

**Ministry of Health**

**2022/23**

**Annual Service Plan Report**



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## Minister's Accountability Statement



The Ministry of Health 2022/23 Annual Service Plan Report compares the Ministry's actual results to the expected results identified in the 2022/23 - 2024/25 Service Plan published in 2022. 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 11, 2023

# Table of Contents

Minister's Accountability Statement .....	3
Letter from the Minister .....	5
Purpose of the Annual Service Plan Report .....	6
Strategic Direction.....	6
Purpose of the Ministry.....	6
Operating Environment.....	8
Report on Performance: Goals, Objectives, and Results .....	9
Financial Report.....	24
Appendix A: Agencies, Boards, Commissions and Tribunals.....	37
Appendix B: Progress on Mandate Letter Priorities.....	40

## Letter from the Minister

It is an honour to serve as Minister of Health, and to present this 2022/23 Annual Service Plan Report, which demonstrates how government is improving and strengthening access to health services for people in British Columbia.

Our public health-care system has been significantly impacted by changing and increasingly complex health needs, and growing demands on the workforce. The innovative approach that we are taking will help us address these challenges and strengthen our health-care system.

B.C.'s Health Human Resources Strategy will ensure people get the health services they need and that people are cared for by a healthy workforce. It focuses on recruiting, training, and retaining health care workers while redesigning the health care system to foster workplace satisfaction and innovation. In addition, the new Longitudinal Family Practice Model is supporting family practices and providing fair compensation for physicians, enabling them to focus on patient care.

In the past year, we reduced barriers for internationally educated health care workers and made it easier for retired nurses to practice again. We also expanded the scope of practice for pharmacists to support primary care, added training seats to post-secondary institutions, and are making workplaces safer for health-care workers.

To better prevent, detect, and treat cancer, and to help patients get faster access to treatment and diagnostics, we have launched a B.C. 10-year Cancer Care Action Plan. As part of the plan, we have introduced the first province-wide Lung Screening Program.

People in B.C. also became the first in Canada to benefit from universal coverage of more than 60 commonly used prescription contraceptives.

Government's surgical renewal commitment also continues to ensure people receive the surgeries they need with more surgeries performed in the last year than in any year before.

The Ministry of Health will continue to develop innovative solutions with our partners to strengthen our health care system by ensuring health care workers are supported while they continue to provide the best care possible for people in British Columbia.



Honourable Adrian Dix  
Minister of Health  
August 11, 2023

## Purpose of the Annual Service Plan Report

This annual service plan report has been developed 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 stated in the service plan for the reported year.

## Strategic Direction

The strategic direction set by Government in 2020 and Minister Dix's [2020 Mandate Letter](#) shaped the goals, objectives, performance measures and financial plan outlined in the [Ministry of Health 2022/23 – 2024/25 Service Plan](#) and the actual results reported on in this annual report.

## 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 British Columbia, and to support access to necessary medical care 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., through accessible services no matter where you are in the province, and to support timely, high-quality, appropriate, equitable, and cost-effective service delivery. While the Ministry has overall responsibility 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, 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 works in partnership with the First Nations, Métis, and Urban Indigenous organizations to address the gaps in health outcomes for Indigenous Peoples in B.C. The Ministry's relationship with the First Nations Health Authority (FNHA) and the First Nations Health Council has been in place for more than a decade. 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 First Nations health programs, in partnership with First Nation communities in B.C.

The Ministry also works with [Métis Nation BC](#), as demonstrated through the [Métis Nation Relationship Accord II](#) (2016), and the BC Association of Aboriginal Friendship Centres, to support the health and wellness of Métis and urban First Nations, and Inuit 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 the perspectives of the health authorities, the Province, First Nations, Métis, and Inuit People. 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. Underpinning this is the ongoing work across health authorities and with other key partners to address Indigenous specific racism through the recommendations of the [In Plain Sight Report](#).

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 to advance this work.

## Operating Environment

There are trends, risk, and opportunities that impacted British Columbia's health system. Complex health needs, alongside pre-existing systemic and long-standing challenges continue to impact B.C.'s health system.

The demand for health services continued due to significant health emergencies such as the highly toxic illicit drug supply, the long-term impacts of the COVID-19 pandemic, and severe weather events. Additional challenges and trends that affected B.C.'s health system include the current financial climate, the rapid advancement of technology, shifting demographics, and the current labour market conditions.

Indigenous Peoples continue to experience systemic racism within the health-care system and are underrepresented within the health sector workforce. The [In Plain Sight Report](#) has highlighted the systemic racism faced by Indigenous Peoples in accessing quality health care and has set out a road map for breaking the cycle of racism. The report emphasizes the requirement of a human rights-based approach to Indigenous health in B.C. The Province continues to work across the health system to address the recommendations of the Report, and to address the challenges that Indigenous Peoples experience, while recognizing that reconciliation, and cultural safety and humility must be a priority within B.C.'s health system.

The demands on the health sector workforce continue to accelerate. The current labour market conditions are also impacting health system workers, and in many cases, workers are experiencing stress, burnout, and occupational health and safety risks. In addition, the work culture is changing. Demographic changes in the workforce, alongside other factors including the desire for a healthier work-life balance, shifting values coming out of the COVID-19 pandemic, and a growing emphasis on meaningful work. A diverse, skilled, and engaged workforce is at the heart of a robust, accessible system of publicly funded services with the ability and agility to respond to key challenges and support the complexities within the system.

Although many people in B.C. enjoy excellent population health status and are resilient in times of crisis, some British Columbians were impacted more than others based on the social determinants of health. The social determinants of health determine individual and population health through a specific group of social and economic factors that relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, racism, and historical trauma are important social determinants of health for certain groups such as 2SLGBTQI+, Indigenous, Black, and other racialized peoples.

Complex and interconnected pressures require long-term, multi-year solutions. The Ministry continues to be innovative in its approach to creating and implementing solutions to address challenges our health system faces.



# Report on Performance: Goals, Objectives, and Results

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

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

Providing team-based care is fundamental to ensuring key health system services meet the needs of British Columbians. 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 increase access to 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.

#### Key results

- Implemented a new First Nations Wellness Centre in Williams Lake to increase access to culturally safe primary care for First Nations people living in the area.
- The Ministry launched a New to Practice Incentives Program to incentivize recently graduated family physicians to choose to work in longitudinal primary care. As of March 2023, more than 140 family physicians have signed onto this model.
- As of January 2023, the Ministry has provided funding through its Primary Care Strategy for six new Community Health Centres (CHCs): RISE CHC (Vancouver Coastal); Roots CHC (Fraser); Island Sexual Health CHC, Westshore CHC and Luther Court CHC (Vancouver Island); and Umbrella Multicultural Health Cooperative (Fraser). The CHCs bring together a range of healthcare professionals to provide a patient-centred approach to care.
- Supported culturally safe, team-based primary care across the province through a financial commitment of \$6.33M in annual funding for traditional wellness supports in Indigenous communities via Primary Care Networks, Community Health Centres, and First Nations Primary Care Clinics.
- Developed and delivered a new family physician payment model to support British Columbians with access to primary care services. The model provides greater flexibility for family physicians in caring for their patients, both virtually and in-person. The model was co-developed with the Doctors of BC and BC family doctors.
- Across all primary care initiatives underway, under the team-based Primary Care Strategy, more than 1,450 health professional FTEs have been recruited, with 480 recruited in 2022/23 to support improved primary care in communities throughout the province.

## Summary of progress made in 2022/23

The Ministry continued working on comprehensive and coordinated team-based care with health system partners to improve access to health care services and information, and to integrate culturally safe and equitable primary care services. Primary Care Networks, Community Health Centres and Urgent and Primary Care Centres (UPCCs) all support increased access to primary care services. Opened 30 UPCCs and are targeting an additional 10 UPCCs to open by the end of 2023/24, and an additional 10 UPCCs in 2024/25 totalling to 50 UPCCs across the province by 2024/25.

## Performance measure and related discussion

Performance Measure	2016/17 Baseline <sup>1</sup>	2021/22 Actual <sup>3</sup>	2022/23 Target	2022/23 Actual <sup>4</sup>
1.1 Number of Primary Care Networks operating or in implementation <sup>2</sup>	0	59	85	63

Data source: Ministry of Health

<sup>1</sup> Baseline reflects the year that the Primary Care Strategy was launched, which included the creation of primary care networks to support the unique primary care needs of a community.

<sup>2</sup> PM 1.1 targets for 2023/24 and 2024/25 as stated in the 2022/23 -2024/25 Service Plan are 85 and 85, respectively.

<sup>3</sup> As at March 31, 2022.

<sup>4</sup> As at March 31, 2023.

As of March 31, 2023, the Ministry of Health has launched 63 Primary Care Networks (PCNs) covering 73% of Community Health Service Areas (CHSAs) and 85% of the provincial population. Each PCN is at various stages of implementing four year service plans, with 22 more communities in active planning.

Overall, due to COVID-19's impact on primary care, PCN implementation was delayed relative to the original 2021/22 target of 65 PCNs, which also then affected ability to meet the 2022/2023 target of 85 PCNs. The Ministry has also been working with [Doctors of BC](#) on a significant number of initiatives intended to better support longitudinal family practice, including a refreshed approach to the PCN model, which has also affected progress in 2022/23. With these initiatives underway, the Ministry is now working towards achieving a full provincial implementation target of 99 PCNs by April 2025.

This measure was not carried forward in the [2023/24 – 2025/26 Service Plan](#) and was replaced by a new measure - Access to Primary Care Service - Number of Visits. It was determined that measuring the increase in the number of visits is a stronger indicator of primary care service levels and access than the number of PCNs.

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

This objective focuses on high-quality care including community and specialized services for adults, including seniors, with complex care needs and/or frailty. Improving and strengthening

access to community-based care and specialized services support adults to age healthier and to stay at home longer. These community-based services are delivered with partners and are integrated with the delivery of primary care. The provision of accessible community and long-term care services supports the people of B.C. to receive dignified and culturally appropriate care, embedding a person-centered approach within all health care service delivery.

## Key results

- Invested \$500,000 to provide grants for age-friendly assessments, planning, and projects to support seniors in 25 communities in B.C. to live active and independent lives. An additional \$250,000 was invested to build capacity in communities to lead this work and perform age-friendly program evaluation.
- Provided residents and families the ability to have more input into important issues in long-term care through revised regulations for residents and family councils, to allow families and residents to be more involved in decisions that affect them in their daily lives.
- Expanded funding for provincial access to the [PIECES Learning and Development Program](#) for health care providers, which enhances staff skills for the management of distressing behaviours due to dementia. This initiative was expanded in 2022 to provide additional support services, learning materials, and education sessions for new educators to increase the program's reach.
- Invested \$70 million over two years to enable the Community Based Seniors Services sector to continue operating and expanding the [Better at Home](#) program, which delivers simple, non-medical supports that help seniors remain at home and connected to their community; to continue the [bc211](#) program; and continue operating the four Higher Needs demonstration projects.<sup>1</sup>
- Supported continuity of care for more than 30,000 people living in long-term care facilities in B.C. through an increase to the [Pharmacare Plan B](#) fee to help retain the services of contracted pharmacies. Plan B covers the full cost of eligible prescription drugs and medical supplies and devices for people living permanently in licensed long-term care facilities registered with the [PharmaCare Plan B](#).

## Summary of progress made in 2022/23

The Ministry continued to focus on delivering health services for adults, including seniors, that are dignified, high quality, culturally safe, and appropriate. The Ministry is supporting older adults to live independently in the community longer and is investing in long-term care and assisted living with the addition of more publicly funded long-term care beds. The Ministry also focused on health human resources to support high-quality care in long-term care and assisted living facilities by ensuring staff received fair wages for their work, and through the delivery of the [Health Career Access Program](#) which, as of March 31, 2023, has enabled 5,383

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<sup>1</sup> The four Higher Needs demonstration projects include the [Therapeutic Activation Program for Seniors \(TAPS\)](#), [Seniors Navigation and Peer Support Program](#), [Social Prescribing Program](#), and the Family Caregiver Support Program.

applicants without health sector experience to work in a non-clinical care role while completing employer sponsored training as a health care assistant.

### Performance measures and related discussion

Performance Measure	2016/17 Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
1.2a Average direct care hours per resident day across all health authorities <sup>1</sup>	3.11	3.57	3.36	3.57

Data source: Ministry of Health

<sup>1</sup> PM 1.2a targets for 2023/24 and 2024/25 were stated in the 2022/23– 2024/25 service plan as 3.36 and 3.36, respectively.

This performance measure identifies the direct care staffing hours per resident day (HPRD) in long-term care homes and reflects Government’s commitment and efforts to improve and strengthen the quality of service and provide the best day-to-day assistance.

For 2022/23, all five health authorities exceeded the target of 3.36 HPRD on average across all publicly funded long-term care homes in their health authority, resulting in an overall B.C. average forecast HPRD of 3.57, based on actual resident days (i.e., occupied beds). In 2022/23 all long-term care facilities in the province were funded to meet or exceed the target of 3.36 HPRD. Funding allocated 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 target can be met when the facility is fully occupied. HPRD based on beds that are occupied (versus total beds available) is a more accurate reflection of actual direct care provided to residents.

The average direct care hours measure was not carried forward in the [2023/24 – 2025/26 Service Plan](#). The Ministry has met or exceeded the target every year since 2020/21 and the HPRD investments will be maintained to achieve the target of 3.36 HPRD, as a minimum.

Performance Measure	2017/18 Baseline	2021/22 Actual <sup>2</sup>	2022/23 Target	2022/23 Actual <sup>3</sup>
1.2b Potentially inappropriate use of antipsychotics in long-term care <sup>1</sup>	25.4%	27.9%	18%	28.7%

Data source: Canadian Institute for Health Information

<sup>1</sup> PM 1.2b targets for 2023/24 and 2024/25 were stated in the 2022/23 – 2024/25 Service Plan as 18.0% and 18.0%, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

<sup>2</sup> Annualized risk-adjusted rates, 2021/22 actuals restated since the publication of the 2021/22 Annual Service Plan Report

<sup>3</sup> Annualized risk-adjusted rates, 2022/23 actuals as of 2022/23 Q3 data.

Nationally, and in B.C., the rate of antipsychotic utilization in long-term care increased during the pandemic period (2019/20 - 2021/22) and further rose slightly during 2022/23. The 2022/23 increase in B.C. was influenced by the residual impact of COVID-19 restrictions and ongoing health system and health care pressures, including health human resources challenges. Now that COVID-19 guidelines have been adjusted, long-term care homes are re-focusing on quality improvement activities, including the use of non-medication strategies to manage problematic

behaviors which is expected to reduce the potentially inappropriate use of antipsychotics. It should be noted that prior to the pandemic, the performance measure results as published by the Canadian Health Institute for Health Information were gradually improving in B.C. (25.4% in 2017/18, 24.8% in 2018/19 and 24.7% in 2019/20).

Performance Measure	2016/17 Baseline	2021/22 Actual <sup>2</sup>	2022/23 Target	2022/23 Actual <sup>3</sup>
1.2c Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older <sup>1</sup>	3,360	2,196	2,750	2,200

Data source: Discharge Abstract Database, P.E.O.P.L.E. v. 2022

<sup>1</sup> PM 1.2c targets for 2023/24 and 2024/25 were stated in the 2022/23 – 2024/25 Service Plan as 2,700 and 2,650, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

<sup>2</sup> Annualized age-standardized rate, data has been restated since the publication of the 2021/22 Annual Service Plan Report

<sup>3</sup> Annualized age-standardized rate as of 2022/23 Q2.

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 the appropriate care in the community to allow them to stay home longer and be healthier. Although the target was exceeded it may be artificially low because of patient hesitancy to seek treatment at hospitals due to the ongoing impacts from COVID-19 in 2022/23.

### **Objective 1.3: Improved health outcomes, reduced hospitalizations, and increased access to supports for mental health and substance use challenges through effective community services**

This objective focuses on strengthening access to mental health and addiction services, including the response to the highly toxic illicit drug supply crisis through an integrated and well-coordinated system of services across the province. Expanding the system of supports includes strengthening the quality of services, coordination, and integration of community-based supports across the health system. The Ministry worked closely with the Ministry of Mental Health and Addictions to advance priority actions of the [Pathway to Hope](#) focussing on prevention, early identification, improving access and quality of services, and enhancing child and youth mental health and substance use services.

#### **Key results**

- Maintained ongoing collaboration with the Government of Canada, the First Nations Health Council, and the First Nations Health Authority to support and sustain community-driven, Nation-based mental health and wellness initiatives as

part of the Ministry’s commitment through the [Memorandum of Understanding - Tripartite Partnership to Improve Mental Health and Wellness and Achieve Progress on the Determinants of Health and Wellness](#). The Ministry is working with these partners to establish a path forward to implement the recently approved tripartite ten-year social determinants of health strategy.

- Worked in partnership with the Ministry of Mental Health and Addictions to accelerate B.C.’s response to the toxic drug crisis across a full continuum of substance use care, including 28,335 drug samples checked at drug checking sites from across the province in 2022.
- With the Ministry of Mental Health and Addictions, developed training modules to support health authority monitoring of service provider adherence to, and quality of, improvement to supportive recovery, and developed a provincial supportive recovery standards performance monitoring and evaluation plan.
- Improved access to opioid agnostic treatment (OAT), which consists of a range of medication-assisted treatments for people with opioid use disorder, including increased independent access to PharmaNet to registered nurses (RNs) and registered psychiatric nurses (RPNs) to support expanded ability for nurses to prescribe OAT.
- Implemented [the Integrated Interdisciplinary Model of Opioid Agonist Treatment](#) in December 2022, supporting improved patient care and health outcomes. The model outlines the responsibilities of healthcare professionals involved in the care of people using opioid agonist treatment.

### Summary of progress made in 2022/23

The Ministry, working with the Ministry of Mental Health and Addictions and other key partners, increased investments to strengthen team-based care and specialized community services for those with mental health and substance use challenges. This included increased access and improved coordination across prevention and treatment services, increased supports for culturally safe approaches to mental health and substance use challenges, increased community-based professional services and supports, and longer term bed-based care and treatment services. The Ministry also contributed to other key provincial priorities including supporting the Ministry of Housing to deliver a comprehensive [Downtown East Side Provincial Response Plan](#) and the [Belonging in BC: a collaborative plan to prevent and reduce homelessness](#) focusing contributions on coordination and strengthening health, mental health, or addictions services.

### Performance measure and related discussion

Performance Measure	2016/17 Baseline	2021/22 Actual <sup>2</sup>	2022/23 Target	2022/23 Actual <sup>3</sup>
1.3 Percentage of people admitted for mental illness or substance use who are readmitted within 30 days <sup>1</sup>	14.7%	15.4%	13.9%	15.8%

Data source: Discharge Abstract Database

<sup>1</sup> PM 1.3 targets for 2023/24 and 2024/25 were stated in the 2022/23 – 2024/25 Service Plan as 13.8% and 13.7%, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

<sup>2</sup> Based on annualized rate, data has been restated since publication of 2021/22 Annual Service Plan Report.

<sup>3</sup> Based on 2022/23 Q2 year to date data.

The Ministry continues to work with the Ministry of Mental Health and Addictions to implement a full continuum of mental health and substance use 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 rehospitalizations for this patient group.

Although services to support patients with mental health and substance use issues continue to expand, other factors impacted this performance measure's outcome, such as length of hospital stay, freedom for individuals to choose their care, and other conditions outside of the health care system's control. The Ministry, working with the Ministry of Mental Health and Addictions, will continue to support health authorities in reducing hospital readmission rates due to severe mental illness and/or substance use.

## **Objective 1.4: Timely access to appropriate surgical and diagnostic procedures**

This objective focuses on strengthening surgical and diagnostic services that will ensure access to person-centred care in both rural and urban areas. This objective also focuses on the ongoing [Surgical Renewal Commitment](#) to deliver surgeries that have been postponed due to the waves of COVID-19, the national health human resource staffing shortage, and a respiratory illness surge. The focus continues to be to deliver surgical and diagnostic services efficiently and effectively to those who need them most.

### **Key results**

- Completed 350,886 surgeries in B.C., the highest ever performed in a year in the province, to continue delivering on Government's [Surgical Renewal Commitment](#) to improve timely access to surgeries and address surgeries postponed because of COVID-19, as well as surgeries not scheduled due to continued waves of COVID-19 and impacts of extreme weather events on the health of British Columbians.
- Implemented 41 new initiatives in 2022/23 across all health authorities to increase operating room capacity through extended days, extended weekends, private contracts, and reducing seasonal slowdowns.
- Health authorities, under the [Surgical Renewal Commitment](#), continued to prioritize training new staff. This includes 344 surgical specialty nurses completing their training in 2022, bringing the total number of surgical nurses trained since April 2020 to 962.



- In 2022/23, provided timely and accessible diagnostic services to British Columbians, including the completion of over 299,000 magnetic resonance imaging (MRI) exams.

### Summary of progress made in 2022/23

The Ministry has continued to undertake initiatives to increase access to diagnostic services to help deliver early diagnosis and treatment of medical conditions, and to increase the Province’s surgical performance to support patients to receive the surgical care that they need. Modernization and expanded operating room capacity have also been supported through significant capital investments. Continued improvement and reduced wait times in both of these areas will help to improve British Columbian’s quality of life.

### Performance measure and related discussion

Performance Measure	2016/17 Baseline	2021/22 Actual <sup>2</sup>	2022/23 Target	2022/23 Actual <sup>3</sup>
1.4 Total Operating Room Hours <sup>1</sup>	545,349	586,657	676,500	613,534

Data source: AnalysisWorks’ Lighthouse

<sup>1</sup> PM 1.4 targets for 2023/24 and 2024/25 were stated in the 2022/23 – 2024/25 Service Plan as 682,700 and 689,600, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

<sup>2</sup> Based on P01 – P13 2021/22 data (April 1, 2021– March 31, 2022). Data has been restated since the publication of the 2021/22 Annual Service Plan to reflect the finalization of data.

<sup>3</sup> As of P13 (April 1, 2022 – March 31, 2023).

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 largely to COVID-19 while meeting growing patient demand now and into the future. These efforts highlight progress made and the [Commitment to Surgical Renewal](#), despite ongoing waves of COVID-19. Progress made this past year 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 continued waves of COVID-19, a national health human resource staffing shortage, and a respiratory illness surge impacted results for 2022/23. These factors contributed to postponements of surgeries to protect hospital capacity, and to enable the redeployment of 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.



## **Goal 2: Support the health and well-being of all in British Columbia through the delivery of high-quality health services**

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

This objective focuses on effective and equitable population health, health promotion and illness and injury prevention to promote a healthier population and to reduce current and future demands on the health care system. Services targeted to improve people's overall health and well-being by promoting health (preventing disease, disability, and injury), protecting people from harm, and ensuring a focus on key groups including Indigenous peoples, women, and children supports the overall health and well-being of all in B.C.

#### **Key results**

- Immunized 1.78 million citizens through a universal program for influenza immunization allowing all in B.C., aged six months and older, to be eligible for the publicly funded vaccine, and implemented co-administration of influenza and COVID-19 vaccines to improve availability and accessibility.
- Supported the First Nations Health Authority, as part of the implementation of the In Plain Sight Report recommendations and the rural and remote collaborative framework, to release the British Columbia Cultural Safety and Humility standard in June 2022 as a model and resource for best practices in achieving Indigenous-specific cultural safety within the health system.
- Supported 89 rural and remote, and Indigenous communities in B.C. to build community food resilience and increase access to healthy food through the Food Infrastructure Grant Program, improving health outcomes for these communities.
- Supported 10,152 low-income B.C. households to access healthy, locally grown food in 89 communities across B.C., with funding provided to the BC Farmers Market Nutrition Coupon Program, to improve access to healthy B.C. grown agricultural products.
- Effective September 6, 2022, [PharmaCare](#) provides Plan C (Income Assistance) improved coverage for 14-day dispensing of medication to people evacuated from their homes due to emergencies such as fire and flood.
- Provided automatic coverage under Plan C for one year for individuals who used the [Canada-Ukraine Authorization for Emergency Travel](#) (CUAET) to enroll in the Medical Services Plan (MSP) and provided 48-hour emergency drug coverage under [PharmaCare Plan C](#) for those who had arrived in B.C. under CUAET, who had not yet enrolled in MSP.

## Summary of progress made in 2022/23

The Ministry continued to work with health sector partners to provide equitable population health, health promotion and illness, and injury prevention services and to develop and strengthen public health initiatives. The Ministry worked with the Ministry of Transportation and Infrastructure and regional health authorities to deliver the [British Columbia Vision Zero in Road Safety Grant Program](#) providing over \$1 million in grants to local governments, Indigenous governments, and non-government organizations for projects that will directly improve the safety of roads and protect vulnerable road users, including cyclists and pedestrians, in their communities. The Ministry also supported training for 278 Indigenous Healthy Living Leaders to deliver multi-week Indigenous community healthy living programs, to promote healthy living in subject areas such as healthy eating and physical activity.

## Performance measure and related discussion

Performance Measure	2017/18 Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual <sup>3</sup>
2.1 Percent of communities that have completed healthy living strategic plans <sup>1,2</sup>	62%	75%	78%	83%

Data source: Health Authority Annual Community Survey

<sup>1</sup> PM 2.1 targets for 2023/24 and 2024/25 were stated in the 2022/23 – 2024/25 Service Plan as 80% and 81%, respectively.

<sup>2</sup> This performance measure was not carried forward in the latest service plan. For more details on forward-looking planning information, including performance measures and current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

<sup>3</sup> Data as at March 31, 2023.

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 regional health authorities, First Nations Health Authority, and the BC Centre for Disease Control. Health authorities partner with communities to take collaborative action and develop public policy that addresses the social 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.

The target was exceeded in 2022/23, due to the focus by the Ministry and health authorities to support communities—particularly smaller communities—in developing and implementing HLSPs. The percent of communities that have completed healthy living strategic plans measure was removed from the [2023/24 – 2025/26 Service Plan](#), as it no longer aligns with the updated goals and objectives. The Ministry will continue to work with health authorities and communities to advance the plans and to monitor progress.

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

This objective focuses on improving and strengthening a range of important services through hospital, laboratory, and diagnostic services. The delivery of high-quality, culturally safe services supports alignment with the priorities of the Province, and the Ministry, to meet the diverse needs of all British Columbians while addressing systemic racism and increasing equity throughout the health sector.

### Key results

- Made prescription contraception free for all B.C. residents, effective April 1, 2023, making it easier for people to access prescription contraceptives by removing the cost barriers and supporting people to make choices about their reproductive and sexual health, further supporting gender equity.
- Launched the [10-year Cancer Action Plan](#) which will support steps to better prevent, detect, and treat cancer, and to provide more timely access to treatment services and diagnostics. In 2022/23 the first Lung Screening Program was launched, providing access to eligible high-risk people at 36 sites throughout the province. The program provides more equitable access to screening and early detection, which improves patient survival rates.
- Expanded pharmacy services to allow community pharmacists to administer a wider range of drugs in British Columbia, and to renew and adapt prescriptions for the wider range of medications, delivering on priorities under [the Pharmaceutical Care Management Strategy](#).
- Continued improvements in emergency transportation and increased access to emergency services, including an additional 55 ground ambulances, and hundreds of temporary paramedic positions to staff these ambulances. BC Emergency Health Services (BCEHS) moved from COVID-19 response to sustainment from September to December 2022, these temporary paramedic positions became permanent. Additional paramedic positions were also added where they were needed most to help stabilize and strengthen ambulance services in communities.
- [Hospital at Home](#)<sup>2</sup> pilots continued at Northern Health and Island Health, to continue to evaluate and determine feasibility of a new model of care for increasing hospital capacity while providing hospital-level care at a patient's home.

### Summary of progress made in 2022/23

The Ministry continues to take a patient-centred equitable approach to providing hospital, pharmaceutical, laboratory, and diagnostic services in British Columbia. Key priorities focused on in 2022/23 included the development of B.C.'s Cancer Care Action Plan, making improvements to emergency transportation, increasing access and value through the

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<sup>2</sup> For more information on Hospital at Home and these pilots, please visit the following sites: [About Hospital at Home | Island Health and Hospital at Home | Northern Health](#)

Pharmaceutical Care Management Strategy, and innovation in diagnostics and patient supports. Responding to patient needs and providing access to health care services was demonstrated through the reactivation of the Emergency Operation Centres (EOCs) in health authorities to support continued access to quality hospital care during respiratory illness season, where there was an increased demand for hospital capacity, and pressure on the health care system. The Ministry also utilized EOCs to support a coordinated and timely response to address this pressure, to monitor hospital capacity and performance, and worked with health authorities to address risk, barriers, and supports required to manage hospital surges.

### Performance measure and related discussion

Performance Measure	2017/18 Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual <sup>3</sup>
2.2 Rate of <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days <sup>1,2</sup>	3.8	2.9	2.9	3.2

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

<sup>1</sup> PM 2.2 targets for 2023/24 and 2024/25 were stated in the 2022/23 – 2024/25 service plan as 2.9 and 2.9, respectively.

<sup>2</sup> This performance measure was not carried forward in the latest service plan. For more details on forward-looking planning information, including performance measures and current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

<sup>3</sup> Based on 2022/23 Q2 year to date data.

*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 decreased from the baseline (i.e., improving for patients) for the last 14 years. Over 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.

## Goal 3: Deliver a sustainable public health care system

### Objective 3.1: A sustainable, engaged, skilled and diverse health sector workforce

This objective focuses on the health, safety, and engagement of the health care workforce. This objective also focuses on the actions in the [Health Human Resource Strategy](#) that support the optimization, growth, and diversification of the provincial health sector workforce. The Ministry continues to support the inclusion of Indigenous priorities, including reconciliation, cultural safety and humility in health care workforce planning, including hiring a workforce that better represents the diverse community it serves.

#### Key results

- Reduced barriers for internationally educated health sector workers to practice within the B.C. health care system, including the removal of financial barriers through bursaries that can be used to pay for assessments and registrations, and through new pathways to licensure for internationally trained doctors.
- Reviewed and expanded the scope of practice for certain health care occupations to increase workforce flexibility and responsiveness. These optimizations will allow the workforce to provide support outside of primary care settings and will aid in the creation of a health care system that provides British Columbians with the services they need, where they need them, from health professionals they can trust.
- Continued actions to support safer workplaces for the health sector workforce and patients under a new transformative security model, and through the hiring of violence prevention leads to upgrade violence prevention training to include a trauma-informed lens for training provided to relational security officers who work throughout the province, at high-risk sites to support health care workers.
- In partnership with the Ministry of Post Secondary Education and Future Skills, supported Simon Fraser University (SFU) with planning activities and addressing issues such as accreditation, curriculum planning, engagement, and space planning to support a second medical school at SFU's Surrey Campus. SFU's new medical school will be the first entirely new school in western Canada in 50 years and will support more family doctors graduating each year to provide care for people.
- Launched the [Provincial Prescription Renewal Support Service](#) providing support to community pharmacists in renewing prescriptions for unattached patients that are outside of the pharmacists' scope.

#### Summary of progress made in 2022/23

The Ministry launched the multi-year provincial [Health Human Resources \(HHR\) Strategy](#) which includes 70 key actions related to the four cornerstones of the strategy: retain, redesign, recruit, and train. The HHR Strategy supports patients who rely on the public health care

system by adding more doctors, nurse practitioners, nurses, and allied health professionals, adding new education and training seats, taking actions to improve retention and to optimize the system to help with workload.

### Performance measure and related discussion

Performance Measure	2016 Baseline	2021 Actual <sup>2</sup>	2022 Target	2022 Actual <sup>3</sup>
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours <sup>1</sup>	3.8%	6.9%	3.8%	8.2%

Data source: Health Sector Compensation Information System; dataset based on a calendar year cycle.

<sup>1</sup> PM 3.1 targets for 2023 and 2024 were stated in the 2022/23 – 2023/24 Service Plan as 3.8% and 3.8%, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

<sup>2</sup> Data as at December 31, 2021, and has been restated since the publication of the 2021/22 ASPR.

<sup>3</sup> Data as at December 31, 2022.

Overtime is one indicator used to assess the overall health of the workforce, burnout, and workload pressures—which are all drivers of workforce sustainability and patient safety.

The provincial health sector overtime rate rose from 4.4% in 2020 to 6.9% in 2021 due to supply shortages caused by labour market challenges, and rising demand due to the COVID-19 pandemic, the toxic illicit drug supply crisis, and extreme weather-related events such as floods and wildfires. Among members of the community bargaining association (CBA), facilities bargaining association (FBA), nurses bargaining association (NBA), ambulance paramedic and ambulance dispatchers bargaining association (APADBA, PHSA only), and health sciences professionals bargaining association (HSPBA), overtime hours as a percentage of productive hours are highest for NBA and APADBA members.

Overtime utilization and expenditures remained high in the first quarter of 2023 relative to 2019 and Government has targeted a gradual reduction to pre-pandemic levels by 2025. The [Health Human Resources Strategy](#) is our plan to address supply and demand challenges which have caused overtime to increase in the past few years. By reducing overtime utilization slowly, the health authorities will be able to ensure that service delivery is not interrupted by sudden changes to staffing availability.

### Objective 3.2: Enable sustainable health sector innovation for quality population and patient health care

This objective focuses on how the health sector will position the health care system to focus on innovation using a system-wide approach for both clinical and administrative practices, and the use of technology. Innovative approaches are critical to the long-term sustainability of B.C.'s health care system, and to support an equitable approach to meet the health needs of all in the province.

## Key results

- Developed and launched the [Health Innovation Pathway](#), providing an intake system for innovative solutions, for potential funding and support for the testing and assessment of promising innovations that seek to improve patient care and health system sustainability.
- Began implementation of the provincial Patient Centred Measurement Action Plan to modernize patient-centred survey measurement in the health system and to increase the impact of these survey results in improving health care and health planning.
- Implemented a combined application form for the [Medical Services Plan](#), [Fair PharmaCare](#), and [Supplementary Benefits](#) to streamline and simplify the application process for health services for those new to B.C.
- Improved access to health care records and empowered patients by launching the Health Gateway App, and by expanding services available within the [Health Gateway](#) to include hospital visits, clinical documents, and laboratory results. Over 1.4 million B.C. residents now have secure and convenient access to their health care information when they need it through the Health Gateway.
- Enrolled 1,548 patients in the [Home Health Monitoring Program](#) in 2022/23 supporting patients to manage a variety of health conditions from their homes, avoiding unnecessary travel and supporting co-management of a patient's health and well-being across 35 available Health Authority Programs.

## Summary of progress made in 2022/23

The Ministry continues to work towards fostering a culture and environment of innovation throughout the health system, modernizing digital health and health resource management information systems, and undertaking research initiatives to improve care. Connecting people throughout the province through digital platforms, and improving individuals' access to their health information records, and to health services are vital to making improvements in these areas. For the [2023/24 – 2025/26 Service Plan](#), objectives were updated to strengthen alignment with current strategic priorities of the health system. The updated objective is focused on sustainable health sector innovation. A new measure was also introduced in the [2023/24 – 2025/26 Service Plan](#), percentage of population who access the provincial patient portal. This new measure provides an indication of health system modernization and innovation.



# Financial Report

## Financial Summary

	Estimated (\$000)	Other Authoriz- ations <sup>1</sup> (\$000)	Total Estimated (\$000)	Actual (\$000)	Variance (\$000)
<b>Operating Expenses</b>					
<b>Health Programs and Special Account</b>					
Regional Services <sup>2</sup>	17,539,818	928,889	18,468,707	18,944,098	475,391
Medical Services Plan <sup>3</sup>	6,069,225	0,000	6,069,225	5,812,208	(257,017)
Pharmacare <sup>4</sup>	1,513,972	0,000	1,513,972	1,257,979	(255,993)
Health Benefits Operations <sup>5</sup>	49,158	0,000	49,158	66,483	17,325
Recoveries from Health Special Account	(147,250)	0,000	(147,250)	(147,250)	0,000
Executive and Support Services	283,722	0,000	283,722	304,016	20,294
Health Special Account	147,250	0,000	147,250	147,250	0,000
<b>Sub-total</b>	<b>25,455,895</b>	<b>928,889</b>	<b>26,384,784</b>	<b>26,384,784</b>	<b>0,000</b>
Adjustment of Prior Year Accrual <sup>6</sup>	0,000	0,000	0,000	(48,433)	(48,443)
<b>Total</b>	<b>25,455,895</b>	<b>928,889</b>	<b>26,384,784</b>	<b>26,336,341</b>	<b>(48,443)</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) \$000</b>					
Executive and Support Services	30	11,002	11,032	11,032	0,000
<b>Total</b>	<b>30</b>	<b>11,002</b>	<b>11,032</b>	<b>11,032</b>	<b>0,000</b>
<b>Capital Grants (\$000)</b>					
Health Facilities	1,656,542	0,000	1,656,542	976,948	(679,594)
<b>Total</b>	<b>1,656,542</b>	<b>0,000</b>	<b>1,656,542</b>	<b>976,948</b>	<b>(679,594)</b>

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

<sup>2</sup> Regional Services deficit is primarily due to increased funding to health authorities to support COVID-19 response.

<sup>3</sup> Medical Service Plan surplus due to new Family Physician compensation model and higher than anticipated recoveries from ICBC and WSBC.

<sup>4</sup> Pharmacare surplus due to higher product listing agreement recoveries.

<sup>5</sup> Health Benefits Operations deficit is primarily due to HIBC contract transition to new vendor.

<sup>6</sup> The Adjustment of Prior Year Accrual of [\$48.443] million is a reversal of accruals in the previous year.



## Income statement for Health Authorities and Hospital Societies

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	2022/23 Budget (\$000s)	2022/23 Actual (\$000s)	Variance (\$000s)
<b>Combined Income Statement</b>			
Total Revenues <sup>1</sup>	19,644,000	22,608,000	2,964,000
Total Expenses	19,644,000	22,813,000	3,169,000 <sup>4</sup>
Operating Results	0,000	(205,000)	(205,000)
Gain (Loss) on Sale of Capital Assets (if applicable)	0,000	0,000	0,000
<b>Net Results<sup>2,3</sup></b>	<b>0,000</b>	<b>(205,000)</b>	<b>(205,000)</b>

<sup>1</sup>In addition to Provincial revenue from the Ministry of Health, includes revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

<sup>2</sup>This combined income statement is based on financial statements from six health authorities and six hospital societies, including eliminating entries between these agencies. These figures do not include the eliminating entries to consolidate these agencies with the government reporting entity.

<sup>3</sup>The 2022/23 deficit is largely due to the adjustment of inventories to net realizable value. This inventory represents excess product purchased during the height of the COVID-19 pandemic. Based on recent usage rates and changes in usage protocol, it is anticipated that this excess inventory will expire before being used in the BC healthcare environment.

<sup>4</sup>The health authority and hospital society spending increase is attributed to pandemic spending, Shared Recovery Mandate, and increased staffing and operating costs incurred to meet the projected volume growth in healthcare services delivered by these organizations.

## Capital Expenditures

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Royal Columbian Hospital Redevelopment Phase 1</b>	2020	247	4	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, and eliminate the risk of power systems failure with a post-disaster building.</p> <p>The preferred design-build proponent was selected in December 2016. Construction started in early 2017 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 of funding provided by the Province.</p> <p>For more information, please see the website at:  <a href="https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf">https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf</a></p>				
<b>Red Fish Healing Centre for Mental Health and Addiction - ʘəq̓iʔ ʔəwʔənəq̓ leləm</b>	2021	129	2	131
<p>The new 105-bed facility is located on səmiq̓ ʔəʔelə (pronounced Suh-MEE-kwuh-EL-uh), which means “The Place of the Great Blue Heron” in Coquitlam and replaced the Burnaby Centre for Mental Health and Addictions. The new facility opened to patients in 2021. The new facility provides 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>				
<b>Vancouver General Hospital Operating Rooms Renewal Phase 1</b>	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>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Peace Arch Hospital Renewal</b>	2022	86	1	87
<p>The Peace Arch Hospital Renewal project improves 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 has been relocated below the emergency department (ED) allowing for improved access to sterilized surgical equipment. The existing ED has been renovated and expanded to accommodate increased treatment spaces and a new mental health unit. Construction started in December 2018 and achieved substantial completion in September 2022.</p> <p>The total capital cost of the project is estimated at \$87 million. The Peace Arch Hospital Foundation is contributing \$37 million with the balance provided by the Fraser Health Authority and the Province.</p> <p>For more information, please see the website at <a href="https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf">https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf</a></p>				
<b>Penticton Regional Hospital Patient Care Tower</b>	2022	297	11	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 completed in 2022. The capital cost of the project is estimated at \$308 million. Costs are shared between the Province, the Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p> <p>For more information, please see the website at: <a href="https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf">https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</a></p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Dogwood Lodge Long-term Care Home Replacement</b>	2023	53	12	65
<p>The replacement of the 150-bed long-term care facility is located on Lot 5 of the Pearson Dogwood site in Vancouver. The capital cost of the project is estimated at \$65 million, which is to be funded by Vancouver Coastal Health Authority from the net proceeds of the sale of the combined Pearson and Dogwood properties. Construction started in November 2020 and is expected to complete in summer 2023.</p> <p>For more information, please see the website at:</p> <p><a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf</a></p>				
<b>Lions Gate Hospital New Acute Care Facility</b>	2024	125	185	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 the new ACF with existing buildings. Construction commenced in July 2021 and is expected to complete in late 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:</p> <p><a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf</a></p>				
<b>Stuart Lake Hospital Replacement</b>	2024	56	102	158
<p>The Stuart Lake Hospital replacement project is a replacement of the existing hospital on the current site in Fort St. James. 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 began in spring 2022 and is expected to complete in fall 2024. The capital cost of the project is estimated at \$158 million. The</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<p>Stuart Nechako Regional Hospital District is contributing \$18 million with the balance provided by the Province.</p> <p>For more information, please see the website at:</p> <p><a href="https://www.sirsidynix.net/capital-project-plan-stewart-lake-hospital-redevelopment-project-northern-health">Capital project plan: Stewart Lake Hospital Redevelopment Project / Northern Health. (sirsidynix.net)</a></p>				
<b>Nanaimo Regional General Hospital Intensive Care Unit and High Acuity Unit Redevelopment</b>	2024	31	29	60
<p>The project entails construction of a new three-storey expansion to the Nanaimo Regional General Hospital (NRGH) that includes a 12-bed intensive care unit (ICU) and a 12-bed high acuity unit (HAU). The ICU has been under construction since February 2021 and opened to patients in June 2023. The HAU, which is currently in the design stage, is expected to start construction in summer 2023 and complete in 2024. The HAU is being outfitted in shelled space on the main floor of the expansion that was constructed as part of the \$41.5 million ICU project originally announced in November 2018. The decision to outfit the HAU came during the COVID-19 pandemic, bringing the total project cost to \$60 million. The Nanaimo Regional Hospital District is contributing approximately \$20 million, the Nanaimo &amp; District Hospital Foundation has committed to raise \$10 million and the balance will be provided by Island Health and the Province.</p>				
<b>Mills Memorial Hospital Replacement</b>	2026	400	233	633
<p>The Mills Memorial Hospital project will replace the existing hospital originally built in 1959. The new hospital will include 83 inpatient beds, an increase of 39 beds over the existing capacity. 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 the project is expected to complete in 2026. The capital cost of the project is estimated at \$633 million. The North West Regional Hospital District is contributing approximately \$120 million with the balance provided by the Province.</p> <p>For more information, please see the website at:</p> <p><a href="https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703045/703045_Capital_Project_Plan_Mills_Memorial_Hospital_Redevelopment_May2019.pdf">https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703045/703045_Capital_Project_Plan_Mills_Memorial_Hospital_Redevelopment_May2019.pdf</a></p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Royal Columbian Hospital Redevelopment Phases 2 &amp; 3</b>	2026	469	775	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 consists of critical enabling work 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 \$1,244 million. 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:  <a href="https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf">https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</a></p>				
<b>Royal Inland Hospital Phil and Jennie Gaglardi Tower (previously the Patient Care Tower)</b>	2027	350	67	417
<p>A new 107-bed patient care tower at Royal Inland Hospital in Kamloops opened to patients in July 2022. The new tower improves patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms, a mental-health and substance-use inpatient unit, child and adolescent mental-health services, obstetrical services, labour, delivery, and a neo-natal intensive care unit. Internal renovations to the emergency department, pediatric unit, post anesthetic recovery, and morgue commenced in 2022 and are scheduled to complete in 2027.</p> <p>For more information, please see the website at:  <a href="https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf">https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</a></p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Burnaby Hospital Redevelopment Phase 1</b>	2027	66	546	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, as well as 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, a 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 started in summer 2021 and is expected to be completed in 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:</p> <p><a href="https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2021/715939/715939_1Burnaby_Hospital_Redevelopment_Combined_BTAA_Capital_Project_Plan_2020_02_20.pdf">https://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2021/715939/715939_1Burnaby_Hospital_Redevelopment_Combined_BTAA_Capital_Project_Plan_2020_02_20.pdf</a></p>				
<b>Dawson Creek &amp; District Hospital Replacement</b>	2027	22	568	590
<p>The Dawson Creek &amp; District Hospital (DCDH) 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 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. A Design-Build Agreement was signed in June 2023, construction is anticipated began in July 2023, and the new facility is expected to open for patient care in 2027.</p> <p>The total capital cost of the project is estimated at \$590 million. The Peace River Regional Hospital District will be cost sharing in the project to a maximum of \$177 million with the balance provided by the Province.</p> <p>For more information, please see the website at:</p> <p><a href="https://www.sirsidynix.net/capital-project-plan-dawson-creek-district-hospital-redevelopment-project-northern-health">Capital project plan: Dawson Creek &amp; District Hospital Redevelopment Project / Northern Health. (sirsidynix.net)</a></p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Cowichan District Hospital Replacement</b>	2027	87	1,359	1,446
<p>The Cowichan District Hospital 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 started in late 2022 with site clearing and the new hospital is anticipated to open to patients in spring of 2027. The capital cost of the project is estimated at \$1,446 million. The Cowichan Valley Regional Hospital District is contributing approximately \$283 million, the Cowichan Hospital Foundation has committed to raise \$15 million and the balance will be provided by the Province.</p> <p>For more information, please see the website at:</p> <p><a href="https://www.islandhealth.ca/cowichan-district-hospital-replacement-project-capital-project-plan">Cowichan District Hospital Replacement Project: capital project plan / Island Health. (sirsidynix.net)</a></p>				
<b>New St. Paul's Hospital</b>	2027	571	1,609	2,180
<p>The project to build a New St. Paul's Hospital at the Station Street site in Vancouver will result in a new core hospital (acute care centre and outpatient care centre) with capacity for 548 inpatient beds, a new and larger emergency department, a surgical suite, specialty outpatient clinics and an 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 \$2,180 million with \$131 million to be provided from the St. Paul's Foundation, \$1,327 million from the Province, and \$722 million from Providence Health Care.</p> <p>For more information, please see the website at:</p> <p><a href="https://thenewstpauls.ca/">https://thenewstpauls.ca/</a></p>				
<b>New Surrey Hospital and BC Cancer Centre</b>	2027	9	1,715	1,724
<p>The New Surrey Hospital and BC Cancer Centre 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.</p> <p>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</p>				



Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<p>2023 and the new facility is planned to open for patients in 2027. The capital cost of the project is estimated at \$1,724 million and is funded by the Province, the BC Cancer Foundation and Surrey Hospitals Foundation.</p>				
<b>Western Communities Long-Term Care Facility</b>	2027	0	224	224
<p>The Western Communities Long-Term Care project will deliver a new, three-story, 306-bed long-term care home in the Royal Bay area of Colwood. It will include a hospice, a specialized unit for younger people suffering from brain injuries and an adult day program. There will also be hairdressing and therapy services, a bistro, and plans for an adjacent 37 space child-care facility. The project is in the procurement phase with construction expected to start in 2025 and be complete in 2027. The capital cost is estimated to be \$224 million. The Capital Regional Hospital District is contributing approximately \$67 million with the balance will be provided by the Province.</p>				
<b>Centre for Children and Youth Living with Health Complexity</b>	2028	3	219	222
<p>A new Centre for Children and Youth Living with Health Complexity will be built on the site at Slocan Street and 21st Avenue in Vancouver. The new Centre will coordinate care by a multi-disciplinary team through a single point of contact, assist families in navigating a complex system of services, train families, care givers and community care providers to comprehensively support their child within their home community and leverage research and innovation to improve the lives of children and youth living with health complexity and their families. The facility includes sixteen two-bedroom family suites for Staying Services which provide short stays in a home like environment with a care-by-parent model while transitioning between the hospital and home, learning new care techniques, or adjusting to new equipment. Construction is expected to start in Summer 2025, with completion in Fall 2027 and the facility is expected to open for patients in early 2028.</p> <p>The project proposes a hybrid mass timber construction and includes a childcare centre, supported through partnership with the City of Vancouver. The capital cost of the project is estimated at \$222 million, including a \$20 million contribution from the BC Children’s Hospital Foundation, and nearly \$9 million from the City of Vancouver, with the balance provided by the Province.</p>				
<b>St. Vincent’s Heather Long-Term Care Facility</b>	2028	1	206	207
<p>The St. Vincent’s Heather Long-Term Care project will deliver a new, 13-storey, 240-bed long-term care home in Vancouver on 33rd Avenue and Heather Street. It will include an adult day program with a community hall, sacred space, therapy space, hair salon, activity rooms and child-care facility that can accommodate 37 children. The project is in the procurement phase with construction expected to start in late 2025 and complete in 2028. The capital cost is estimated to be \$207 million and is fully funded by the Province.</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<b>Vancouver General Operating Rooms Renewal Phase 2</b>	2029	8	324	332
<p>Phase 2 of the Operating Rooms Renewal at Vancouver General Hospital includes renovations to the 2nd floor of the Jim Pattison Pavilion North, which will improve and expand the operating suite to two floors of highly functioning operating rooms including an additional 12 universal flexible operating rooms, two hybrid rooms and a 39-bay perioperative care unit. The project also includes significant upgrades to essential building infrastructure to ensure safe, uninterrupted operations on site. When fully complete the Operating Room suite at Vancouver General Hospital will include 30 new operating rooms built to modern standards. The capital cost of the project is estimated at \$332 million. The VGH and UBC Hospital Foundation is contributing \$20 million with the balance provided by the Province.</p>				
<b>Cariboo Memorial Hospital Redevelopment</b>	2029	20	347	367
<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. Phase 1 (new addition) construction commenced in spring 2023 and is expected to complete in spring 2026. Phase 2 (renovations) construction is anticipated to start in late 2026 and complete in fall 2028, with the facility available to patients in early 2029. The capital cost of the project is estimated at \$367 million and will be cost shared by the Cariboo Chilcotin Regional Hospital District and the Province.</p> <p>For more information, please see the website at:</p> <p><a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf</a></p>				
<b>Richmond Hospital Redevelopment</b>	2031	5	856	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 (an increase of 22 spaces), 11 operating rooms (an increase of three), eight procedure rooms (an increase of three), 69 Pre- and Post-Care surgical spaces (an increase of 43) and an expanded Medical Imaging Suite.</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to March 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
<p>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 early 2025 and be open for patients in 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 (\$791 million), Richmond Hospital Foundation (\$40 million) and Vancouver Coastal Health Authority (\$30 million).</p>				

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p><b>Clinical and Systems Transformation</b></p>	<p>2025</p>	<p>718</p>	<p>81</p>	<p>799</p>
<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 \$799 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:  <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf</a></p>				

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2023 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>IHealth Project - Vancouver Island Health Authority</b>	2025	133	22	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"> <li>• establish a single shared EHR across all Vancouver Island Health Authority (VIHA) services,</li> <li>• enable information sharing from private primary care and specialist practices,</li> <li>• embed evidence and best practice standards into care processes,</li> <li>• provide patients with access to their information and tools that facilitate engagement in their health and care, and</li> <li>• complete digitization of the (VIHA) health record.</li> </ul> <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 July 31, 2023 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 First Nations Health Authority 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 (also known as Switch BC) promotes safe and healthy workplaces at all worksites throughout the B.C. 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 B.C.'s health care workers.

#### [Health Quality BC](#)

Health Quality BC (formerly known as 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.

## Appendix B: Progress on Mandate Letter Priorities

The following is a summary of progress made on the priorities as stated in Minister Dix’s 2020 Mandate Letter.

2020 Mandate Letter Priority	Status as of March 31, 2023
Continue your work with the Provincial Health Officer to control and eliminate the spread of COVID-19 in B.C., keep people safe and protect seniors, and prepare our province for any future pandemic, with state-of-the-art testing, contact tracing, and hospital management procedures and technology.	<ul style="list-style-type: none"> <li>Ongoing; provided public with free access to rapid antigen tests, total COVID-19 doses administered in B.C.: 14,343,876 (BCCDC April 20, 2023). B.C. also continued to provide infection prevention and control guidelines for health care facilities and communities</li> </ul>
Ensure the COVID-19 fall and winter preparedness plan is implemented successfully, including providing at least 2 million doses of flu vaccines, expanding e-health and tele-health, and providing a new Hospital at Home program so patients can get safe care while in the comfort of their homes.	<ul style="list-style-type: none"> <li>Ongoing; see Key Results under <a href="#">2.1</a>, <a href="#">2.2</a> and <a href="#">3.1</a></li> </ul>
Once a vaccine is approved and available, provide free COVID-19 vaccinations to every British Columbian.	<ul style="list-style-type: none"> <li>Ongoing; COVID-19 vaccine approved and made available for free, see Key Results under Objective <a href="#">2.1</a></li> </ul>
Move forward a staffing retention strategy that provides workers in long-term care and assisted living with “levelled up wages” even after the pandemic ends, and restore provincial standards for wages, benefits, and working conditions.	<ul style="list-style-type: none"> <li>Ongoing; progress made, see Summary under Objective <a href="#">1.2</a></li> </ul>
Work toward eliminating multi-bed rooms in health authority-owned long-term care facilities, giving seniors more dignity.	<ul style="list-style-type: none"> <li>Ongoing; the Ministry continues to work in partnership with health authorities to eliminate multi-bed rooms in publicly funded long-term care facilities</li> </ul>
Support delivery of better care to seniors by private operators of long-term care homes by making them more accountable for the public funding they receive.	<ul style="list-style-type: none"> <li>Ongoing; the Ministry continues it’s focus on better care to seniors by private operators through increased accountability</li> </ul>



2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Improve and expand publicly funded home care to provide better care and help with daily living so that people can stay in their own homes for as long as is safely possible, receiving care from a more stable group of care aides.</p>	<ul style="list-style-type: none"> <li>• Ongoing; see Key Results under Objective <a href="#">1.2</a></li> </ul>
<p>Deliver more Urgent and Primary Care Centres and additional Primary Care Networks across B.C.</p>	<ul style="list-style-type: none"> <li>• Ongoing; significant progress has been made—see Key Results and Performance Measure under Objective <a href="#">1.1</a></li> </ul>
<p>Work with rural and Indigenous communities to ensure the success of our rural collaborative framework to deliver more immediate and culturally safe care closer to home.</p>	<ul style="list-style-type: none"> <li>• Ongoing; significant progress made — see Key Results under Objective <a href="#">1.1</a> and <a href="#">2.1</a></li> </ul>
<p>Build and modernize hospitals across British Columbia.</p>	<ul style="list-style-type: none"> <li>• Ongoing; significant progress made — see Capital Expenditures section of this report</li> </ul>
<p>Where possible and appropriate, transition long-term care aides, housekeeping, and dietary hospital workers back into the public health care system.</p>	<ul style="list-style-type: none"> <li>• Complete: housekeeping and dietary hospital workers</li> <li>• Ongoing: long-term care aides</li> </ul>
<p>Seek to further reduce wait times by optimizing surgical and diagnostic space and teams, and add additional MRI scanners where they are needed most, so B.C. can keep pace with the demand for new surgeries and diagnostic scans.</p>	<ul style="list-style-type: none"> <li>• Ongoing; significant progress made - see Key Results and Performance Measure Results under Objective <a href="#">1.4</a></li> </ul>
<p>Make British Columbia a leader in the full continuum of cancer care by launching a 10-year cancer action plan.</p>	<ul style="list-style-type: none"> <li>• Complete; plan launched February 24, 2023, see Objective <a href="#">2.2</a> Key Results</li> </ul>
<p>Implement a comprehensive health care human resources strategy, expanding training in all fields of health care and improving the province’s credential recognition process and licensing so that people trained in other countries can more quickly and easily provide their skills and knowledge here in B.C.</p>	<ul style="list-style-type: none"> <li>• Complete; strategy launched in September 2022, see Objective <a href="#">3.1</a> Key Results and summary</li> </ul>

2020 Mandate Letter Priority	Status as of March 31, 2023
Make prescription contraception free for all.	<ul style="list-style-type: none"> <li>Complete; see Key Results <a href="#">2.2</a> - work completed in 2022/23 to support free contraception as of April 1, 2023</li> </ul>
Fight for a national pharmacare program while enhancing Fair Pharmacare by continually reviewing cost thresholds and drug eligibility with the goal of bringing the cost of prescription drugs down.	<ul style="list-style-type: none"> <li>Ongoing; see Key Results under Objective <a href="#">2.1</a> and <a href="#">1.3</a></li> </ul>
With support from the Parliamentary Secretary for Anti-Racism Initiatives, draw from the work of the independent investigation into systemic Indigenous-specific racism in health care in B.C. to address systemic racism in the health care system, including by leading work with health employers and unions to prioritize the hiring of a health care workforce that better represents the diverse communities it serves.	<ul style="list-style-type: none"> <li>Ongoing; the In Plain Sight recommendations, cultural safety, and reconciliation is integrated into each health system priority and is reflected in all key results—of note is the release of the British Columbia Cultural Safety and Humility standard in June 2022, see Key Results under Objective <a href="#">2.1</a></li> </ul>
Support the Minister of Advanced Education and Skills Training to launch B.C.'s second medical school to expand our health care workforce.	<ul style="list-style-type: none"> <li>Ongoing; see Key Results under Objective <a href="#">3.1</a> (working with Ministry of Post Secondary Education and Future Skills)</li> </ul>
Support the work of the Minister of Mental Health and Addictions to improve B.C.'s response to the opioid crisis across the full continuum of care: prevention, harm reduction, safe prescription medications, treatment, and recovery, including transferring the oversight of recovery homes and other private treatment providers to the Ministry of Mental Health and Addictions.	<ul style="list-style-type: none"> <li>Ongoing; the Ministry continues to work in partnership with the Ministry of Mental Health and Addictions to improve B.C.'s response to the opioid crisis, see Key Results under Objective <a href="#">1.3</a></li> </ul>
Support the work of the Minister of Mental Health and Addictions to provide an increased level of support - including more access to nurses and psychiatrists - for B.C.'s most vulnerable by developing Complex Care housing.	<ul style="list-style-type: none"> <li>Ongoing; the Ministry continues to work in partnership with the Ministry of Mental Health and Addictions to increase support, including more access to nurses and psychiatrists, see Objectives <a href="#">1.3</a> and <a href="#">3.1</a> Key Results and Summaries</li> </ul>

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Support the work of the Attorney General and Minister responsible for Housing to address the needs of people experiencing homelessness, including those living in encampments.</p>	<ul style="list-style-type: none"><li>• Ongoing; the Ministry continues to work in partnership with the Ministry of Mental Health and Addictions and the Ministry of the Attorney General to address the needs of people experiencing homelessness, see Objective <a href="#">1.3</a> Summary</li></ul>

