

Ministry of Health

2021/22 Annual Service Plan Report



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Minister's Accountability Statement



The *Ministry of Health 2021/22 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2021/22 – 2023/24 Service Plan* created in April 2021. 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 23, 2022

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Letter from the Minister

It is an honor to serve as Minister of Health, and to present this 2021/22 Annual Service Plan Report, which demonstrates how government is improving access to health services for all in British Columbia (B.C.).

This past year has been difficult, with the COVID-19 pandemic, the illicit drug toxicity crisis, and the extreme weather events. While many aspects of our lives have felt on hold, the work to provide better health care for people and families has not stopped.

The Ministry, using the recommendations of the *In Plain Sight* report as a blueprint for action, is continuing to work with partners to address Indigenous-specific racism and to ensure the health care system is culturally safe and welcoming for all people in B.C. Additionally, the Ministry is supporting initiatives to address systemic racism and bring greater equity to the services we deliver.

The Province is investing in new and existing health care facilities to replace or modernize aging hospitals throughout B.C. Since 2017, we've worked on 17 new or expanded hospitals and moved new cancer centers forward throughout the province.

During the COVID-19 pandemic, the health system came together, and we saw many successes, spanning from our first vaccine dose administered on December 15, 2020, to launching a robust vaccination program for high-risk people and seniors on March 1, 2021, then expanding it to front-line workers, clinically vulnerable people, and others by March 29, 2021, and in late 2021 providing booster doses. We collaborated with regional partners, the First Nations Health Authority, BC Association of Aboriginal Friendship Centres, and Métis Nation BC, to support culturally appropriate COVID-19 responses for Indigenous communities.

Throughout the pandemic, we had to postpone non-urgent scheduled surgeries, but we have not wavered in our commitment to get patients the surgeries they need. As of March 31, 2022, through B.C.'s surgical renewal commitment, 99.8 percent of patients whose surgeries were postponed during the first wave of the pandemic, and still wanted to pursue a surgical treatment, had their surgeries. 96.2 percent of the patients whose scheduled surgery was postponed because of the second and third waves, and still wished to pursue a surgical treatment, had their surgery; and 78.9 percent of the patients whose scheduled surgery was postponed because of waves four and five, and still wished to pursue a surgical treatment, had their surgery.

The Ministry of Health will continue to work with our partners to strengthen our health care system now and into the future.



Honourable Adrian Dix
Minister of Health
August 23, 2022

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) is obligated under the [Medicare Protection Act](#) to preserve a publicly managed and fiscally sustainable health care system for B.C., and to ensure that access to necessary medical care is based on need, and not the individual's ability to pay. The Ministry has overall responsibility for ensuring that health services meet the needs of all in B.C., and ensuring services are timely, high-quality, appropriate, equitable, and cost-effective. While the Ministry has overall accountability for the Province's health authorities, the 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 and are subject to the [Health Authorities Act](#). A sixth health authority, the Provincial Health Services Authority (PHSA), governed by the [Societies Act](#), is responsible for provincial clinical policy, the delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology planning and services.

Additional provincial legislation and regulations related to the health care system include the [Pharmaceutical Services Act](#), the [Laboratory Services Act](#), the [Community Care and Assisted Living Act](#), and the [Health Professions Act](#). Legislation and regulations related to the Ministry's public health role include the [Public Health Act](#), the [Emergency Health Services 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.

To deliver on health care system services and public health priorities, the Ministry partners with several other B.C. ministries, particularly the Ministry of Mental Health and Addictions (MMHA). The Ministry of Health is focused on supporting MMHA in the response to the illicit drug toxicity crisis, and in improving access to quality mental health and substance use services.

The Ministry also works in partnership with the First Nations Health Authority (FNHA), as well as the [First Nations Health Council](#) (FNHC), through current established pathways such as regional health caucuses and Nation assemblies. The FNHA supports the health and wellness of First Nations people in B.C., and is responsible for planning, management, service delivery, and funding of Indigenous health programs, in partnership with First Nations communities in the province. The Ministry works with [Métis Nation BC](#) and the BC Association of Aboriginal Friendship Centres to support the health and wellness of Métis and urban Indigenous Peoples in the province.

The Ministry recognizes that the implementation of B.C.'s [Declaration of the Rights of Indigenous Peoples Act](#) (DRIPA) is an evolving conversation from both the Province and Indigenous perspectives. Navigating change within Indigenous structures and agencies, locally, regionally, and provincially requires a principled approach. Relationship building with the acknowledgement of rights holders must be a basic understanding across government, demonstrated through evolving and existing partnerships, and by establishing new pathways where needed and agreed upon. The Ministry is committed to a co-designed process with and for Indigenous Peoples of B.C.

The Ministry is also committed to working and collaborating with additional critical partners such as health professionals and their respective professional associations, health unions, local governments, health researchers, non-profit agencies, and patients and their families.

Strategic Direction

The strategic direction set by Government in 2020, Minister Dix's 2020 [Mandate Letter](#), and Government's coordinated response to the COVID-19 pandemic shaped the goals, objectives, performance measures and financial plan outlined in the [2021/22 Ministry of Health Service Plan](#) and the actual results reported on in this annual report.

Operating Environment

COVID-19 has impacted all aspects of the health system in recent years. Although the Ministry focused efforts on actions to support response and recovery from COVID-19, the Ministry has also achieved a number of important health service improvements such as increased surgical and diagnostic procedures, advancing treatments and supports for individuals requiring mental health or substance use supports, virtual primary care supports, and the continued expansion of primary care networks and urgent and primary care centres in B.C.

Complex and interconnected pressures require long-term, multi-year solutions. Examples of additional challenges impacting the health system include an aging population and the change in the demographics in B.C., the current labour market, the illicit drug toxicity crisis, the impacts of extreme weather-related events in relation to climate change, the fast pace of technology, and the current economic climate.

The underlying strength of the Province's social determinants of health and the quality of its health care system mean that B.C. residents enjoy excellent population health status and are resilient in times of crisis.

Responding and Recovering from the COVID-19 Pandemic

COVID-19 has affected all facets of life in B.C. and elsewhere, from the day-to-day restrictions on everyday life, to the severe impact it has had on parts of our health system.

The Ministry, working with the Provincial Health Officer, continued to lead and coordinate the B.C. health system's response to and recovery from COVID-19. This included the health system's response to the disease itself, as well as the ongoing rollout of [B.C.'s COVID-19 Immunization Plan](#), the largest vaccination rollout in the Province's history.

The Ministry continued to ensure that health services, contact tracing, diagnosis, treatment, and those services that support the recovery of people who contract COVID-19 met population needs. This was in conjunction with the ongoing layers of public health measures in place to further mitigate the impacts of COVID-19.

COVID-19 continues to be present in British Columbia's communities, and we expect it will continue to circulate for the foreseeable future. The government has remained focused on managing the health and societal impacts of COVID-19 on B.C. residents and communities, planning for a strong recovery from the social and economic impacts of the pandemic and the profound impacts on the health system.

Commitment to Indigenous Health and Reconciliation

The Province is committed to lasting and meaningful reconciliation with Indigenous Peoples through the adoption and implementation of *Declaration on the Rights of Indigenous Peoples Act*, the [Truth and Reconciliation Commission of Canada's Calls to Action](#), working with health system partners to address Indigenous-specific racism in the health care system and to embed cultural safety. The comprehensive recommendations of the [In Plain Sight](#) report serve as a blueprint for action, honoring the Province's obligations under the Declaration Act. A Task Team was formed with representatives from the [First Nations Leadership Council](#), [First Nations Health Council \(FNHC\)](#), the [First Nations Health Authority \(FNHA\)](#), [Métis Nation BC](#), the [BC Association of Aboriginal Friendship Centres](#) and others to drive and guide the implementation of the *In Plain Sight* report recommendations.

The Ministry advanced Indigenous recruitment and retention to support the hiring of a health care workforce that better represents the diverse communities it serves, including Indigenous Board members and a Vice President of Indigenous Health in all health authorities.

The First Nations health governance structure, developed by and for B.C. First Nations, is underpinned by a series of tripartite agreements and health plans including the [B.C. Tripartite Framework Agreement on First Nations Health Governance](#). The Ministry works in partnership with FNHA and FNHC through regional caucus pathways to bring issues and opportunities to the First Nations health governance representatives for direction. B.C. also works collaboratively with [Métis Nation BC](#), as demonstrated through the [Métis Nation Relationship Accord II](#) (2016). Additionally, the Ministry remains committed to its work with health system partners under the [Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.](#) (2015).

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. The intention is to make it easier for people to access culturally safe and appropriate care, receive follow-up and connect to other services they may need, with practice informed by evidence-based research in policy, planning, and practice. This goal also focuses on the Province's commitment to delivering the services people count on, and improving and strengthening health services for seniors, those with mental health and substance use issues, and other adults who have complex care needs.

Finally, the goal demonstrates efforts to improve wait times through focused efforts to optimize resources and the provision of additional surgeries in areas of urgent need or with long wait times.

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

Key Highlights

- In 2021/22, the Ministry approved plans and confirmed funding for team-based primary care resources in six new Primary Care Networks (PCNs) in Surrey-North Delta, bringing a total of 59 PCNs into implementation across the province.
- The Province also opened eight new Urgent and Primary Care Centres (UPCCs) for a total of 27 UPCCs in operation, as well as one new Community Health Centre (CHC) for a total of four new and/or expanded Ministry-funded CHCs.
- As of March 31, 2022, more than 1000 full-time equivalents (FTEs) have been recruited in close to 260 clinics across 75 initiatives underway in primary care. These FTEs include new family physicians; nurse practitioners; registered nurses; pharmacists; social workers, mental health and substance use workers and other allied supports; Indigenous health and wellness supports such as traditional healers and elders; and administrative supports.
- There have been more than 1.1 million visits to UPCCs across the province, and more than 160,000 people have been attached (individual has a designated primary care provider in a UPCC).
- Under the *Rural, Remote, First Nations and Indigenous COVID-19 Response Framework*, the Province funded FNHA to launch the First Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Service. These services provide Indigenous patients and their families with virtual access to primary care

physicians, psychiatrists, addictions specialists, and other providers specializing in culturally safe and trauma-informed virtual primary care.

- Supported health and wellness initiatives benefiting Métis peoples and communities, including supporting the Métis Public Health Surveillance Program to monitor health status of Métis Peoples and facilitating Métis participation in the spectrum of Indigenous engagement, decision-making, and improving working relationships with health partners.
- Provided research funding to the [Post-COVID-19 Interdisciplinary Clinical Care Network](#) which supported up-to-date clinical care guidelines and self-management information on long-COVID for clinicians and patients.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals ¹	2022/23 Target	2023/24 Target
1.1 Number of Primary Care Networks operating or in implementation	0	53	65	59	85	85

Data source: Ministry of Health

¹ Results are reported on a monthly basis. It is acknowledged that results for this performance measure have been, and will continue to be, influenced by factors related to COVID-19.

Discussion of Results

Progress in advancing the Province’s team-based primary care strategy was significantly impacted by the pandemic as well as the heat dome, wildfires, floods, toxic drug crisis, and other urgent priorities which limited the capacity and availability of partners to fully participate in primary care transformation.

Specifically, there were a number of communities with PCN planning underway that were not able to submit their plan proposals to the Ministry before the end of the fiscal year. As such, the Ministry fell short of its PCN Service Plan target of 65 PCNs for 2021/22. However, a number of these PCN plans are now currently under review by the Ministry with the expectation the 2021/22 target will be met by end of Q2 of 2022/23. The significant delay in 2021/22 due to the above-noted circumstances is likely to also impact the Ministry in 2022/23.

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

Key Highlights

- Increased investment to improve access to specialized community services, including home support and integrated team-based home health care, which helps seniors with complex medical needs and/or frailty stay at home longer.
- Home Health Monitoring (HHM) was expanded to all health authorities for case and contact monitoring of COVID-19 for individuals who were designated as case positive, case probable, contact (no symptoms), and contact (symptoms). HHM enables patients with moderate to complex health conditions to self-manage their health from their homes using Bluetooth-enabled devices which are monitored by nurses in local health authorities.

- Continued to ensure greater accessibility of information for seniors in their own language by translating [My Voice: Expressing My Wishes for Future Health Care Treatment](#) into French, Tagalog, German, Korean, Spanish, Farsi, Hindi, Vietnamese, Simplified Chinese, Punjabi, and English, and produced 32,000 translated copies of [British Columbia Seniors' Guide](#) (12th edition) in English, Chinese, Punjabi, Vietnamese, Korean, Farsi, French, Hindi, and Tagalog versions.
- Addressed the impact of COVID-19 benefits on subsidy calculation for Home and Community Services through three policies aimed at supporting affordability and access to home and community care services for seniors throughout the pandemic.

Performance Measure	2016/17 Baseline ¹	2020/21 Actuals ² (restated)	2021/22 Target ¹	2021/22 Actuals ²	2022/23 Target ¹	2023/24 Target ¹
1.2a Average direct care hours per resident day across all health authorities	3.11	3.58	3.36	3.57	3.36	3.36

Data source: Ministry of Health

¹ Baseline and Targets are the hours per resident day (HPRD) that is funded based on 100% bed occupancy.

² Actual HPRD is based on actual resident day (i.e., beds occupied) which is a more accurate measure of actual care provided to residents.

Discussion of Results

This performance measure identifies the direct care staffing hours per resident day (HPRD) 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.

For 2021/22, all five health authorities met or exceeded the target of 3.36 HPRD across all publicly funded long-term care homes resulting in an overall B.C. average HPRD of 3.57, based on actual resident days (i.e., occupied beds). In 2021/22 all five health authorities were funded to meet or exceed the target of 3.36 HPRD. Funding to health authorities for direct care staffing to achieve the target of 3.36 HPRD is based on 100 percent bed occupancy, ensuring sufficient funding is allocated so the HPRD target can be met when the facility is fully occupied. HPRD based on beds that are occupied (versus total beds) is a more accurate reflection of actual direct care provided to residents. To ensure reporting consistency, the 2020/21 actual HPRD has been restated for comparative purposes.

Performance Measure	2017/18 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals ¹	2022/23 Target	2023/24 Target
1.2b Potentially inappropriate use of antipsychotics in long-term care	25.4%	26.5%	19.0%	27.7%	18.0%	18.0%

Data source: Continuing Care Reporting System, Canadian Institute for Health Information

¹ Based on 2021/22 Q3 annualized rate. It is acknowledged that results for this performance measure have been, and will continue to be, influenced by factors related to COVID-19.

Discussion of Results

This performance measure identifies the percentage of long-term care residents who are prescribed antipsychotic medications without a diagnosis of psychosis. Currently, there is no medication targeting the treatment of dementia. Antipsychotic medications are sometimes used to manage difficult behaviours associated with dementia when non-medication strategies are ineffective.

The 2020/21 and 2021/22 years were challenging with COVID-19, and in long-term care homes the spread of the virus presented an increased risk of serious illness and death. Measures were put in place to reduce the transmission of COVID-19 in long-term care, which included limiting family visits. Factors that may have contributed to the results in 2021/22 included reduced in-person physician visits, and limited time and resources to focus on quality improvement initiatives for reducing antipsychotic use in long-term care. Each of these factors may have contributed to not achieving the target for 2021/22. While the impacts and responses to COVID-19 will continue, long-term care homes are re-focusing on quality improvement activities, including reducing utilization of antipsychotics.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals ¹	2022/23 Target	2023/24 Target
1.2c Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,360	2,183	2,800	2,164	2,750	2,700

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2021

¹ Based on 2021/22 Q3 annualized rate. It is acknowledged that rates for this performance measure have been, and will continue to be, influenced by factors related to COVID-19.

Discussion of Results

This performance measure tracks the number of people 75 years of age and older with select chronic disease such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. In 2021/22, the target was met. The lower admission rates can indicate that seniors are receiving appropriate care in the community to allow them to stay home longer and be healthier. The proactive upstream prevention, disease management and community-based services will continue to help seniors to maintain functioning and reduce complications that could otherwise require higher-level medical care, such as emergency department visits and hospitalizations. Additionally, the COVID-19 infection and prevention control mechanisms such as masks and hand hygiene, have reduced some hospitalization risks for individuals with chronic diseases.

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

Key Highlights

- Added eight more Assertive Community Treatment (ACT) teams bringing the total to 29 teams which serve people throughout B.C. communities with severe mental illness and high rates of hospital re-admission. ACT teams are effective in reducing hospitalization rates by 50 percent within 12 months of care, as well as significantly reducing emergency department visits.
- Partnered with the Ministry of Mental Health and Addictions (MMHA), health authorities and community partners, to ensure Opioid Agonist Treatment (including oral and injectable) continued to be delivered, with ongoing support from the B.C. Centre on Substance Use through its development of clinical guidance and health professional education.
- Worked with the MMHA to release and initiate an evaluation of the July 2021 Prescribed Safer Supply policy directive, which enables health professionals to prescribe pharmaceutical alternatives to street drugs and reduces vulnerability to poisoning due to the highly toxic illicit drug supply.
- Successfully obtained and implemented a Health Canada class exemption to federal drug laws to establish distributed models of drug checking across the province, allowing collection, storage, and transportation of illicit drug samples for lab testing, public health surveillance, and the provision of harm reduction information to people at risk of the toxic illicit drug supply.
- With the MMHA, health authorities, and partners, the Province is adding 195 new substance use beds to help more people get on the path to recovery over the next three years. Over 50 beds have already been added, including 10 new provincial specialized addiction-treatment beds for adults who need help with severe substance use dependency and mild to moderate mental-health challenges.
- Worked with PHSA to open the Red Fish Healing Centre for Mental Health and Addiction – a 105-bed centre that treats complex mental illness and addictions with a model of care that is innovative and progressive.
- Supported the MMHA with the expansion of existing and new mental health and substance use services that focus on prevention, early intervention, and treatment for children, youth, and young adults. These include Integrated Child and Youth Teams, Foundry Centres and Foundry Virtual, and youth substance use services across B.C.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals ¹	2022/23 Target	2023/24 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days	14.7%	15.4%	14.0%	15.3%	13.9%	13.8%

Data source: Discharge Abstract Database

¹ Based on 2021/22 Q3 year to date data. It is acknowledged that rates for this performance measure have been, and will continue to be, influenced by factors related to COVID-19.

Discussion of Results

This performance measure reflects increased supports from specialized community-based mental health and substance use programs for persons with mental health and/or substance use issues. The Ministry continues to work with the MMHA, to implement a full spectrum of substance use treatment and recovery services, including new and enhanced withdrawal management services, transition and assessment services, treatment and recovery services and aftercare throughout the province. These efforts, along with effective discharge planning, can help reduce re-hospitalizations for this patient group.

Although the target for 2021/22 was not met, the Ministry has worked closely with health authorities to update and finalize health sector standards and supports for mental health and substance use care to better improve access to tertiary level services, which supports reducing reliance on acute hospitalization. Services to support mental health and substance use continue to increase. However, other factors can impact this number, such as length of hospital stay, freedom for individuals to choose their care, and other conditions outside of the health care systems control. The Ministry will continue to support 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

- Exceeded the pre-pandemic volume of surgeries in the second year of the government’s Surgical Renewal commitment. A total of 337,560 surgeries were completed – the highest ever performed in a year in B.C. – to address surgeries postponed because of COVID-19, as well as surgeries not scheduled due to COVID-19 and the extreme weather events throughout the province.
- Implemented 84 initiatives since May 2020 across all health authorities to increase operating room capacity through extended days, extended weekends, private contracts, reducing seasonal slowdowns, and a number of other initiatives.
- Under Surgical Renewal, health authorities have completed the training of over 400 additional perioperative nurses and 100 medical device reprocessing technicians and will continue to support the ongoing recruitment and training of health professionals.
- Completed over 296,000 magnetic resonance imaging (MRI) exams and added two net-new MRI scanners to the Vancouver Coastal region, which improved access, reduced wait times, and leveraged capacity in the public health care system for MRIs.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals ¹	2022/23 Target	2023/24 Target
1.4 Total Operating Room Hours	545,419	569,316	666,500	597,000	676,500	682,700

Data source: AnalysisWorks' Lighthouse

¹Based on 2021/22 Q3 year to date. It is acknowledged that rates for this performance measure have been, and will continue to be, influenced by factors related to COVID-19.

Discussion of Results

This performance measure, introduced in the 2021/22 – 2023/24 Service Plan, reflects efforts to allocate surgical resources to increase access for surgical patients and catch up on surgeries lost due to COVID-19 while meeting growing patient demand now and into the future. These efforts highlight progress made despite various waves of COVID-19 and the Commitment to Surgical Renewal. Progress made was supported through funding, increased capacity (operating room hours), additional health human resources service coordination, and process improvements.

Ambitious targets were set, however, the impacts of the ongoing waves of COVID-19 and the effects of extreme weather-related events, such as floods and wildfires, have impacted results for 2021/22. These factors contributed to postponements of surgeries in order to protect hospital capacity, and to redeploy surgical staff to support other areas of the acute care system. While the target was not met, significant efforts to expand the total operating hours and increase access for surgical patients resulted in increased total operating room hours over the previous year and over the 2016/17 baseline. Future efforts to increase the total operating room hours may continue to be impacted by these factors.

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 and align with the provincial mandate to address systemic racism. Additionally, the delivery of high-quality, culturally safe, and appropriate health services harmonizes with commitments made under the *Declaration on the Rights of Indigenous Peoples Act*. This goal also focuses on preparedness and sustainability to prevent, respond to, and recover from public health emergencies.

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. There were 11,495,364 doses of COVID-19 vaccine administered in the province, including primary series and booster doses, between December 15, 2020, and March 31, 2022.

- Implemented a universal program for influenza immunization allowing all in B.C., aged six months and older, to be eligible for the publicly funded vaccine, with over 1,355,390 vaccines being administered.
- In collaboration with the health authorities, led the health sector contribution to the Climate Preparedness and Adaptation Strategy with 2021-22 actions focused on assessing the health system’s vulnerability to climate-related events.
- Expanded Indigenous healthy living activities through the Indigenous Sport, Physical Activity and Recreation Council which provided healthy living community grants to train healthy living leader to deliver programs like the Indigenous Run Walk, Honour Your Health, and FitNation.
- Supported 6,684 low-income B.C. households to access healthy, locally grown food in 86 communities across B.C. with funding provided to the BC Farmers Market Nutrition Coupon Program.

Performance Measure	2017/18 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals ¹	2022/23 Target	2023/24 Target
2.1 Percent of communities that have completed healthy living strategic plans	62%	75%	76%	75%	78%	80%

Data source: Ministry of Health - Healthy Community Quarterly Reporting

¹It is acknowledged that rates for this performance measure have been, and will continue to be, influenced by factors related to COVID-19.

Discussion of Results

This performance measure focuses on the proportion of the 160 communities in B.C. with healthy living strategic plans (HLSPs), developed in partnership with the ministry and health authorities. Health authorities partner with communities to take collaborative action and develop public policy that addresses the determinants of health and chronic disease risk factors at the community level. These actions and policies promote healthy, active lifestyles, healthy built and natural environments, and social connectedness. HLSPs are the product of collaborative relationships among health authorities, local governments, Indigenous communities, and key partners.

Over 2020/21 and 2021/22, health authorities and communities have focused on responding to the COVID-19 pandemic within their regions. Many community resources were redirected to support the pandemic response; therefore, communities have not had the same ability to develop and implement HLSPs in the past two years as in past. This led to the target not being met for 2021/22. The Ministry and health authorities will focus on ways to support communities – particularly smaller communities – in developing and implementing HLSPs in the upcoming year.

Objective 2.2: Continued improvement of hospital, pharmaceutical care, laboratory and diagnostic services

Key Highlights

- Worked in collaboration with the FNHA to continue improvements related to culturally safe and appropriate hospital services that meet the needs of the population.
- Converted 24 rural ambulance stations from on-call paramedic staffing to 24-7 stations to enhance ambulance coverage, initiated more than 500 new full-time and part-time permanent paramedic positions in rural and remote areas to expand services for patients including community-based health care, and added 55 ground and five air ambulances to the BC Emergency Health Services fleet to service rural and remote communities.
- Embarked on changes to support the expansion of the care and treatment paramedics and first responders can provide during emergency situations. Once fully implemented, paramedics and first responders will be able to provide more lifesaving interventions on scene.
- As of March 31, 2022, prototype Hospital at Home (HaH) programs are in place in Island Health (Victoria General [nine beds] and Royal Jubilee [nine beds] hospitals) and Northern Health (University Hospital of Northern BC [six beds]) with more than 1100 patients having been admitted into HaH. Hospital at Home provides hospital level care in the comfort of a patient’s home through both an in-person and virtual team of health care providers and remote technology to monitor the patient.
- With BC Cancer, launched an at-home cervix screening pilot using Human Papilloma Virus (HPV) testing on the Sunshine Coast and Central Vancouver Island to improve access to screening and help prevent cervical cancer. The pilot was expanded in March 2022 to include the Fraser Northwest Division of Family Practice.
- Worked collaboratively with the Provincial Health Services Authority, regional health authorities, and the health sector to ensure appropriate use and access to treatment for COVID-19 in both inpatient and community settings for mild to moderate and severe disease.
- Provided funding to support the National Collaborating Centre for Indigenous Health in Prince George to work collaboratively with health system partners to develop a repository of tools, strategies, training, and resources to enhance culturally safe service delivery and practices across the B.C. health system, including in hospitals, pharmaceutical care, laboratories, and diagnostic services.

Performance Measure	2017/18 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals ¹	2022/23 Target	2023/24 Target
2.2 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days	3.8	3.5	3.0	3.0	2.9	2.9

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

¹ Based on 2021/22 Q1 year to date data.

Discussion of Results

Clostridium difficile (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. A number of factors affect the incidence of *C. difficile* in health care settings, such as B.C.'s aging population – which is far more likely to be infected – a rise in the prevalence of *C. difficile* in community settings, and global emergence of hypervirulent strains of *C. difficile* that produce more toxins and are more resistant to common drug treatments. Actively monitoring *C. difficile* infections in acute care facilities and developing evidence-based infection prevention and control guidelines, helps reduce such infections and therefore improves the quality of care and patient safety, protecting both patients and health care providers.

The *C. difficile* rate has consistently decreased (i.e., improving for patients) for the last 14 years. Over that time, there has been a substantial downward trend in the quarterly provincial rates of *C. difficile* infection in B.C. Additionally, the measure's results demonstrate that health care facilities have strong infection and prevention control practices. The target for 2021/22 was exceeded due to ongoing monitoring, prevention, and control measures. These measures will continue in the future.

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

This goal focuses on government's commitment to providing 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

- Implemented the Health Career Access Program (HCAP) which provides a career pathway for applicants with no health care experience to train as health care assistants. As of March 2022, 3,400 entry-level health care workers were recruited to support long-term care homes, assisted living facilities and home health sites across the province. HCAP is part of a recruitment initiative that recruited over 7,000 individuals to revitalize the workforce delivering care to seniors and broadening employment opportunities in the health sector.
- Worked with the Ministry of Advanced Education and Skills Training to implement health sector education and training expansions that will increase the number of credentials granted in health and related programs annually from 8,000 to over 11,400 publicly funded seats.
- The Health Gateway has empowered patients by providing them with access to their own health information. This has further contributed to the Province's COVID-19 response by supporting people in B.C. to access their COVID-19 information online using a self-serve model.

- Temporarily increased wages for thousands of employees of long-term care and assisted living sites named by the Provincial Health Officer’s single site staffing order.
- Invested in health human resources to support the pandemic response, including hiring over 1,600 contact tracers and over 4,800 immunization staff to support the pandemic response across health authorities.
- Provided Northern Health with \$6.3 million to recruit and retain high-needs workers through targeted incentives and programs, including the Travel Resource Pool and the Provincial Rural Retention Incentive.
- Worked in partnership with the Ministry of Citizens’ Services and the health authorities to consolidate regionally managed COVID-19 call centres into a single, expanded provincial call centre under ServiceBC. Since April 2021, the B.C. Vaccine Line alone handled over four million inbound calls. In addition to routine vaccination registration and appointment booking services. ServiceBC provided translation support, help with provincial personal health numbers, telephone call-back services, and in-person supports at ServiceBC locations throughout the province.
- Led the Nurse-Family Partnership preventative home visiting program in partnership with four health authorities, and utilized innovative and hybrid approaches (home, outdoor and digital/virtual technologies) to ensure 653 perinatal families experiencing systemic and structural inequities received timely and responsive service.
- Provided \$116.6 million in funding to Michael Smith Health Research BC and \$78 million to Genome BC. These grants will support research in health, while also strengthening B.C.'s pandemic and emergency preparedness over the next three years.
- Virtually enabled primary care supported the provincial rollout of various therapies for the treatment of COVID-19 in mild to moderately ill patients.

Performance Measure	2016 Baseline	2020 Actuals	2021 Target	2021 Actuals ¹	2022 Target	2023 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours	3.8%	4.4%	3.8%	6.8%	3.8%	3.8%

Data source: Health Sector Compensation Information System

¹ Actual based on 2021 data. It is acknowledged that rates for this performance measure have been, and will continue to be, influenced by factors such as resurgences of COVID-19.

Discussion of Results

This performance measure focuses on nursing and allied health professionals overtime hours as a percentage of productive hours and is one indicator used to assess the overall health of the workforce. Overtime is commonly used as an indicator to assess aspects such as burnout and workload pressures – both drivers of workforce sustainability and patient safety.

The target for 2021 /22 performance measure was not met as B.C.’s health system is experiencing workforce challenges that have been exacerbated by COVID-19, the toxic drug supply crisis, and extreme weather-related events such as floods and wildfires. In 2021/22, demand for overtime increased both due to these factors and due to policies implemented to increase productivity and respond to the pandemic, including government’s Surgical Renewal

commitment and the Single Site Orders¹, which reduced the availability of casual and part-time staffing pools working across sites to cover shifts in the seniors' care sector, therefore increasing the demand on full-time and part-time regular staff. Overtime will remain a pressure in the upcoming years as the health sector continues to deal with the ongoing impacts of COVID-19. Additionally, coverage of sick time for nurses and allied health professionals during COVID-19 has impacted the percentage of overtime hours.

Despite high levels of overtime, the overall health workforce – not just nursing and allied health professionals – has consistently grown². The Ministry has worked closely with health authorities and other partners to identify strategies to reduce overtime, foster employee engagement and health and wellness, remove barriers to productivity, increase diversity and inclusivity, and create new economic opportunities including new jobs and training seats across B.C. Many of these initiatives are underway and more will be implemented as part of a comprehensive health care human resources strategy.

¹ A PHO order mandating that health care staff work only at a single long-term care or assisted living site to reduce the transmission of COVID-19 between sites. The order applies to private, contracted and public sites. Facilities currently covered in the orders include private hospitals, stand-alone extended care hospitals, licensed long-term care, registered assisted living, and provincial mental health facilities.

² According to the Public Sector Employers' Council's annual forecast, since 2018 the number of health care workers has increased by 38,312 from 184,609 in 2018 to 222,921 in 2022, or an increase of 20.7 percent.

Financial Report

Discussion of Results

The Ministry's 2021/22 budget, before other authorizations, was \$23.873 billion. The Ministry's contingencies (other authorizations) approval was \$1,840.156 million, bringing the total estimated appropriation to \$25.713 billion. Actual operating expenditures for the fiscal year ending March 31, 2022 were \$25.713 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 increased funding to health authorities to support the COVID-19 response.

Medical Services Plan (MSP): The deficit is primarily due to higher fee-for-service utilization.

PharmaCare: Savings are primarily due to increased use of biosimilar drugs over more expensive options and reduced demand for expensive Hepatitis C drugs.

Health Benefits Operations: The deficit is primarily due to contractual commitments for Health Insurance BC portfolio projects.

Executive and Support Services The deficit is primarily due to additional contracts and information systems for key ministry priorities.

Financial Summary

	Estimated	Other Authorizations ¹	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Health Programs and Special Account					
Regional Services	16,535,993	1,682,414	18,218,407	18,394,373	175,966
Medical Services Plan	5,550,427	101,239	5,651,666	5,738,598	86,932
Pharmacare	1,470,454	26,287	1,496,741	1,219,159	(277,582)
Health Benefits Operations	49,158	78	49,236	56,057	6,821
Recoveries from Health Special Account	(147,250)		(147,250)	(147,250)	0
Executive and Support Services	266,916	30,138	297,054	304,917	7,863
Health Special Account	147,250		147,250	147,250	0
Sub-Total	23,872,948	1,840,156	25,713,104	25,713,104	0
Adjustment of Prior Year Accrual ²			0	(2,426)	(2,426)
Total - Ministry of Health	23,872,948	1,840,156	25,713,104	25,710,678	(2,426)
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)					
Executive and Support Services	242	41,670	41,912	41,934	22
Total	242	41,670	41,912	41,934	22
Capital Grants (\$000)					
Health Facilities	1,406,522		1,406,522	740,442	(666,080)
Adjustment of Prior Year Accrual ²				(6)	(6)
Total	1,406,522		1,406,522	740,436	(666,086)

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 is a reversal of accruals in the previous year.

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 the health authorities' revenues, and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Authorities and Hospital Societies	2021/22 Budget	2021/22 Actual	Variance
Combined Income Statement (\$000)			
Total Revenue ¹	18,271,000	20,826,000	2,555,000
Total Expense ²	18,271,000	20,783,000	2,512,000
Net Results³	0,000	43,000	43,000

¹ Revenue: 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.

² 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.

³ 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.

Capital Expenditures

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2022 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Royal Inland Hospital Patient Care Tower	2025	324	93	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 summer 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2025.</p>				
Vancouver General Hospital Operating Rooms Renewal – Phase 1	2021	101	1	102
<p>The Vancouver General Hospital Operating Room (OR) project provides modernized and appropriately sized operating rooms leading to better services and outcomes for patients. This phase of the Vancouver General Hospital operating room 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>				
Children’s and Women’s Hospital	2020	657	6	663
<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 improves 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 in summer 2020. The capital cost of the redevelopment project was \$663 million, including a \$144 million contribution from the BC Children’s Hospital Foundation.</p>				
Penticton Regional Hospital – Patient Care Tower	2022	295	13	308
<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 opened to patients in April 2019.</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2022 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<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. The renovations are underway with completion planned for April 2022. The capital cost of the project is estimated at \$308 million. Costs are shared between the Province, Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p>				
Royal Columbian Hospital – Phase 1	2020	247	4	251
<p>Phase 1 of the Royal Columbian Hospital (RCH) redevelopment project consists of a 75-bed, five-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20 to 30 percent, and eliminate the current risk of power systems failure with a post-disaster building.</p> <p>The project provides 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 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>				
Royal Columbian Hospital – Phases 2 & 3	2026	255	989	1,244
<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 started in early 2021, is expected to complete in January 2025 and open to patients in April 2025. The 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.</p>				
Peace Arch Hospital Renewal	2022	80	11	91
<p>The Peace Arch Hospital Renewal project will improve patient experience and outcomes by providing five new and larger operating rooms (from three to five) 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 (from 24 to 50) and a new dedicated mental health unit. Construction started in December 2018 and is expected to be complete in summer 2022.</p> <p>The total capital cost of the project is estimated at \$91.05 million. The PAH Foundation is contributing \$38.50 million with the balance provided by the Fraser Health Authority and the Province.</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2022 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Red Fish Healing Centre for Mental Health and Addiction - 0əqi? təw?ənəq leləm	2021	126	5	131
<p>The new 105-bed facility will be located on səmiq'ə?elə (pronounced Suh-MEE-kwuh-EL-uh), which means “The Place of the Great Blue Heron” in Coquitlam and replaces the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility is complete, and the facility opened in fall 2021. The new facility is 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	2023	27	31	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 planned to complete in April 2023.</p>				
Lions Gate Hospital – New Acute Care Facility	2024	50	260	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 eight 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 new ACF with existing buildings. The capital cost of the project is estimated at \$310 million. The Lions Gate Hospital Foundation will be contributing \$96 million with the balance provided by the Province and the Vancouver Coastal Health Authority.</p>				
New St Paul’s Hospital	2027	318	1,856	2174
<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, consolidated specialty outpatient clinics, and an underground parkade. Construction started in March 2021 and is expected to be completed in July 2026 with the new hospital available to patients in March 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, \$722 million from Providence Health Care, and the balance from the Province.</p>				
Mills Memorial Hospital	2026	167	466	633
<p>The Mills Memorial Hospital Redevelopment project will replace the existing hospital originally built in 1959. The new hospital will include 83 inpatient beds, an increase of 39 beds. There will be four 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 started in spring 2021 and is expected to complete in 2026. The capital cost of the project is estimated at \$633 million. The</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2022 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>North West Regional Hospital District is contributing approximately \$110 million with the balance provided by the Province.</p>				
Burnaby Hospital Redevelopment – Phase 1	2027	23	589	612
<p>The Burnaby Hospital Redevelopment Phase 1 project involves construction of a new six-storey 78-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, and a mental health and substance use inpatient unit. Renovation and expansion of the SFB will improve access to care by providing additional operating rooms, a new 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.</p> <p>The total capital cost of the project is estimated at \$577 million. The Burnaby Hospital Foundation is contributing \$34 million with the balance provided by the Province.</p>				
Cariboo Memorial Hospital	2026	9	209	218
<p>The Cariboo Memorial Hospital (CMH) Redevelopment project is a two-phased project on the CMH campus. Phase 1 includes construction of a three-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 25 beds. 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. 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>				
Stuart Lake Hospital	2024	8	150	158
<p>The Stuart Lake Hospital (SLH) Redevelopment project is a complete replacement of the existing SLH. The new hospital will be built on the same site 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. The capital cost of the project is estimated at \$158 million. The Stuart Nechako Regional Hospital District is contributing approximately \$18 million with the balance provided by the Province.</p>				
Cowichan District Hospital	2026	18	869	887
<p>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</p>				

Major Capital Projects (over \$50 million)	Year of Completion	Project Cost to March 31, 2022 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>201 inpatient beds, an increase of 67 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. 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 \$283 million with the balance provided by the Province.</p>				
Dawson Creek & District Hospital	2026	8	370	378
<p>The Dawson Creek & District Hospital (DCDH) replacement 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 m² 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. 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.</p>				
New Surrey Hospital and BC Cancer Centre	2027	5	1,655	1,660
<p>The New Surrey Hospital and BC Cancer Centre will create a new hospital and integrated cancer centre to 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. The capital cost of the project is estimated at \$1.66 billion and is fully funded by the Province.</p>				
Richmond Hospital	2031	1	860	861
<p>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 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).</p>				

Significant IT Projects (over \$20 million in total)	Year of Completion	Project Cost to March 31, 2022 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Clinical and Systems Transformation	2025	615	88	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>				
iHealth Project – Vancouver Island Health Authority	2025	121	34	155
<p>The iHealth project involves the design and build of a new, modernized electronic health records (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 A: Agencies, Boards, Commissions and Tribunals

As of March 31, 2022, the Minister of Health is responsible and accountable for the following:

Health Authorities

[Fraser Health Authority](#)

FHA 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](#)

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

[Northern Health Authority](#)

NHA 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](#)

VCHA 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](#)

VIHA 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 Health Care Occupational Health and Safety Society](#)

The Society promotes safe and healthy workplaces at all worksites throughout the BC health care system. In cooperation among unions, employers, and Doctors of BC, it develops provincial frameworks, systems and programs aimed at improving the health and safety of BC's health care workers.

[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.

[Forensic Psychiatric Services Commission](#)

The Commission is part of the PHSA, created in 2001 under the *Societies Act*. The Commission operates the Forensic Psychiatric Hospital and six community forensic psychiatric services clinics and is responsible for conducting fitness assessments of individuals appearing before the courts.

[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.