one electronic health record for use by care teams. The vision of this integrated system is “One Person. One Record. Better Health”.</p> <p>The project capital cost is estimated at \$703 million. A total of \$858,473 has been contributed by Doctors of BC. The balance of the project capital cost is funded by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf</p>				
IHealth Project – Vancouver Island Health Authority	2025	105	50	155
<p>The IHealth project involves the design and build of a new, modernized EHR platform. The project objectives are to:</p> <ul style="list-style-type: none"> • establish a single, shared EHR across all Vancouver Island Health Authority (VIHA) services, • enable information sharing from private primary care and specialist practices, • embed evidence and best practice standards into care processes, • provide patients with access to their information and tools that facilitate engagement in their health and care, and • complete digitization of the (VIHA) health record. <p>The project capital cost is estimated at \$155 million, with \$100 million funded by VIHA and the balance funded by the Province.</p>				

Appendix: Agencies, Boards, Commissions and Tribunals

As of March 31, 2021, 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 B.C.'s Southern Interior.

[Northern Health Authority](#)

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

[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 in 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 license 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.