

Ministry of Health

2023/24
Annual Service Plan Report

August 2024



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Minister's Accountability Statement



The Ministry of Health 2023/24 Annual Service Plan Report compares the Ministry's actual results to the expected results identified in the 2023/24 - 2025/26 Service Plan published in 2023. I am accountable for those results as reported.

A handwritten signature in black ink, appearing to read "Adrian Dix". The signature is stylized and fluid.

Honourable Adrian Dix
Minister of Health
August 28, 2024

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Letter from the Minister

It is a privilege to serve as Minister of Health, and to present this 2023/24 Annual Service Plan Report, which showcases our progress throughout the year to improve access to health-care services for people in British Columbia (B.C.).

A diverse, growing population is vital for creating thriving communities. It also brings increased demands on our health-care system. That's why we've taken significant action to bolster staffing, build new and expanded facilities, expand preventative services, and address the complex health challenges that people face.

Focusing on patient-centred, team-based care, we've added more urgent and primary care centres and primary care networks. Through a new payment model and incentives program, hundreds more family doctors are serving patients, and through the Health Connect Registry, we've helped tens of thousands of patients get a primary care provider.

With provincial funding toward emergency health services, we have increased BC Emergency Health Services staffing, training and mental-health supports, as well as taken action to improve equitable access to ambulance services around the province.

One-year into [B.C.'s 10-Year Cancer Care Action Plan](#), focused on preventing and detecting disease, we've launched Canada's first self-collect cervical screening test, invested in cancer care travel programs, added more dedicated cancer care staff to the health-care system, and announced new cancer care centres.

We continue to make significant progress on [B.C.'s Health Human Resources Strategy](#), including enabling pharmacists to provide prescriptions to minor ailments and contraceptives, hiring all relational security officers, and implementing a new staffing model for nurses resulting in better patient care and improved working conditions for nurses.

In all areas of care, we continue to ensure the health-care system is safe for everyone. This includes embedding cultural safety and anti-racism practices in the design and delivery of health-care services across the sector.

Our priority remains to strengthen our health-care system. The Ministry of Health will continue to create innovative solutions with our partners to achieve results for people and strengthen access to the care people rely on, now and into the future.



Honourable Adrian Dix
Minister of Health
August 28, 2024

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 [2022 Mandate Letter](#) shaped the goals, objectives, performance measures and financial plan outlined in the [Ministry of Health 2023/24 - 2025/26 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 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 (HAs) are the organizations primarily responsible for health service delivery. Five regional HAs 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 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 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 governing bodies and organizations to address and close 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), to support the health and wellness of Métis peoples, and with partners such as the BC Association of Aboriginal Friendship Centres to support the health and wellness of urban Indigenous Peoples in the province. The Ministry recognizes that the implementation of B.C.'s [Declaration of the Rights of Indigenous Peoples Act](#) (Declaration Act) and the goals and outcomes articulated under the Declaration Act [Action Plan](#) reaffirm the Province's commitments to advance reconciliation in tangible and measurable ways. The obligations and commitments for change necessitate an evolving conversation and meaningful action from the perspectives of the HAs, the Province, First Nations, Métis, and Inuit people. Relationship building with the acknowledgement of rights holders must be a foundational understanding across government, demonstrated through evolving and existing partnerships that respect and honour those rights, and by establishing new pathways where needed and agreed upon. Underpinning this is the ongoing work across HAs and with other key partners to eliminate Indigenous specific racism through the recommendations of the [In Plain Sight Report \(IPS\)](#) and implementation of the new [BC Cultural Safety and Humility Standard](#).

The Ministry is 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

Like other jurisdictions in Canada and internationally, there are trends, risks, and opportunities impacting British Columbia's health system. In B.C., and around the world, health needs are increasing and becoming more complex, adding pressure on the health system.

In addition to impacts from health emergencies such as the highly toxic illicit drug supply, extreme weather events and the long-term impacts of the COVID-19 pandemic, the demographics in B.C are also shifting and fueling unprecedented demand for health care. From July 1, 2022, the population of B.C. has experienced an annual growth of 3 percent, marking the highest annual increase since 1974. There are also more people migrating to B.C. and the senior's population continues to grow and has surpassed 1 million.

With an aging and growing population, it is crucial to strengthen the health sector workforce by recruiting and retaining more people and fostering inclusive, safe, and welcoming environments. Having a diverse, skilled, and engaged workforce is pivotal to improving access to timely and accessible health services in primary care, hospital services, cancer care and ambulance services. A strong workforce is at the heart of a robust system that is able to respond to ongoing and new challenges and complexities.

Although many people in B.C. enjoy excellent population health status and are resilient in times of crisis, the Province continues to focus on disease prevention and the social determinants of health, and the quality of the health system's services. There is an opportunity to support and further strengthen population health, as well as ensure supports and services are accessible, timely, and meet the needs of the people in urban/metro, rural and remote communities.

There is an urgent need to improve health outcomes for Indigenous Peoples (First Nations, Métis, and Inuit) to break the cycles of systemic racism in the health system, employ a distinctions-based approach to support enhanced understanding that better meet the needs of Indigenous Peoples, and to retain and recruit Indigenous Peoples to work within the health sector. 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 Province recognizes that reconciliation, cultural safety, and humility must be a priority within B.C.'s provincial health system and our journey will be guided by our commitments in the Declaration Act Action Plan and the recommendations of the [In Plain Sight Report](#), the [Truth and Reconciliation Commission Calls to Action](#), and the [BC Cultural Safety and Humility Standard](#).

Additional trends that impact B.C.'s health system include the current financial climate and the rapid advancement of technology. The demand for virtual care continues to increase. Virtual care can be highly beneficial to patients; however, it can also create obstacles for those who lack access to technology, or face other challenges with participating in virtual communication.

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

Report on Performance: Goals, Objectives, and Results

The following goals, objectives and performance measures have been restated from the 2023/24 – 2025/26 service plan. For forward-looking planning information, including current targets for 2024/25 – 2026/27, please see the latest service plan on the [BC Budget website](#).

Goal 1: Primary and community care services are integrated, accessible, and well-coordinated within the health system

Objective 1.1: Timely access to team-based, culturally safe and comprehensive primary care services¹

This objective focuses on the Ministry's ongoing commitment to support timely access to longitudinal, relationship-based primary care services² for those in B.C. who wish to be attached to a family physician or nurse practitioner, as well as ensure access to episodic primary care services for those who are unattached or need urgent or after-hours access to services. This objective also focuses on the continued improvement of equitable access to primary care services by Indigenous Peoples throughout the province, the provision of appropriate community care services, and how the Province will support family doctors in delivering their services.

Key results

- More people have access to primary care through the introduction of new payment models and incentives, including access to more longitudinal primary care family doctors in 2023 than during the year before. The Longitudinal Family Practice Payment Model (LFP) provides greater flexibility for family doctors to care for their patients, both virtually and in-person and more than 4,089 family physicians registered for LFP in its first year. In addition, 110 recently graduated physicians registered for New to Practice (NTP) Incentives Program in 2023/24, bringing the total to 246 NTP physicians supported through the program.
- In 2023/24, to support the continued implementation of team-based care, an additional 375 health professional full-time equivalents (FTEs) were recruited into primary care network communities, including 72 nurse practitioners (NPs), 83 nurses and 93 allied health professionals.

¹ Primary Care is a person's first point of contact with the health-care system where the majority of health problems are treated, and coordinated continuing care occurs with specialists as needed.

² Longitudinal Primary Care is a continuing relationship between patients and their family doctor or nurse practitioner focused on ongoing health and wellness (regardless of the presence or absence of particular problems or illnesses).

- To improve access to primary care, 14 more primary care clinics were opened or approved for funding in 2023/24, including the opening of 3 new Urgent and Primary Care Centres (UPCCs), (for a total to 33 operating), the opening of 5 new Community Health Centres (CHCs), (for a total of 11 funded by government under the primary care strategy), and the approval of 6 First Nations-led Primary Care Centres (FNPCCs), (for a total of 8 Centres open or approved for funding).
- Efforts to attach more people to a family physician or nurse practitioner continued in 2023/24 with the launch of the Provincial Attachment System in July 2023, which supports improvements to better match patients with available providers and better measure and manage attachment in our province.
- The scope of practice for pharmacists was expanded in June 2023 to include 21 minor ailments and contraceptives. By the end of 2023/24, 261,027 patients visited a pharmacist about a minor ailment, including 49,575 visits for free contraception. Across the province, 1,410 pharmacies participated.
- As the province continued to increase the organizational capacity of the primary care sector, 17 new Primary Care Networks (PCNs) were added in 2023/24. PCNs improve access to a full range of health-care options from maternity to end-of-life, streamline referrals from one provider to another, and provide support to family doctors, nurse practitioners and other primary care providers.

Summary of progress made in 2023/24

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.

Through new payment models and incentives, more family doctors and nurse practitioners were available to provide primary care to people in B.C. New payment models and incentives in 2023/24 include LFP, NTP and the Nurse in Practice program, which provides eligible family practices funding to hire Registered Nurses and Licensed Practical Nurses.

More primary care clinics were opened across the province, including UPCCs and CHCs, and planning continued for several more FNPCCs to be added in the future. To support people in B.C. in search of a family doctor or nurse practitioner, the Ministry established the Provincial Attachment System in addition to the Health Connect Registry (HCR) to support better matching of patients with available primary care providers. As of the end of 2023/2024, nearly 58,000 people have been connected to primary care through the HCR.

Care for those without access to a family doctor or nurse practitioner also increased by changing the scope of practice for pharmacists, who can now provide prescriptions for 21 minor ailments and access to free contraceptives. In addition, virtual care options continued to expand.

To improve the coordination of primary care clinics and services, the Ministry continued to add PCNs with the long-term goal of having full geographical coverage across the entire province by April 2025. As of March 31, 2024, there were a total of 79 PCNs in implementation.

In addition, the Ministry continued to work towards reconciliation with Indigenous peoples, including through working together with First Nations and the FNHA on contributions to the First Nations-led Primary Care Centres to further increase access to culturally safe health services.

Objective 1.2: Increase access to community-based care, including specialized services for adults with complex care needs and frailty

This objective focuses on high-quality community-based care including specialized services for patients with complex care needs and/or frailty, including seniors. 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 primary care delivery. The provision of accessible services supports the people of B.C. to receive dignified and culturally appropriate care, embedding a person-centred approach within all health-care service delivery.

Key results

- Signed a [bilateral agreement](#) with the Government of Canada to invest \$733 million over the next five years to help people in B.C. age with dignity, at or closer to home, through improved access to home and community care and long-term care (LTC). This will support a 5-year action plan to improve health care for seniors, focusing on expanding home and community care services, improved access to quality and culturally appropriate health-care services improving availability of palliative and end-of-life care and improving quality of LTC services.
- The Ministry is focused on investing in health human resources through the Health Career Access Program (HCAP) to ensure the home and community care sector has the workforce it needs to enable care that is accessible, high-quality, and person-centred. For the fiscal year ending March 31, 2024, there were a total of 2,123 HCAP hires into the HAs, including 658 hires into home health settings (home support), and 1,465 hires into assisted-living and long-term care settings.
- The Ministry implemented two Provincial Forums for Resident and Family Councils to discuss systemic issues, promote best practices, and advance quality of life for residents of LTC homes. Resident and Family Councils ensure a greater voice for long-term care residents and their families, and strengthen the partnerships between residents, families, long-term care home operators, HAs and the Ministry.
- The provincial government continues to invest in the redevelopment and replacement of long-term care homes. As of March 2024, eight project business plans have been approved and publicly announced as part of the Ministry's LTC capital renewal and expansion initiatives, such as projects in Vancouver, Colwood, Abbotsford, Richmond, Nanaimo, Delta, Campbell River, and Cranbrook.
- To support staying at home longer, continued increasing healthy aging resources for seniors and their families, including refreshing the [HealthLinkBC's Aging Well](#) site pages to promote HealthLinkBC resources, and increase utilization of the site.

Summary of progress made in 2023/24

The Ministry continued to focus on delivering health services for adults with complex care needs and frailty, including seniors, that are dignified, high-quality, culturally safe, and appropriate. Significant investments were announced in 2023/24 that will expand and improve the quality of care for this population.

The Ministry continues work to align [B.C.'s Health Human Resources \(HHR\) Strategy](#) with UNDRIP, the Declaration Act, the IPS report, and the [BC Cultural Safety and Humility Standard](#). Strategic actions include Indigenous-specific recruitment and leader recruitment and expansion of cultural safety and humility training for health-care workers.

Objective 1.3: Expand with key partners an accessible network of mental-health and substance-use supports

This objective focuses on strengthening access to mental-health and substance-use services, including the response to the highly toxic illicit drug supply by building an integrated and well-coordinated system of services across B.C. Expanding the network of supports will include ensuring access and strengthening the quality of services, coordination, and integration of community-based supports, including a focus on enhancing child and youth mental-health and substance-use services.

Key results

- Collaborated with the Ministry of Mental Health and Addictions (MMHA) to expand the reach of substance-use treatment supports, including universal coverage for opioid agonist treatment (OAT) through the BC PharmaCare program, and a new certified practice to enable nurses (RNs) and registered psychiatric nurses (RPNs) to prescribe OAT. As of March 2024, 98 RNs and 38 RPNs were granted a certified practice designation for opioid use disorder through that process, enabling better access to OAT, particularly in rural and remote communities. In the month of March 2024 there were 2,063 OAT prescribers across B.C.
- Launched the expansion of the Health Career Access Program in November 2023, to train up to 500 mental-health and addictions workers across the province over the next three years, with 30 participants currently enrolled in a Community Mental Health Worker certificate from the interior, the north, and the island.
- Continued implementation of mental-health and substance-use coordinated outreach services to persons experiencing homelessness across the province through over 350 full-time equivalent clinical and support staff hired across communities and serving over 4,877 unique clients and across B.C. in just the fourth quarter of 2023/24.

Summary of progress made in 2023/24

The Ministry, working with the MMHA 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 includes involvement in the [Supported Rent Supplement Program](#), a key initiative of the provincial homelessness plan, [Belonging in BC](#), which pairs the federally funded Canada-BC Housing Benefit with wraparound health, social, and cultural supports for people experiencing or at risk of homelessness. The Ministry works with the HAs to implement an array of clinical services as a part of this program, including coordinated mental-health and substance-use services, harm reduction, public health, and primary care services as described in the [Integrated Support Framework](#).

In 2023/24, continued to focus on wraparound supports, including the opening of:

- 110 new transitional units in Vancouver’s Downtown Eastside and another 10 units in Squamish with 24/7 support services in partnership with Vancouver Coastal Health to help address housing, health, and social needs of persons experiencing or at-risk homelessness within Vancouver’s Downtown Eastside.
- A new, dedicated mental-health and substance-use treatment area within the expanded emergency department at Peach Arch Hospital, supporting people presenting to hospital with a quiet and calming environment to receive care.
- Seven Sisters at Mills Memorial Hospital in Terrace. Seven Sisters is a regional mental-health facility that provides long-term rehabilitation and recovery programs for adults living with serious and persistent mental illness.

The Ministry has also worked in partnership with the MMHA to advance Declaration Act Actions and IPS Recommendations relating to mental-health and wellness and cultural safety, including working to increase the availability and accessibility of culturally safe substance-use services. The Ministry has also worked to strengthen the partnership with Métis Nation BC (MNBC) to address shared Métis Health and wellness priorities. In December 2023, MNBC and the Office of the Provincial Health Officer refreshed their mutual [Letter of Understanding](#).

Performance measures and related discussion

Performance Measure	2022/23 Actual ²	2023/24 Target	2023/24 Actual
[1a] Access to Primary Care Services – Number of Visits ¹	26,700,000	27,000,000	See below

Data source: Medical Services Plan and Urgent and Primary Care Centre reporting

¹PM [1a] targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 28,000,000 and 29,000,000, respectively.

²As of Q4 2022/23.

Access to primary care services is undergoing a change with the introduction of the new LFP payment model, the expansion of team-based primary care, and access to pharmacists to address minor ailments that previously required a visit with a family practitioner, all of which will require changes in how the Ministry tracks and reports access to primary care services.

With the introduction and implementation of the new LFP payment model in 2023/24, there has been a gradual change in how family practice is compensated with an increase in reported time per visit versus the traditional focus on patient volumes under the previous fee-for-service model. Claims with more than one diagnosis code per visit nearly doubled between 2022/23 and 2023/24 from 9.8 percent to 18.2 percent of claims. The difference of 8.4

percentage points equates at least 2 million visits avoided in 2023/24 compared to 2022/23. In addition, LFP physicians are now compensated for spending more time managing individual patient care, such as reviewing test results, requisitioning lab tests, planning care, and proactively screening.

With the continued expansion of team-based primary care, the number of interactions patients have with primary care providers continues to change with increased access to nurses, pharmacists, allied health professions (e.g., mental health clinicians, clinical social workers, occupational therapists, etc.), and Indigenous traditional healers. The growth in clinical primary team care providers (nurses, allied health and Indigenous health providers and pharmacists) increased from 848.8 FTE primary care providers in 2022/23 to 1,039.1 FTE primary care providers in 2023/24. This was a 22 percent increase. Currently only 20 percent of the interactions with nurses are captured through Teleplan and with the number of interactions per hour varying for nurses (3–4 RN/LPN interactions per hour) versus allied health and Indigenous traditional healers (1–2 interactions per hour). As such, only an estimate can be provided for 2023/24. Based on the above, it is estimated that there were between 1.5 to 2.3 million additional interactions with primary care nursing, allied health providers, Indigenous traditional healers, and pharmacists in 2023/24.

The number of patients accessing primary care services via community pharmacies, for minor ailments and contraception reached 346,276 visits in 2023/24.

In total it is estimated that there were between 26.6 to 27.4 million primary care visits and interactions in 2023/24 in terms of overall access to primary care services. A refreshed performance measurement system will be designed for implementation in 2025/26 that is more appropriate for team-based primary care based on a consistent methodology across all primary care service settings.

Performance Measure	2016/17 Baseline	2022/23 Actual ²	2023/24 Target	2023/24 Actual ³
[1b] Number of people admitted to hospital for a chronic disease per 100,000 people aged 75 years and older ¹	3,360	2,310	2,700	2,270

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2023

¹PM [1b] targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 2,650 and 2,650, respectively.

²As of Q4 2022/23, annualized age standardized rate, data has been restated since the publication of the 2022/23 Annual Service Plan Report.

³Annualized age standardized rate as of Q2 2023/24.

This performance measure tracks the number of people 75 years of age and older admitted to hospital for a chronic disease such as asthma, chronic obstructive pulmonary disease, heart disease or diabetes. Lower admission rates indicate that patients can access the appropriate care in the community to support them to be healthier and stay at home longer. The proactive upstream prevention, disease management, and community-based services support individuals to maintain functioning and to reduce complications that could otherwise require higher-level medical care, such as emergency department visits and hospitalizations. The

available data for 2023/24 shows the current rate is performing better than target (i.e., is lower). This rate remains lower than those seen prior to COVID-19.

Performance Measure	2017/18 Baseline	2022/23 Actual ²	2023/24 Target	2023/24 Actual ³
[1c] Potentially inappropriate use of antipsychotics in long-term care ¹	25.4%	29.0%	25.0%	29.4%

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

¹PM [1c] targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 21.0% and 18.0%, respectively.

²As of Q4 2022/23, annualized risk adjusted rate, data has been restated since the publication of the 2022/23 Annual Service Plan Report.

³Annualized risk adjusted rate as of Q3 2023/24.

This performance measure identifies the percentage of long-term care residents who are prescribed antipsychotic medications without a diagnosis of psychosis. Currently there is no medication targeting treatment of dementia. Antipsychotic medications may be appropriate in improving quality of life and reducing distress experienced by some long-term care residents who otherwise do not respond to non-pharmacological strategies for relief of behavioral symptom such as severe agitation.

Nationally, or internationally, there is no clear optimal target for the current performance measure due to evolving resident complexity and rising rates of dementia. The Ministry is strengthening the monitoring and oversight of the use of antipsychotic medications in the long-term care settings through the implementation of a provincial policy that provides clear expectations and accountabilities for HAs and contracted LTC service providers. The policy establishes an evidence-based, person-centered standardized approach and formalizes adherence to the Best Practice Guidelines for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia.

Performance Measure	2022/23 Actual ²	2023/24 Target	2023/24 Actual ³
[1d] Percentage of people admitted for mental illness or substance use who are readmitted within 30 days ¹	15.3%	13.8%	14.8%

Data source: B.C. Ministry of Health Discharge Abstract Database

¹PM [1d] targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 13.7% and 13.6%, respectively.

²As of Q4 2022/23, data has been restated since the publication of the 2022/23 Annual Service Plan Report.

³As of Q2 2023/24.

The Ministry continues to work with the MMHA 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. The Ministry, working with the MMHA, will continue to support HAs in reducing hospital readmission rates due to severe mental illness and/or substance use.

Goal 2: Regional and provincial health-care services meet the diverse needs of all in British Columbia

Objective 2.1: Provide timely access to ambulance services to meet the needs of all in B.C.

New to the 2023/24 – 2025/26 Service Plan, this objective focuses on how the Ministry will support the PHSA and BC Emergency Health Services (BCEHS) in delivering timely out-of-hospital care and ambulance services to individuals across the province.

The Ministry continues to consult the PHSA, BCEHS and partners, as well as provide targeted funding to help BCEHS transform ambulance services in B.C. Provincial funding has made it possible for BCEHS to add more paramedics, provide training and mental-health supports to staff, and expand their fleet to help more people across the province.

Key results

- BCEHS responded to 596,014 911 events and completed 71,198 inter-facility patient transfers in 2023/24.
- BCEHS consistently answers calls to 911 in nine seconds or less. At the end of 2023, BCEHS answered the most life-threatening 911 calls two times faster compared to 2022/23, through the implementation of a priority 911 queue.
- In 2023/24, BCEHS added 1,325 in-service hours per day across the province, a 19 percent increase compared to 2022/23. This was supported by hiring 828 new staff in 2023.
- In November 2023, BCEHS transitioned to new staffing models in 60 rural and remote communities to better meet the needs of employees and residents they serve.
- BCEHS and the Ambulance Paramedics and Ambulance Dispatchers worked to implement the new February 2023 collective agreement that includes a general wage increase, targeted hourly rate increases for specific classifications, shift premiums, and an increase to on-call wages by \$2.00 to \$12.00.

Summary of progress made in 2023/24

To improve ambulance services for patients in B.C., the Province, BCEHS and CUPE 873/APBC have worked together to strengthen the workforce, while ensuring they have the support needed, adding more ambulances, improving response times, and better supporting rural and remote communities.

Objective 2.2: Timely access to hospital, surgical, and diagnostic services throughout the province

This objective focuses on strengthening services that will ensure access to person-centred care in both rural/remote and urban/metro areas. Strategies demonstrate planned efforts to

reduce wait times, manage patient capacity and patient flow, and to support increased access to hospital services, including surgical and diagnostic procedures. This objective also focuses on the ongoing commitment to deliver these services efficiently and effectively to those who need them most.

Key results

- B.C. was ranked first in Canada for the percent of patients meeting clinical benchmark for cataract surgeries, and second nationally for the percentage of patients meeting clinical benchmarks for hip and knee replacements, in the [March 2024 Canadian Institute for Health Information Report](#).
- There were 365,825 scheduled and unscheduled surgeries completed in 2023/24 including 284,844 scheduled surgeries, an increase of 14,939 scheduled and unscheduled surgeries compared to 2022/23.
- In summer 2023, all 24,485 patients who were booked for surgery and postponed due to COVID-19 – and who remained ready, willing, and able to receive treatment on a planned date – had received or been rescheduled to receive their surgery.
- Since April 1, 2023, 692 surgical specialty nurses completed their training.
- In 2023/24, HAs delivered more exams, and more accessible diagnostic services to British Columbians. More than 322,000 MRI exams and 994,000 CT exams were completed in B.C.
- To meet demands from growing population, provincial funded base acute care beds increased by 7.9 percent from 9,202 to 9,929 beds. During fall/winter 2023/24, HAs had an additional 1,500 surge beds that could be activated, if needed.

Summary of progress made in 2023/24

The Ministry has made significant progress to expand hospital, surgical, and diagnostic services so patients throughout the province have equitable access to the care they need. Since launching the [Surgical Renewal Commitment](#) in 2020, HAs have been implementing initiatives to increase operating room time and capacity, to overcome the COVID-19 pandemic and nationwide health human resource challenges, as well as the environmental impact of floods and wildfires on the health system.

Expanding existing capacity of diagnostic services, and adding new scanners was coupled with efforts to increase medical imaging staff. This included the development of a new direct-entry diploma program to train more MRI technologists. The program was launched in January 2023 with the first graduates expected in 2025. To support growing demands for medical imaging, the Province purchased and now operates a mobile MRI and CT scanner to support maintenance downtime and scanner replacement projects across the province. When the scanners are not deployed, they will be used to reduce patient wait lists across B.C.

In fall 2023, Health Gateway registered users were provided access to many of their diagnostic imaging reports. This means that patients are able to access the same imaging report as their care provider. The [Health Gateway](#) provides patients in B.C. with secure and convenient online access to their health records.

Objective 2.3: Improve access to cancer care services across the entire continuum of cancer care

This objective focuses on providing effective services to meet the changing needs and the rapid advancements in treatment options in cancer care. To improve access to cancer care services, the Province is focused on linking a person-centred system of regional and provincial specialized services. These services are delivered by providers such as the PHSA and BC Cancer, to support the full spectrum of cancer care including prevention, screening, diagnosis and treatment, research, and education, as well as palliative care. These efforts include working with BC Cancer and regional HAs, to implement [B.C.'s 10-Year Cancer Care Action Plan](#) with a focus to secure a cancer free future for more people by expanding access to diagnosis and treatment services.

Key results

- Launched Canada's first self-collect cervical cancer screening test, removing barriers to access, and encouraging more women and vulnerable populations to get screened, including in more rural and remote communities. Between January 29 and March 31, 2024, 29,724 self-screening kits were distributed.
- Chimeric Antigen Receptor T-Cell (CAR-T) Therapy is now available in-province, bringing treatment closer to home for up to 25 patients per year. CAR-T therapy is the standard of care for cancer patients affected by certain advanced leukemia and lymphoma.
- New state-of-the-art cyclotron and radiopharmacy laboratory announced in Vancouver to support the expanding volume of PET/CT scans.
- In 2023/24, 92 additional cancer care physicians were hired, including 71 oncologists, representing an increase of 16.2 percent net new physician FTE capacity. An additional 32 radiation therapists were also hired.
- Enhanced school-based and public health-led immunization programs were implemented to support B.C.'s 10-Year Cancer Care Action Plan. All participating schools in B.C. received at least one additional school-based immunization clinic by January 2024 to provide more opportunities for students to receive the Human papillomavirus (HPV) vaccine. As well, the Province launched a provincial communications campaign in winter 2023 to inform the public about the benefits of getting immunized with the HPV vaccine and the publicly funded HPV immunization program.

Summary of progress made in 2023/24

The demand for cancer care continues to rise in B.C. due to a growing and aging population. In 2023/24, there were more than 5.8 million people living in the province, an increase of almost 10 percent since 2020/21. There are also increasing rates of cancer among young people and a greater number of people with cancer living longer who require ongoing care.

To meet this growing need, the Province has taken action to build capacity and expand access to cancer care services for people living in B.C.

In 2023/24, the Province committed \$270 million over three years to the 10-Year Cancer Care Action Plan to support immediate steps to better prevent, detect and treat cancers. A further \$20 million went to support people who need to travel for cancer care, through partnerships with The Canadian Cancer Society and Hope Air. The [Year-One Progress Report](#) on the 10-Year Cancer Care Action plan details actions taken and achievements made from April 1, 2023 – March 31, 2024.

Government will continue expanding cancer care through the action plan to better prevent, detect and treat cancers today, and to meet growing future demand. The Province announced new cancer centres coming to Surrey, Burnaby, Nanaimo and Kamloops, which will bring the total number of regional cancer centres in B.C. to ten once constructed. Investments in research, technology, and innovation will continue to strengthen cancer care in B.C. and deliver more innovative, evidence-based care for people when and where they need it.

In support of the person-centred system of care, in 2023/24 the Ministry focused on establishing additional patient navigator support positions at the regional cancer centres to assist patients who identify as First Nations, Métis, or Inuit in receiving care that is trauma informed and culturally safe. Cultural competency is also being prioritized through efforts to increase the uptake of formal cultural competency training by health-care workers, and collaboration with Indigenous partners to develop robust data and reporting that drives quality improvement.

Performance measures and related discussion

Performance Measure	2022/23 Actual ²	2023/24 Target	2023/24 Actual ³
[2a] Ambulance In-Service hours ¹	2,452,350	2,600,000	2,903,290

Data source: BCEHS

¹PM [2a] targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 2,700,000 and 2,800,000, respectively.

²Data based on fiscal year 2022/23 (April 1, 2022 to March 31, 2023).

³Data based on fiscal year 2023/24 (April 1, 2023 to March 31, 2024).

To respond to increasing demand for ambulance service, BCEHS has increased in-service hours. In-service hours provide an indication of patient care service across the province. They demonstrate the ability to hire, retain, and schedule staff to meet the population’s need. In-service hours are an important indicator of system readiness. BCEHS has added 1,325 in-service hours per day across the province, a 19 percent increase compared to 2022/23.

BCEHS hired 828 paramedics, emergency medical responders, and dispatch staff in 2023/24. Of the 828 total, 732 are paramedics. This compares to the 666 paramedics hired in fiscal year 2022/2023, and 277 paramedics hired in fiscal year 2021/2022. BCEHS has continued to add new full-time and part-time permanent paramedic, emergency medical responder, and dispatch positions. It is through actions like the above that BCEHS continues to increase service levels for patients across B.C.

Performance Measure	2016/17 Baseline	2022/23 Actual ²	2023/24 Target ³	2023/24 Actual ⁴
[2b] Total Operating Room Hours ¹	545,419	613,534	682,700	652,845

Data source: AnalysisWorks' Lighthouse

¹PM [2b] targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 689,600 and 696,700, respectively.

²Data includes only one NHA site, UHNBC. Data based on fiscal year 2022/23 (April 1, 2022 to March 31, 2023).

³2023/24 Target only includes OR Hours for one NHA site, UHNBC.

⁴Data based on fiscal year 2023/24 (April 1, 2023 to March 31, 2024) and includes all NHA hospitals (over fiscal 2023/24, all NHA sites moved to electronic monitoring of OR hours). Total OR hours including only UHNBC for NHA was 635,050.

All HAs have implemented the additional surgical capacity required to recover lost surgeries and meet the needs of patients for whom surgery has been identified as necessary. Capacity is being increased beyond the 2019/20 pre-COVID-19 surgical activity by extending weekday and weekend operating room (OR) hours, expanding summer capacity and reducing seasonal slowdowns, improving operating room efficiency, opening new and unused operating rooms, and contracting private surgical centres that agree to follow the [Canada Health Act](#). In 2023/24 HAs gained 52,614 OR hours over the pre-COVID (2019/20) standard, the equivalent of 29 ORs. In January 2024, HAs delivered the highest number of surgeries ever achieved in one week – delivering 7,952 surgeries between January 28th and February 3rd.

Goal 3: A high-quality sustainable health-care system supported by a skilled and diverse workforce, and effective and efficient systems and structures

Objective 3.1: A sustainable, skilled and diverse health sector workforce supported by a healthy, safe, and engaging health-care setting

This objective has expanded to demonstrate the Ministry's continued focus on health, safety, and engagement for the health-care workforce. This objective also focuses on optimizing, growing, and diversifying the province's health sector workforce. The Ministry continues to support the inclusion of Indigenous priorities in health-care workforce planning, including hiring a workforce that better represents the diverse communities it serves. The Ministry's focus on health system human resources is also reflected by the implementation of the multi-year [HHR Strategy](#).

Key results

- To ensure health and safety at health-care facilities across the province, the Ministry successfully implemented the Relational Security Initiative, an in-house relational security model that ensures personnel have an acute awareness of patients and their surroundings, to anticipate, de-escalate and prevent aggression. This model embeds

trauma-informed and Indigenous cultural safety practices, at 26 designated health-care settings across the province, through the hiring, onboarding, and training of 320 Relational Security Officers and 14 Violence Prevention Leads.

- The Health Career Access Program (HCAP) continues to perform as a successful conduit for entry into health-care professions. In 2023/24, more than 2,000 individuals were recruited into HCAP to work in a non-clinical role (health-care support worker) while training to become Health Care Assistants, including approximately 200 who self-identify as Indigenous.
- Built capacity to train more physicians across the province by working in partnership with the Ministry of Post-Secondary Education and Future Skills to support the development of a second medical school for B.C. at Simon Fraser University (SFU). The University of British Columbia's Faculty of Medicine also added undergraduate and postgraduate medical education seats, further building B.C.'s capacity to train more physicians.
- Partnered with Northern Health to expand [GoHealth BC](#) – the provincial travel resource pool. GoHealth BC has pioneered a provincially coordinated travel nursing service and will soon expand to include select allied health occupations.
- In collaboration with the Vice Presidents of Indigenous Health, the Ministry has funded the HAs and Providence Health to advance Actions 11 and 46 of B.C.'s HHR strategy. These actions are intended to improve the experience of Indigenous employees and create an Indigenous recruitment strategy to recruit, train, and retain Indigenous students and employees in the health system. Funding through B.C.'s HHR Strategy will enable the Vice Presidents of Indigenous Health to develop new leadership roles, increase support for key initiatives, and undertake urgent work to align with the Health Standards Organization Cultural Safety and Cultural Humility Standard.

Summary of progress made in 2023/24

[B.C.'s HHR Strategy](#) envisions a health system that puts people first – fostering workforce satisfaction and innovation to ensure health services are accessible to everybody in B.C., now and in the future. The strategy supports patients by ensuring they get the health services they need and are cared for by a healthy workforce. It focuses on 70 key actions to retain, recruit, and train health-care workers, while redesigning the health-care system to foster workplace satisfaction and innovation.

In year one (Fiscal Year 2023/24), four areas of focus were prioritized:

- 1) Responding to urgent pressures and preventing service disruption.
- 2) Expanding and modernizing priority education and training to build for the future.
- 3) Adding workplace supports to attract and retain talent and keep people safe.
- 4) Improving credential recognition for internationally educated health-care workers in alignment with Bill 38, The International Credentials Recognition Act.

As of the end of fiscal year 2023/24, 54 actions are either complete or underway and 16 are in planning. Additional highlights of work in 2023/24 include: launching the provincial rural

retention incentive in 56 new communities – bringing the total to 74; delivering more than 155,000 hours of nursing care through GoHealth BC (the provincial travel staffing pool); registering more than 1000 internationally educated nurses; reaching out with a new provincial recruitment campaign that profiles B.C.'s health-sector advantage and streamlines the job search; and launching new tuition credits for Indigenous students and other students enrolled in priority health sector education programs.

These achievements are the result of sustained effort on the part of our health-care workers and implementation partners and reflect the collaborative and transformative nature of the Strategy. At the end of year one of implementation, the strategy is on-track to deliver significant benefits for B.C.'s provincial economy while addressing job satisfaction, workloads, cultural safety, representation, and equity. These objectives will also support sustainability by retaining and stabilizing the health workforce rather than focusing solely on creating net-new positions in a constrained labour market.

In 2023/24, the Ministry also continued to work to align [B.C.'s HHR Strategy](#) with UNDRIP, the Declaration Act, the IPS report and recommendations, and the [BC Cultural Safety and Humility Standard](#), with strategic actions focusing on establishing a provincial organizational standard for cultural safety and humility, Indigenous-specific recruitment and retention, Indigenous leader recruitment and support, health force worker cultural safety and humility training, and implementation of a Master of Nursing in Indigenous Health program.

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 system to focus on innovation using a system-wide approach for both clinical and administrative practices. Innovative approaches are critical to the long-term sustainability of B.C.'s health system, and to support an equitable approach to meet the health needs of all in the province. This includes continuing to support and promote the application of an equity lens for the design and delivery of health-care services and programs, to embed cultural safety, anti-racism, and equity for Indigenous Peoples, immigrants, racialized groups, persons with disabilities, the 2SLGBTQIA+ community, and other populations facing systemic inequities.

Key results

- Investment of \$4.2 million to create a six-bed unit for Phase 1 clinical trials at Mount Saint Joseph Hospital in Vancouver, which is operated by Providence Health Care, to be operational in late 2024. The Province has provided \$2.4 million to the University of British Columbia to support the establishment of an endowed research chair focused on accelerating the province's capacity to design and conduct trials of next-generation therapeutics.
- Led the design and development of an innovative program named "Long Term Care@Home" to support seniors to age in place safely and comfortably, implemented at two pilot sites in spring 2024.

- Completed a Ministry of Health Climate Action Plan, which advances a proactive and coordinated approach to climate mitigation and adaptation across the Ministry's diverse program areas and divisions.
- Advancement of the Research Approvals Processes Project, a Ministry initiative, in partnership with the HAs, aimed at streamlining approval processes for research projects (including behaviour, clinical, and clinical trials) occurring across more than one health authority. These research approvals include ethics, privacy, data access and sharing, contracts, and operational approvals.
- Work is underway to address gaps in health-care services experienced by women, trans, and non-binary people, including significant progress in making prescription contraception free, through enabling pharmacists to prescribe contraceptives and increasing compensation for physicians performing IUD insertions and vasectomies.

Summary of progress made in 2023/24

The Ministry continues to advance an integrated and well-coordinated health system that meets the health needs of all in British Columbia. Through research, innovation, and collaborative partnerships, the Ministry enhances population health and provides high-quality patient health-care in support of a sustainable health-care system.

In October 2023, the Ministry's IPS Task Team released their 24-month report on progress towards implementing the 24 recommendations of the IPS report. The Ministry is continuing to advance implementation of the recommendations and eliminating Indigenous-specific racism and discrimination from the B.C. health-care system and instituting a culturally safe and accessible model of care.

Objective 3.3: Modernize digital health-care services and tools to provide a connected, safe and trusted system

This objective focuses on supporting the health-care workforce and people of B.C. in a way that enables all in B.C. to feel connected, safe, and knowledgeable when using digital health services and tools. This includes supporting and encouraging education, training, and activities to promote adoption of technology and digital literacy. This objective also focuses on data informed health-care programs and increasing efficiency and effectiveness of health services through new technology and information systems.

Key results

- Implemented BC Cancer Cervix Self-Screening letters and web reminders online, promoting proactive health care.
- Expanded diagnostic imaging reports available across all HAs, improving access to patient health information.
- Established new governance supporting provincial strategy engagement and patient-facing digital initiatives, aligning with the Connected Patient Experience vision.

- Engaged and incorporated patient advisory group feedback on the implementation approach to refresh the Health Gateway, enabling more collaborative, patient-informed planning.
- Initiated the Environmental Health Information System project to establish a provincial information system that provides comprehensive risk management of the over 100,000 facilities (e.g., drinking water systems, food establishments, swimming pools) in B.C. to prevent infectious and communicable disease outbreaks. It will provide a modern, fit-for-purpose system supporting real-time reporting capabilities and incident response that can be leveraged across partner ministries to strengthen population health.

Summary of progress made in 2023/24

The Ministry made progress in several key areas to increase the efficiency and effectiveness of health services through new technology and information systems, including by increasing access to personal health records for people in B.C. Successful collaboration and planning with BC Cancer Agency launched the digital BC Cancer Cervix Self-Screening letters and online reminders in addition to launching a working prototype showing a digitally enabled cancer screening journey (end-to-end) for breast cancer.

The Province is increasing access to personal health records for people through a digital portal, in alignment with Health Canada priorities. Development work of a refreshed Health Gateway experience includes the transition to a new robust technological platform, and expansion of diagnostic imaging reports for all HAs, with target for phased release throughout this fiscal.

B.C. is also enabling appropriate use of virtual care in a consistent way across the province. This includes ensuring virtual care providers are operating within the guidelines of B.C.’s health system, and that information and follow-up care are connected to the system. Visioning workshops with patients, providers, and health sector partners were conducted to align the provincial vision for a connected patient experience.

The Ministry also approved funding for Real-Time Virtual Support services in 2023/24, supporting physicians and other health-care providers to provide culturally safe virtual primary care services including extended hours and increased access to care for those who have difficulties travelling. The Ministry is committed to improving collaboration and representation of First Nations, Métis, and Inuit partners to support improvements to the availability and accessibility of primary care-funded virtual care services.

Performance measures and related discussion

Performance Measure	2022 Actual ²	2023 Target	2023 Actual ³
[3a] Nursing and allied health professionals’ overtime hours as a percent of productive hours ¹	8.2%	6.9%	8.4%

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

¹PM [3a] targets for 2024 and 2025 were stated in the 2023/24 service plan as 5.7% and 4.6%, respectively.

²Data complete to December 31, 2022.

³Data as of December 31, 2023.

Many occupations have experienced an increase in overtime over the past five years with the most noticeable increase occurring between 2020 and 2021. These increases are largely attributable to the high demand on the health-care system during the height of the COVID-19 pandemic and due to the ongoing toxic illicit drug supply crisis.

While the target was not met, the rate of increase did slow in 2023, in part due to actions implemented under B.C.'s HHR Strategy to increase the supply of health-care workers to B.C. and reduce our reliance on overtime. In 2023 we also invested in supports to mitigate the negative impacts of overtime on individual health-care worker wellness. Key actions from 2023/24 include:

- Partnering with the B.C. Nurses Union to establish a new nurse mental-health and wellness support fund expand:
 - Mental-health supports for nurses who hit the ceiling in their existing benefits plan;
 - Hardship supports members who have exhausted Employment Insurance, Long-Term Disability, and other programs; and
 - Hardship supports for students in financial crisis.
- Creating funds through the Health Sciences Professionals, Facilities, and Community Bargaining Associations to increase access to mental-health and wellness supports.
- Expanding funding for Care for Caregivers and Care to Speak – telephone and web-based wellness and mental-health support programs for health-care workers.

Performance Measure	2022/23 Actual ²	2023/24 Target	2023/24 Actual ³
[3b] Percentage of population who access the provincial patient portal ¹	31%	40%	35%

Data source: Ministry of Health and P.E.O.P.L.E 2022

¹PM [3b] targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 60% and 75%, respectively.

²As of March 31, 2023.

³As of March 31, 2024.

The increasing number of registrations to the Health Gateway provincial portal since its debut on December 5, 2019, demonstrates the expanded access that people in B.C. have to their health history (for example, lab results, medications, immunization history, and health visits). The number of registrations on Health Gateway has grown to 1.5 million as of March 31, 2024. The ambitious performance measure targets assigned for the provincial portal reflect the robust growth witnessed for digital health services between 2020 and 2022 when COVID-19 impacted the province.

The Ministry is committed to advancing the provincial portal into a modern, effective, and efficient digital system through ongoing and continued future investments. To increase access to the portal, in 2023/24 advancements included expanding the amount of diagnostic imaging reports that are available for people in B.C., and introducing BC Cancer Cervix Self-Screening letters and web reminders online. A coordinated Health Access marketing campaign has also been initiated to increase public awareness of the service.

Financial Report

Financial Summary

	Estimated (\$000)	Other Authoriz- ations ¹ (\$000)	Total Estimated (\$000)	Actual (\$000)	Variance (\$000)
Operating Expenses					
Regional Services	19,670,787	1,820,638	21,491,425	21,574,414	82,988
Medical Service Plan	7,038,783	0,000	7,038,783	7,071,138	32,355
Pharmacare	1,578,341	0,000	1,578,341	1,402,406	(175,935)
Health Benefits Operations	50,190	0,000	50,190	74,951	24,761
Recoveries from Health Special Account	(147,250)	0,000	(147,250)	(147,250)	0,000
Executive and Support Services	335,407	10,180	345,587	381,419	35,832
Health Special Account	147,250	0,000	147,250	147,250	0,000
Sub-total	28,673,508	1,830,818	30,504,326	30,504,326	0,000
Adjustment of Prior Year Accrual	0,000	0,000	0,000	(36,729)	(36,729)
Total	28,673,508	1,830,818	30,504,326	30,467,597	(36,729)
Ministry Capital Expenditures					
Executive and Support Services	509	25,087	25,596	25,596	0,000
Total	509	25,087	25,596	25,596	0,000
Health Authorities	2,104,236	0,000	2,104,236	1,891,107	(213,129)
Total	2,104,236	0,000	2,104,236	1,891,107	(213,129)

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

Operating statement for Health Authorities

As required under the Budget Transparency and Accountability Act, British Columbia's health authorities and hospital societies are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's Service Plan are related to services delivered by the health authorities. The majority of the

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

Health Authorities and Hospital Societies	2023/24 Budget (\$000)	2023/24 Actual (\$000)	Variance (\$000)
Combined Operating Statement			
Total Revenues ¹	22,645,000	26,291,000	3,646,000
Total Expenses	22,645,000	26,272,000	3,627,000 ³
Net Results²	0,000	19,000	19,000

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

²This 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.

³The health authority and hospital society spending increase is attributed to pandemic spending, Shared Recovery Mandate, and increased spending to improve health-care services.

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Peace Arch Hospital Renewal	2022	87	-	87
<p>Objective: 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 (MDR) has been relocated below the emergency department allowing for improved access to sterilized surgical equipment. The existing emergency department 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 2022. The project will:</p> <ul style="list-style-type: none"> • Improve the health and well-being of the people of the South Surrey and White Rock community. • Create a modern facility delivering exemplary clinical outcomes. • Deliver high-quality, culturally sensitive health-care services. <p>Costs: The estimated capital cost of the project is \$87 million, with \$8 million of funding being provided by the Province and \$79 million being provided by the Peace Arch Hospital Foundation and Fraser Health Authority (FHA) internal funding.</p> <p>Benefits: This capital project will deliver numerous benefits to the patients who rely on Peace Arch Hospital for emergency and surgical services; some of the highlights include:</p> <ul style="list-style-type: none"> • Appropriately sized clinical spaces to support high-quality health-care delivery. • Implementation of infection-control measures to keep patients, visitors, and staff safe. • Inclusion of infrastructure and environmental control systems (e.g. air supply, medical gases, Information Technology) to meet the requirements for Emergency, Surgical, and MDR services. <p>Risks: The risks associated with the project generally relate to project scope and functionality, and operations and maintenance risk.</p>				
Penticton Regional Hospital Patient Care Tower	2022	297	11	308
<p>Objective: 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. Phase 2 completed in 2022 and included a renovation to vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. Interior Health Authority (IHA) has established the following objectives for the Project:</p> <ul style="list-style-type: none"> • Improve the model of care and patient outcomes/safety through application of evidence-based design principles and health-care facility design and construction standards that all have a patient-centred design philosophy. • Implement design features that enhance the well-being of patients, families, visitors, staff and communities. <p>Costs: The original total estimated capital cost of the project was \$325.1 million and now has been completed with a capital cost of \$308 million. The provincial share of this total is \$157</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>million, IHA will contribute \$17 million of internal funding, the Okanagan Similkameen Regional Hospital District will contribute \$115 million and South Okanagan Similkameen Medical Foundation will contribute \$19 million.</p> <p>Benefits: The project benefits include improved patient care experience (improvement in patient safety, privacy and confidentiality), reduced infection control risks, and improved compliance with current health-care design standards.</p> <p>Risks: The major risks associated with the project relate to project scope and functionality, and integration.</p>				
<u>Dogwood Lodge Long-Term Care Home Replacement</u>	2023	63	2	65
<p>Objective: The replacement of the 150-bed long-term care facility is located on Lot 5 of the Pearson Dogwood site in Vancouver. The new Dogwood Care Home opened to residents in August 2023. Vancouver Coastal Health Authority (VCH) has established the following project objectives to guide the strategic direction of the project – in alignment with VCH’s Strategic Framework and embodies VCH’s True North Goals:</p> <ul style="list-style-type: none"> • Improve quality of life for residents. • Sustainable, diverse, mixed-use community centered on health, wellness, vitality, accessibility and inclusivity that benefits/improves the health and well-being of individuals. • Invest in residential care bed stock to increase sustainability of beds. <p>Costs: The total estimated capital cost of the project is \$65 million, funded entirely by VCH from the net proceeds of the sale of the combined Pearson and Dogwood properties.</p> <p>Benefits: The project will benefit patients and families from throughout Vancouver through significant improvements in service delivery including:</p> <ul style="list-style-type: none"> • Homes designed for residents. • Community space designed for all. • Optimize resources. <p>Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule and cost.</p>				
<u>Lions Gate Hospital – New Acute Care Facility</u>	2024	249	77	326
<p>Objective: 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 operating rooms, and provide a new replacement medical device reprocessing department and new outpatient clinics and support services. Renovations will be made to existing infrastructure to facilitate integration of the new ACF with existing buildings. This project presents many opportunities, including:</p> <ul style="list-style-type: none"> • Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> Build a facility that is environmentally responsible (to LEED Gold or equivalent) and supports a safe and healthy work environment. <p>Costs: The total estimated capital cost of the project is \$326 million, with \$160 million funded by the Province, \$96 million by Lions Gate Hospital Foundation, and \$70 million through Vancouver Coast Health Authority internal sources.</p> <p>Benefits: The project presents many benefits, including:</p> <ul style="list-style-type: none"> Innovation in advanced procedures by creating a contemporary facility that integrates current advanced technologies and is designed to accommodate future advances. Improved efficiencies and utilization with more universal and flexible ORs and appropriate support space. <p>Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule and cost.</p>				
Stuart Lake Hospital Replacement	2024	125	33	158
<p>Objective: 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. Northern Health Authority (NHA) developed the following project objectives, which were used to develop the future performance evaluation plan for the Project:</p> <ul style="list-style-type: none"> Create an exceptional hospital experience and support high levels of self-reported satisfaction of patients and families. Incorporate evidence-based design features that improve the healing environment and enable culturally safe care for Indigenous peoples in a facility that is welcoming to all communities served by the Project. <p>Costs: The total estimated capital cost of the project is \$158 million, with \$140 million funded by the Province and \$18 million funded by the Stuart Nechako Regional Hospital District.</p> <p>Benefits: In alignment with the NHA strategic plan, the benefits of the new hospital include the ability to:</p> <ul style="list-style-type: none"> Provide the physical infrastructure necessary to meet current clinical standards for the patient population of the northern region. Provide staff and clinicians with state-of-the-art equipment and the right environment to help them flourish in their work. <p>Risks: The major risks associated with the project relate to scope and functionality, schedule, and cost.</p>				
Nanaimo Regional General Hospital – Intensive Care Unit and High Acuity Unit Redevelopment	2025	38	22	60

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>Objective: The project entails construction of a new three-storey expansion to the Nanaimo Regional General Hospital that includes a 12-bed intensive care unit (ICU) and a 12-bed high acuity unit (HAU). Construction on the ICU commenced in February 2021 and opened to patients in June 2023. The HAU, which is currently under construction, is expected to complete in 2025. 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. Key objectives for the project include:</p> <ul style="list-style-type: none"> • Staff & patient safety. • Patient privacy/family confidentiality. • Care team communication. • Care process efficiency. • Learning/mentoring. • Healing space. <p>Costs: The total estimated capital cost of the project is \$60 million, with \$22 million funded by the Province, \$10 million by the Nanaimo & District Hospital Foundation, \$20 million funded by the Nanaimo Regional Hospital District, and \$8 million through Island Health Authority internal sources.</p> <p>Benefits: The project will:</p> <ul style="list-style-type: none"> • Improve patient safety and quality of care. • Modernize and expand the ICU to meet current and future demands with treatment spaces designed to current standards at the hospital. • Provide patients with more care and closer monitoring by creating a new 12-bed HAU. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
<p>University Hospital of Northern BC (UHNBC) Redevelopment – Phase 1 (Site Preparation)</p>	<p>2026</p>	<p>2</p>	<p>101</p>	<p>103</p>
<p>Objective: The purpose of Phase 1 of the UHNBC Redevelopment project is to prepare the site for future redevelopment. Scope includes construction of a 471-space parkade next to the BC Cancer Centre for the North. This will be followed by demolition of the Northern Interior Health Unit to support future site master plans. The key objectives that the project seeks to address are:</p> <ul style="list-style-type: none"> • Prepare the UHNBC campus for future redevelopment. • Address current and future parking capacity. <p>Costs: The UHNBC Redevelopment – Phase 1 total estimated capital cost of the project is \$103 million, with \$62 million funded by the Province and \$41 million funded by the Fraser-Fort George Regional Hospital District.</p> <p>Benefits: The project will:</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> Take advantage of phasing to help minimize delays so that the relocation and demolition of the existing Health Unit can occur in preparation for future redevelopment. Address an existing shortage and future need for parking stalls which is expected to increase as a result of future expansion. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Surrey Memorial Hospital (SMH) – Hemodialysis Renal Centre	2025	-	85	85
<p>Objective: The SMH Hemodialysis Renal Centre Project is one of 30 SMH action improvements announced by the Minister of Health in June 2023. These actions were aimed at bolstering SMH’s capacity and function as a tertiary hospital and included operational improvements as well as new capital developments to expand and update existing hospital and community health services. The project is a two-story new build situated on the Northwest corner of the SMH campus. The project will address current and projected need for hemodialysis capacity in Fraser South. FHA has established the following project objective to guide the strategic direction of the Project:</p> <ul style="list-style-type: none"> This project seeks to address regional capacity for renal patients by adding an additional 21 in centre hemodialysis stations. <p>Costs: The total estimated capital cost of the project is \$85 million, with \$84 million funded by the Province and \$1 million funded by the Surrey Hospitals Foundation.</p> <p>Benefits: The project will:</p> <ul style="list-style-type: none"> Address hemodialysis capacity concerns in the Fraser South region which in turn will partially address the urgent regional capacity issues facing the FHA Renal program and allow for more repatriation of clients to services in their home community. Improved patient experience in a purpose-built centre. Meets government commitment to expand renal services in Surrey. <p>Risks: The major risks associated with the project relate to scope and functionality, schedule, and cost.</p>				
<u>Mills Memorial Hospital Replacement</u>	2026	553	80	633
<p>Objective: 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. NHA has established the following project objectives to guide the strategic direction of the Project:</p> <ul style="list-style-type: none"> Create an exceptional hospital experience and support high levels of self-reported satisfaction for patients and families. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> Incorporate evidence-based design features that improve the healing environment, enable culturally safe care for Indigenous people, and are welcoming to all communities served by the new hospital. <p>Costs: The total estimated capital cost of the project is \$633 million, with \$513 million funded by the Province and \$120 million funded by the North West Regional Hospital District.</p> <p>Benefits: The project will strengthen the role of Mills Memorial Hospital in the Northwest HSDA and support the residents of the Northwest HSDA with appropriate health-care service delivery. The project will:</p> <ul style="list-style-type: none"> Accommodate more complex surgeries, including inpatient orthopaedics and general surgery, along with the coordination of certain other surgical services. Enhance the Intensive Care Unit by increasing the number of patients being cared for, and in the provision of the 24/7 Respiratory Therapy Services support. Improve energy efficiency and reduce greenhouse gas emissions as a result of energy conservation strategies. <p>Risks: The major risks associated with the project relate to scope and functionality, schedule, and cost.</p>				
Royal Columbian Hospital Redevelopment Phases 2 & 3	2026	702	542	1,244
<p>Objective: 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>The RCH Redevelopment Project is aligned with the Ministry's strategic priorities and is part of FHA's comprehensive strategy to optimize utilization of acute care capacity and achieve efficiencies in service delivery. The redevelopment will:</p> <ul style="list-style-type: none"> Provide patient-centred care. Increase access to quality diagnostic services. Increase access to specialist services. <p>Costs: The total estimated capital cost of the project is \$1.244 billion, with \$1.182 billion funded by the Province, \$30 million by Royal Columbian Hospital Foundation, and \$32 million through FHA internal sources.</p> <p>Benefits: The expected benefits of the project upon completion of Phases 2 and 3 include:</p> <ul style="list-style-type: none"> An increase in RCH's acute care capacity by over 50 percent to address growing service needs, help ease congestion, introduce advanced medical technologies and enhance the working environment for health professionals. Improvements in patient-centred outcomes and patient reported measures. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, integration, schedule, cost and operations and maintenance risk.</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Abbotsford Long-Term Care (LTC)	2027	22	189	211
<p>Objective: The Abbotsford LTC Project will include construction of a new 200 bed long-term care building to replace the 109 bed Cottage and Worthington Pavilion and add 91 new LTC beds. The new LTC home will include 200 single bedrooms, a 32 space Day Program for Older Adults (DPOA), and community spaces and support services for residents, families and staff. The project scope also includes a 49 space Child Daycare. This project seeks to address FHA’s projected need for LTC beds to meet the demands of an aging population and those requiring long-term care. The COVID-19 pandemic and impact on LTC residents has caused a greater urgency to redevelop existing long-term care buildings and build greater capacity within the system, both regionally and provincially.</p> <p>Costs: The total estimated capital cost of the project is \$211 million, with \$157 million funded by the Province, \$32 million funded by the Regional Hospital District, and \$22 million through FHA internal sources.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Replace 109 beds at the outdated Cottage/Worthington LTC and add 91 net new LTC beds to help meet demand for LTC services in Abbotsford. • Improve the staff, resident and family experience (including infection prevention and control and culturally sensitive care). • Provide 32 DPOA spaces to support clients to remain in their own homes as long as possible. • Establish 49 new childcare spaces. <p>Risks: The general risks associated with the project include project scope and functionality, schedule, construction cost and facility operation.</p>				
Campbell River Long-Term Care (LTC)	2027	-	134	134
<p>Objective: This project delivers a new 153-bed LTC home in Campbell River adjacent to Yucalta Lodge including a 10-bed hospice unit, a 26-bed convalescent care unit, and a 26-bed specialized population unit to address need for those services. This project will address the significant need for additional LTC beds on Vancouver Island, particularly in the Campbell River and North Island area where the 75+ age group is expected to grow 137% by 2041.</p> <p>Costs: The total estimated capital cost of the project is \$134 million, with \$80 million funded by the Province and \$54 million funded by the Comox-Strathcona Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Add 153 net new beds to help meet the demand for LTC services in the Campbell River and North Island area. • Improve the staff, resident, and family experience (including infection prevention and control), by providing a homelike experience that allows residents to live the remaining months or years of their lives with dignity. • Create 10 new hospice beds and establish 37 new child care spaces including eight spaces for overnight care. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
<p>Cowichan District Hospital Replacement</p>	<p>2027</p>	<p>327</p>	<p>1,119</p>	<p>1,446</p>
<p>Objective: 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. Island Health has identified the following objectives for the project:</p> <ul style="list-style-type: none"> • Optimize and increase the Cowichan Region’s capacity to provide appropriate services in the right place, at the right time so we can meet the population’s growing and changing needs well into the future, with a focus on elderly and Indigenous populations and those needing mental-health services. <p>Costs: The total estimated capital cost of the project is \$1.446 billion, with \$1.148 billion funded by the Province, \$15 million by the Cowichan Hospital Foundation, and \$283 million funded by the Cowichan Valley Regional Hospital District</p> <p>Benefits: The project will:</p> <ul style="list-style-type: none"> • Increase acute care capacity to address the health-care needs of residents in the Cowichan Region. • Reduce barriers to care for Indigenous peoples living in the Cowichan Region. <p>Risks: The general risks associated with the project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
<p>Dawson Creek and District Hospital Replacement</p>	<p>2027</p>	<p>103</p>	<p>487</p>	<p>590</p>
<p>Objective: The Dawson Creek and 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. NHA developed the following project objectives, which were used to develop the future performance evaluation plan for the Project:</p> <ul style="list-style-type: none"> • Create an exceptional hospital experience and support high levels of self-reported satisfaction of patients and families. • Incorporate evidence-based design features that improve the healing environment and enable culturally safe care for Indigenous peoples in a facility that is welcoming to all communities served by the Project. <p>Costs: The total estimated capital cost of the project is \$590 million, with \$413 million funded by the Province and the remaining \$177 million funded by the Peace River Regional Hospital District.</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Improve mental-health services in the Peace River South Local Health Area by improving access to inpatient and outpatient care and creating a safe and respectful mental-health emergency services area. • Enhance cancer and IV therapy services through increased capacity and improved healing environments. • Improve capacity for surgical services by creating a more efficient surgical environment and ensuring procedures occur in the most appropriate location. <p>Risks: The general risks associated with the project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
Delta Long-Term Care (LTC)	2027	1	179	180
<p>Objective: The Delta LTC project will construct a new 200-bed LTC building including a Day Program for Older Adults (DPOA) for up to 32 clients and a child daycare centre for up to 49 children. The 200 LTC beds in the project will replace the existing 92 LTC beds at the Mountain View Manor in Delta and will add 108 net new beds. This project seeks to address FHA's projected need for LTC beds to meet the demands of an aging population and those requiring long-term care. The COVID-19 pandemic and impact on LTC residents has caused a greater urgency to redevelop existing long-term care buildings and build greater capacity within the system, both regionally and provincially.</p> <p>Costs: The total estimated capital cost of the project is \$180 million, with \$162 million funded by the Province and the remaining \$18 million by the Delta Hospital and Community Health Foundation.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Replace the 92 beds currently in a physically and functionally obsolete facility and adds 108 net new LTC beds to help meet demand for LTC services in Delta. • Improve staff, resident and family experience (including infection prevention and control and culturally sensitive care). • Provide 32 DPOA spaces to support clients to remain in their own homes as long as possible. • Establish 49 new childcare spaces. <p>Risks: The general risks associated with the project include project scope and functionality, construction cost and schedule, and facility operation.</p>				
Nanaimo Long-Term Care (LTC)	2027	-	286	286
<p>Objective: The Nanaimo LTC project will construct a new 306 bed LTC building, including a 20-bed hospice unit and a 26-bed specialized population unit to address need for those services. The project also includes an Adult Day Program (ADP) for up to 35 clients and childcare space for up to 37 children. Island Health has identified the following objectives for the project:</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> Optimize and increase LTC capacity to provide appropriate services in the right place, at the right time so they can meet the population’s growing and changing needs well into the future. Provide state-of-the-art LTC homes to current and future residents by incorporating evidence-based design to improve health outcomes, quality and safety, efficiency and effectiveness, sustainability, flexibility and adaptability to accommodate evolving health and care needs into the future. <p>Costs: The total estimated capital cost of the project is \$286 million, with \$172 million funded by the Province and the remaining \$114 million funded by the Nanaimo Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> Increase long-term care capacity to address the health-care needs of residents in the Nanaimo Region. Create a building design and model of care that enable a culturally safe environment for Indigenous Elders, including support for traditional healing practices and a sacred space. Increase facility resilience and sustainability with a 52% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions). <p>Risks: The general risks associated with the project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
New St Paul’s Hospital	2027	1,047	1,133	2,180
<p>Objective: 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. This project presents many opportunities represented by the following objectives:</p> <ul style="list-style-type: none"> Improve the model of care and patient outcomes through application of evidence-based design principles, health-care facility design and construction standards. Utilize the outpatient centre to prevent patients from having to enter the acute care centre. Create a healthy and safe work environment that improves engagement, recruitment and retention and minimizes workplace injuries. <p>Costs: The total estimated capital cost of the project is \$2.180 billion, with \$1.327 billion funded by the Province, \$131 million by St. Paul’s Foundation, and \$722 million from Providence Health Care.</p> <p>Benefits: The expected Project benefits include:</p> <ul style="list-style-type: none"> Larger inpatient rooms to improve infection control, patient safety, minimize patient movement, and accommodate family-centred care. Improved access with 115 additional inpatient beds. Clinical program adjacencies which are consistent with best practices. <p>Risks: The general risks associated with the project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Richmond Long-Term Care (LTC)	2027	-	178	178
<p>Objective: The Richmond LTC project will replace the temporary Richmond Lions Manor (RLM)-Bridgeport facility with a new LTC home located at the original site of the RLM at 11771 Fentiman Place in Richmond. The project replaces the 86 LTC beds currently located at RLM-Bridgeport and will add 58 new LTC beds for a total of 144 beds. The project also includes an Adult Day Program (ADP) for up to 25 clients and childcare space for up to 37 children. This project will address VCH's objectives to address physical and functional deficiencies in current facilities and address current and future demand for LTC services.</p> <p>Costs: The total estimated capital cost of the project is \$178 million, with the entire cost being funded by the Province.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Replace 86 beds currently in a physically and functionally obsolete facility, plus add 58 net new beds to help meet demand for LTC services in Richmond. • Enable the new model of care, which will improve resident and family experience, improve resident safety (including infection prevention and control), increase resident satisfaction, reduce resident complaints – and provide a vibrant, homelike environment that allows residents to live the remaining months or years of their lives with dignity. • Increase facility resilience and sustainability with an 57.8% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions). • Add capacity for 25 Adult Day Program spaces and 37 new childcare spaces. <p>Risks: The general risks associated with the project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
<u>Royal Inland Hospital (RIH) Phil and Jennie Gaillard Tower</u>	2027	394	63	457
<p>Objective: 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.</p> <p>Internal renovations to the emergency department, pediatric unit, post anesthetic recovery, and morgue commenced in 2022 and are scheduled to complete in 2027. In support of the Vision and Guiding Principles for the project, the project Objectives established by IHA are to:</p> <ul style="list-style-type: none"> • Deliver a project scope that is patient-centred, supports the guiding principles and achieves departmental objectives for Inpatient Care, Mental-Health and Substance Use, Emergency Services, Surgical Services, Maternity and Child Health, Laboratory Services and Morgue. • Improve patient access and flow within the site. • Improve the model of care delivery and patient outcomes (including patient safety) through application of patient-centred, evidence-based design principles and standards for health-care facility design and construction. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>Costs: The total estimated capital cost of the project is \$457 million, with \$243 million funded by the Province, \$172 million funded by the Thompson Regional Hospital District, \$22 million through IHA internal sources, and \$20 million by the RIH Foundation.</p> <p>Benefits: The expected Project benefits include:</p> <ul style="list-style-type: none"> • Improved patient care experience with improvements in patient safety, privacy and confidentiality. • Reduced risks of infections. • Improved compliance with current health-care design standards and clinical standards. <p>Risks: The major risks associated with the project relate to project scope and functionality, integration, schedule and cost.</p>				
Western Communities Long-Term Care	2027	1	223	224
<p>Objective: 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 which will include a 20-bed hospice, a 26-bed specialized unit for younger people suffering from brain injuries, and an adult day program with 35 spaces. There will also be hairdressing and therapy services, a bistro, and plans for an adjacent 37 space child-care facility. Island Health has identified the following objectives for the project:</p> <ul style="list-style-type: none"> • Optimize and increase LTC capacity to provide appropriate services in the right place, at the right time so we can meet the population’s growing and changing needs well into the future. • Provide state-of-the-art LTC facilities to current and future clients by incorporating evidence-based design to improve health outcomes, quality and safety, efficiency and effectiveness, sustainability, flexibility and adaptability to accommodate evolving health and care needs into the future. <p>Costs: The total estimated capital cost of the project is \$224 million, with \$157 million funded by the Province and the remaining \$67 million funded by the Capital Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Increase long-term care capacity to address the health-care needs of residents in the Western Communities and Greater Victoria regions. • Implement an updated care model that aligns with current best practices and evidence. <p>Risks: The general risks associated with the project include project scope and functionality, schedule, and budget.</p>				
Burnaby Hospital Redevelopment – Phase 1	2028	196	521	717
<p>Objective: The Burnaby Hospital Redevelopment Phase 1 project involves construction of a new six-storey 83-bed Inpatient/Outpatient pavilion and new energy centre, as well as renovation and expansion of the Support Facilities Building (SFB), and renovation of the Nursing Tower. The new pavilion will accommodate relocated services, including medical/surgical inpatient unit,</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>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 expanding and updating perioperative services including a total of 10 upgraded operating rooms and 4 procedure 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. The project also includes the demolition of the Cascade Building. This project will:</p> <ul style="list-style-type: none"> • Improve patient outcomes by enhancing the quality of the health-care environment. • Improve access to community outpatient services for high-complexity / poly-morbid patients. • Improve access to, and quality of, and acute care services. <p>Costs: The total estimated capital cost of the project is \$717 million, with \$667 million funded by the Province, \$35 million by the Burnaby Hospital Foundation, and \$15 million through FHA internal sources.</p> <p>Benefits: The expected project benefits include:</p> <ul style="list-style-type: none"> • Increased acute care capacity to meet the health-care needs of the population in Burnaby. • Safe and efficient acute facility that will improve clinical outcomes. <p>Risks: The major risks associated with the project relate to project scope and functionality, integration, schedule, cost and operations and maintenance risk.</p>				
Centre for Children and Youth Living with Health Complexity	2028	5	305	310
<p>Objective: A new Centre for Children and Youth Living with Health Complexity will be built at Slocan Street and 21st Avenue in Vancouver. The new Centre will coordinate care by a multi-disciplinary team, 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. A 74-space child daycare will also be constructed on the site. The project will:</p> <ul style="list-style-type: none"> • Support all children and youth living with health complexity no matter where they live in B.C. or Yukon by providing services both virtually and on site. • Build capacity in communities to comprehensively support children and youth close to home, by training and supporting care providers across B.C. and Yukon. <p>Costs: The total estimated capital cost of the project is \$310 million, with \$224 million funded by the Province, \$40 million by the BC Children’s Hospital Foundation, \$11M from the City of Vancouver, and \$35 million through PHSA internal sources.</p> <p>Benefits:</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>The proposed scope of the centre and Slocan program will yield significant outcomes/benefits for children and youth living with health complexity and their families and caregivers, as well as for the broader health-care system.</p> <ul style="list-style-type: none"> • Improve health of patient population. • Improve patient and caregiver experience. • Improve work life of providers. • Reduce per-capita cost of health care. <p>Risks: The general risks associated with the project include facility scope and functionality, construction cost and schedule, and facility operation.</p>				
Dr. F.W. Green Memorial Home	2029	-	156	156
<p>Objective: The project will deliver a new four-storey, 148 bed LTC home in Cranbrook on the site of the existing F.W. Green LTC facility. The project includes replacement of the 60 existing LTC beds (58 LTC residents and 2 Tertiary Mental-Health funded beds) and will add 88 new LTC beds. The project also includes an Adult Day Program (ADP) for up to 25 clients and childcare space for up to 37 children. The guiding principles for the project include the following:</p> <ul style="list-style-type: none"> • Quality Resident Care and Safety. • Staff Safety. • Optimal Clinical Utilization and Operational Efficiencies. • Infection Prevention and Control. <p>Costs: The total estimated capital cost of the project is \$156 million, with \$94 million funded by the Province and the remaining \$62 million funded by the Kootenay East Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Replace 60 beds and add 88 net new LTC beds. • Improve the staff, resident, and family experience (including infection prevention and control). • Increase facility sustainability with a 95% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions). • Add a new child-care centre with 37 spaces. <p>Risks: The major risks associated with the project relate to project scope and functionality, integration, schedule and cost.</p>				
St Vincent's Heather Long-Term Care (LTC)	2028	4	203	207
<p>Objective: 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.</p> <p>The objectives for this project include:</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> Replacing outdated and obsolete infrastructure giving clinical providers a place to work where they can achieve better results across all functions of health care leading to better patient outcomes and improving health care. Providing a modern building with a location near transit and inclusion of welcoming staff spaces that will enable PHC to attract and retain a strong talent pool to deliver the compassionate care that seniors living in LTC deserve. <p>Costs: The total estimated capital cost of the project is \$207 million, with the entire amount being funded by the Province.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> Replace 225 beds currently in physically and functionally obsolete facilities (including elimination of 193 beds currently in multi-bedded rooms), plus add 15 net new beds to help meet demand for LTC services in Vancouver. Enable a new model of care, which will improve resident and family experience, improve resident safety (including infection prevention and control), increase resident satisfaction, reduce resident complaints – and provide a vibrant, homelike environment that allows residents to live the remaining months or years of their lives with dignity. Increase facility resilience and sustainability with an 83% reduction in greenhouse gas emissions compared to the LEED Gold baseline (zero on-site greenhouse gas emissions). Add 37 new childcare spaces. <p>Risks: The general risks associated with the project include facility scope and functionality, schedule risk, and budget risk.</p>				
Kamloops Cancer Centre	2028	-	359	359
<p>Objective: The five-storey facility will be built on the Westlands site on the RIH campus. There will be space for radiation treatment, radiation-therapy planning, including a CT Simulator, an outpatient ambulatory-care unit, including 10 exam rooms, and two consultation rooms for radiation-therapy services, an additional MRI suite. A new 470-stall parkade will also be constructed as a part of the centre. In addition, upgrades to RIH to expand cancer care have also been approved, which includes updating and expanding the pharmacy, and relocation and expansion of the Community Oncology Network clinic to the main floor.</p> <p>The objectives for this project include:</p> <ul style="list-style-type: none"> Deliver treatment close to home and provide patient and family-centred care by engaging patient partners, staff, Aboriginal communities, and the Thompson Cariboo Shuswap Health Service Delivery Area, and the community of Kamloops in the design and provision of cancer care. Develop strategies to rapidly improve access to radiation therapy and diagnostic services that reduces wait times and enhances the patient experience and staff satisfaction. Attract and recruit highly specialized physicians, nurses and health-care professionals. Support collaborative partnership between Royal Inland Hospital and BC Cancer to best support patient care and experience. <p>Costs: The total estimated capital cost of the project is \$359 million, with \$314 million funded by the Province and the remaining \$45 million funded by the Thompson Regional Hospital District.</p> <p>Benefits: This project will:</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> • Meet demand for radiation therapy services in the Kamloops region to 2041. • Deliver access to modern, high-quality comprehensive cancer-care services for patients in a fast-growing community where it is needed. • Provide much needed additional parking with the creation of a 470-stall parkade. <p>Risks: The general risks associated with the project include facility scope and functionality, schedule risk, and budget risk.</p>				
Nanaimo Cancer Centre	2028	-	289	289
<p>Objective: The three-storey centre will house a computed topography (CT) simulator, a PET/CT diagnostic scanner and an oncology ambulatory care unit with 12 exam rooms, four consultation rooms. The lower level will contain four linear accelerator vaults, which are heavy concrete structures that contain radiation equipment used in the treatment of cancer patients. Upgrades to NRGH have also been approved, such as a new single-storey addition to the ambulatory care building that will be home to a new community oncology network clinic and expanded pharmacy. The project also includes 164 new parking spaces featuring a two-storey parkade next to the cancer centre as well as parking stalls in the north lot.</p> <p>The objectives for this project include:</p> <ul style="list-style-type: none"> • Deliver treatment close to home and provide patient and family-centred care by engaging patient partners, staff, Indigenous communities, and the community of Nanaimo in the design and provision of cancer care. • Develop strategies to rapidly improve access to radiation therapy and diagnostic services that reduces wait times and enhances the patient experience and staff satisfaction. • Attract and recruit highly specialized physicians, nurses and health-care professionals. • Support collaborative partnership between Nanaimo Regional General Hospital and BC Cancer to best support patient care and experience. <p>Costs: The total estimated capital cost of the project is \$289 million, with \$277 million funded by the Province and the remaining \$12 million funded by the Nanaimo Regional Hospital District.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Meet demand for radiation therapy services in the Nanaimo region to 2041. • Deliver access to modern, high-quality comprehensive cancer-care services for patients in a fast-growing community where it is needed. <p>Risks: The general risks associated with the project include facility scope and functionality, schedule risk, and budget risk.</p>				
<u>Cariboo Memorial Hospital Redevelopment</u>	2029	70	297	367
<p>Objective: 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</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>stalls. In support of the Vision and Guiding Principles for the Project, the project Objectives established by IHA are to:</p> <ul style="list-style-type: none"> • Build Patient Care through an achievable and affordable capital renewal solution that supports the hospital's acute care role now and into the future. • Utilize patient-centred, culturally sensitive, elder-friendly design and standardization concepts to improve the patient experience and enhance care delivery. <p>Costs: The total estimated capital cost of the project is \$367 million, with \$257 million funded by the Province and the remaining \$110 million funded by the Cariboo Chilcotin Regional Hospital District.</p> <p>Benefits: The expected Project benefits include:</p> <ul style="list-style-type: none"> • Improved patient care experience with improvements in patient safety, privacy and confidentiality. • Reduced risks of infections. • Improved compliance with current health-care design standards and clinical standards. <p>Risks: The major risks associated with the project relate to project scope and functionality, integration, schedule and cost.</p>				
New Surrey Hospital and BC Cancer Centre	2029	392	2,489	2,881
<p>Objective: 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. 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. The scope of the project also includes a 49-space childcare centre. The new state-of-the-art smart hospital will be digitally equipped and technologically advanced. It will be a fully electric hospital, one of the first in Canada. The project presents many opportunities as outlined in the following key objectives:</p> <ul style="list-style-type: none"> • Helping address the health-care needs of the Surrey population expanding acute and emergency care services. • Continuing to evolve the system to a less acute model of care, leveraging priority focus on prevention, virtual technologies and integrated primary team-based care. • Increasing cancer care capacity to ensure timely access to care for patients and families in the region and delivering a multidisciplinary, multimodality tumor-based approach to cancer services. <p>Costs: The total estimated capital cost of the project is \$2.881 billion, with \$2.816 billion funded by the Province and the remaining \$65 million by the BC Cancer and Surrey Hospitals Foundations.</p> <p>Benefits: The project represents an integrated approach to planning a new facility to address the health-care needs of a rapidly expanding city and growing demand for cancer care in the Lower Mainland. The project aims to:</p> <ul style="list-style-type: none"> • Ensure a focus on service delivery areas requiring strategic repositioning. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> Support the health and well-being of British Columbians through the delivery of high-quality health-care services. Deliver an innovative and sustainable public health-care system. <p>Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule, budget and facility operations.</p>				
St. Paul’s Hospital Clinical Support and Research Centre (CSRC)	2029	7	631	638
<p>Objective: The new facility will be located at 1002 Station Street, directly adjacent to the new St. Paul’s Hospital and will provide space for research, medical offices, corporate services, an innovation centre and a childcare facility. The building will be approximately 34,400 square metres of area spanning 13 occupied floors as well as 4 subgrade parking levels to accommodate approximately 300 vehicular parking and 150 bicycle parking spaces. The CSRC will be connected to the Core Hospital via a sky bridge.</p> <p>The delivery of the CSRC seeks to achieve the following objectives:</p> <ul style="list-style-type: none"> Provide replacement space for occupants and functions of the Burrard Site not accommodated by the Core Hospital. Foster interaction between researchers and medical professionals, leaders, and entrepreneurs within the biotech, scientific/academia, pharmaceutical, and digital health spaces. <p>Costs: The total estimated capital cost of the project is \$638 million, with \$332 million funded by the Province, \$88 million by foundation, and \$218 million through VCH internal sources.</p> <p>Benefits: The expected Project benefits include:</p> <ul style="list-style-type: none"> Enhanced health-care services. Research advancements. Integrated health-care delivery. Talent retention and attraction. Educational opportunities. Childcare services. Campus amenities. Community benefits. <p>Risks: Providence Health Care rigorously analyzed project risks following provincial guidelines, documenting major risks with prevention and mitigation strategies. Capital risks, both retained and shared, are integrated into the project budget.</p>				
Vancouver General Hospital (VGH) – Operating Rooms Renewal – Phase 2	2029	30	302	332
<p>Objective: Phase 2 of the Operating Rooms Renewal at VGH 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</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>operations on site. When fully complete the Operating Room suite at Vancouver General Hospital will include 30 new operating rooms built to modern standards. VCH has established the following project objectives to guide the strategic direction of the project – in alignment with VCH’s Value and Strategic Priorities:</p> <ul style="list-style-type: none"> • Provide Exceptional Care. • Innovate for Impact. • Provide a Great Place to Work. <p>Costs: The total estimated capital cost of the project is \$332 million, with \$312 million funded by the Province and the remaining \$20 million by the VGH and UBC Hospital Foundation.</p> <p>Benefits: This project will:</p> <ul style="list-style-type: none"> • Replace outdated operating rooms on the second floor and obsolete infrastructure. • Support the provincial surgical renewal strategy to meet surgical demand over a 15-year period. • Improve utilization and efficiency of the surgical suite. • Reduce case cancellations ensuring patients receive their procedures when planned. • Increase the number of cases completed within waitlist targets. <p>Risks: The major risks associated with the project relate to project scope and functionality, integration, schedule and cost.</p>				
Burnaby Hospital Redevelopment Phase 2	2030	3	1,728	1,731
<p>Objective: Burnaby Hospital (BH) Phase 2 will be built as a new 12-storey inpatient/ outpatient tower expected to include 160 private rooms with renovations to the Support Facilities Building (SFB) and Nursing Tower. The new tower will also be home to a new BC Cancer Centre, which will include 54 ambulatory care rooms, 31 chemotherapy chairs, space for five linear accelerators, space for two PET/CT scanners, an oncology pharmacy, and clinical trials and research space. The project aims to transform Burnaby Hospital into a health-care campus that delivers exceptional patient-and family-centered care, fosters inspired and supported teams, promotes cultural safety and inclusion, embraces technological advancements, and demonstrates responsible stewardship of resources. Both FHA and BC Cancer are committed to the integration of services and facilities, where possible.</p> <p>Costs: The total estimated capital cost of the project is \$1.731 billion, with \$1.703 billion funded by the Province, \$10 million by the BC Cancer Foundation, \$15 million by the Burnaby Hospital Foundation, and \$3 million from the ChildCareBC new spaces fund.</p> <p>Benefits: The project will:</p> <ul style="list-style-type: none"> • Add capacity and provide critically needed acute and cancer care services at BH to meet the health-care needs of growing and aging population. • Improve patient experience and outcomes and maximizes operational efficiency and sustainability by providing space that meets contemporary standards. • Significantly decrease Green House Gas emissions and increased climate resiliency as part of CleanBC climate commitments. • Support community benefits objectives. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> • Adds child-care capacity in Burnaby to support FHA and BC Cancer staff and the surrounding community. <p>Risks: The major risks associated with the project relate to project scope and functionality, integration, schedule and cost.</p>				
Richmond Hospital Redevelopment	2033	20	1,939	1,959
<p>Objective: 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> <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.</p> <p>This project presents many opportunities, including:</p> <ul style="list-style-type: none"> • Replace all the inpatient beds that are currently located in the existing North Tower and accommodate these beds in the ACT with a focus on the services and programs that foster extensive clinical care during the acute phase. • Address key facility risks in the Perioperative, Emergency, Pharmacy, and Medical Imaging areas by accommodating services in the new ACT. <p>Costs: The total estimated capital cost of the project is \$1,959 million, with \$1,889 million funded by the Province, \$40 million by the Richmond Hospital Foundation, and \$30 million through VCH internal sources.</p> <p>Benefits: The project presents many benefits, including:</p> <ul style="list-style-type: none"> • Replacing and upgrading Acute Inpatient Units; the Operating Room Suite; ICU; and the Medical Device Reprocessing, Medical Imaging and Emergency Departments – all well past their functional life. • Replacing and upgrading failing facility infrastructure to meet current standards for staff and patient safety, and for business continuity. <p>Risks: Project risks have been analysed and have been addressed in the categories of project scope and functionality, schedule and cost.</p>				
Surrey Memorial Hospital (SMH) – Interventional Cardiology - Interventional Radiology	2025	0	97	97
<p>Objective: The SMH Interventional Cardiology – Interventional Radiology (IC/IR) Project (the Project) is one of 30 SMH action improvements announced by the Minister of Health in June 2023. These actions are aimed at bolstering SMH’s capacity and function as a tertiary hospital and</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>included operational improvements as well as new capital developments to expand and update existing hospital and community health services. This project address current deficiencies in capacity in Fraser South by creating a new IC/IR suite at SMH that includes two interventional cardiology and two interventional radiology rooms. The objectives for this project include:</p> <ul style="list-style-type: none"> • Increase regional capacity for diagnostic and interventional procedures. • Repatriate patients currently being seen within other health authorities (i.e., VCH). • Improve wait times. <p>Costs: The total estimated capital cost of the project is \$97 million to be funded entirely by the Province.</p> <p>Benefits: Project benefits include:</p> <ul style="list-style-type: none"> • Addresses increasing demand for interventional cardiology and radiology at SMH and regionally. • Will Improve wait times for procedures. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Chilliwack Long-Term Care	2029	0	274	274
<p>Objective: This Chilliwack Long-Term Care Project (the Project) replaces the existing Bradley Centre (90 beds) currently located on the Chilliwack General Hospital campus. This project proposes a new standalone 200 bed facility in the 9000 block of Mary St. in Chilliwack on several properties recently purchased by FHA. The objectives for this project include:</p> <ul style="list-style-type: none"> • Replace outdated infrastructure and meet current design standards. • Provide a new facility as the existing facility has numerous building deficiencies. • Expand long-term care bed capacity for FHA. • Provide additional community services to meet future demands of an aging population. <p>Costs: The total estimated capital cost of the project is \$274 million, with \$246 million funded by the Province and the remaining \$28 million by the Fraser Valley Regional Hospital District.</p> <p>Benefits: Project benefits include:</p> <ul style="list-style-type: none"> • Improved quality of life for residents with care in a homelike setting. • Improved infection control and pandemic resiliency. • Better equipment and technology to improve the capacity of existing services. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Squamish (Hilltop) Long-Term Care	2030	0	286	286
<p>Objective: This Squamish (Hilltop) Long-Term Care Project (the Project) replaces the existing Hilltop House (86 beds) currently located on the Squamish General Hospital campus. This project proposes a new standalone 144 bed facility at 42000 Loggers Lane in Squamish recently</p>				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<p>purchased by VCHA. In addition to the 144 Long-Term Care beds, the project also includes an eight-bed hospice, adult day program and child care space for up to 37 children. The objectives for this project include:</p> <ul style="list-style-type: none"> • Meet contemporary standards by providing the appropriate floor space and optimal household configuration to ensure the most effective operations, to deliver exceptional quality, to deliver culturally safe and appropriate care and to align with best practice standards for infection prevention and control. • Improve operational efficiencies and performance measures by ensuring the new facility configuration is optimized for resident flow, clinical practices and staff work processes to support improved performance with respect to outcomes, safety and resident, family and staff experience. Technology upgrades will also provide real time output of key outcome measures. Building design will improve energy efficiency performance. <p>Costs: The total estimated capital cost of the project is \$286 million to be funded entirely by the Province.</p> <p>Benefits: Project benefits include:</p> <ul style="list-style-type: none"> • Implementation of an updated care model that aligns with current best practices and evidence. • Creation of a building design and model of care that enable a culturally safe environment for Indigenous Elders, including support for traditional healing practices and a sacred space. • Incorporation of lessons learned from the COVID-19 pandemic to support the highest standards of infection control. • Creation of a safe and inviting workplace environment that will attract and retain the compassionate and skilled workforce that is needed to provide appropriate care for seniors living in publicly funded LTC. • The central location within the Sea-to-Sky Corridor creates a unique opportunity for the HTH LTC home to serve as an anchor for a vibrant seniors and community campus. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
<p>University Hospital of Northern BC (UHNBC) Redevelopment Phase 2 – Acute Care Tower (ACT)</p>	<p>2031</p>	<p>0</p>	<p>1,579</p>	<p>1,579</p>
<p>Objective: The UHNBC Redevelopment Phase 2 – ACT project (the Project) includes the design and construction of a new Acute Care Tower on the UHNBC campus on the current Health Unit site but connected to the existing hospital. The project will accommodate Cardiac, Surgical, and Mental-Health Services as well as food services, material management, loading, and underground parking. The objectives for this project include:</p> <ul style="list-style-type: none"> • Create an exceptional hospital experience and support high levels of self-reported experience ratings for patients and families. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> • Incorporate evidence-based design features that improve the healing environment, enable culturally safe care for Indigenous Peoples, and are welcoming to all communities served by the Project. • Create a safe and healthy work environment that improves staff, medical staff, and volunteer engagement, recruitment, retention, and minimizes workplace injuries. • Provide a facility that meets current best practices and standards in health-care delivery to improve outcomes for people. • Provide a facility that can accommodate current and future demand projections. • Expand the Cardiac Diagnostics Services and Clinic Program. • Increase access to surgical and mental-health services. <p>Costs: The total estimated capital cost of the project is \$1.579 billion, with \$1.246 billion funded by the Province, \$319 million by the Fraser-Fort George Regional Hospital District, and \$14 million by NHA internal sources.</p> <p>Benefits: Project benefits include:</p> <ul style="list-style-type: none"> • Provide a more technologically capable facility that includes full electronic health records, centralized registration, and centralized scheduling. • Address patient and staff safety concerns related to infection prevention and control. • Cardiac components will be co-located to form a Centre of Excellence for Cardiac Care to serve the needs of community and Northern Health. • Improve mental-health services in the Prince George Local Health Area by improving access to inpatient and outpatient care and creating a safe and respectful mental-health emergency services area. • Improve capacity for surgical services by creating a more efficient surgical environment and ensuring procedures occur in the most appropriate location. • Improve surgical services by expanding the medical device and reprocessing department and locating this component in the Tower. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Cottonwoods Long-Term Care (LTC) Replacement	2029	0	187	187
<p>Objective: The Cottonwoods LTC Replacement project (the Project) will include a new four-storey Long-Term Care Facility that includes 234 beds on the current Cottonwoods site. When complete the Cottonwoods Care Centre will increase from the existing 221 beds to 314 beds as 80 beds in the current centre will continue to operate. The project also includes an Adult Day Program (ADP) for up to 25 clients and childcare space for up to 37 children. The objectives for this project include:</p> <ul style="list-style-type: none"> • Implement modern standards to provide better quality resident care and safety standards for residents and staff. 				

Major Capital Projects (over \$50 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> Optimize clinical utilization and operational efficiencies Improve infection prevention & control measures. <p>Costs: The total estimated capital cost of the project is \$187 million, with \$112 million funded by the Province and the remaining \$75 million by the Central Okanagan Regional Hospital District.</p> <p>Benefits: Project benefits include:</p> <ul style="list-style-type: none"> Significant improvement to resident safety, resident access and flow. Improved resident satisfaction regarding access to services. Improved working conditions for clinicians and staff that will improve safety and reduce risks. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Clinical and Systems Transformation	2025	803	0	803
<p>Objective: 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 PHSA, VCH, and Providence Health Care.</p> <p>Costs: The total estimated capital cost of the project is \$803 million, with \$702 million funded by the Province, \$45 million through PHSA internal sources, \$55 million through VCH internal sources, and \$1 million by Doctors of BC.</p> <p>Benefits: 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>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Ihealth Project – Island Health Authority	2025	149	6	155
<p>Objective: The Ihealth project involves the design and build of a new, modernized Electronic Health Record (EHR) platform. The project objectives are to:</p> <ul style="list-style-type: none"> Establish a single, shared EHR across all Island Health Authority services. Enable information sharing from private primary care and specialist practices. Embed evidence and best practice standards into care processes. 				

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2024 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<ul style="list-style-type: none"> • Provide patients with access to their information and tools that facilitate engagement in their health and care. • Complete digitization of the Island Health Authority health record. <p>Costs: The total estimated capital cost of the project is \$155 million, with \$55 million funded by the Province and the remaining \$100 million through Island Health Authority internal sources.</p> <p>Benefits: Project benefits include:</p> <ul style="list-style-type: none"> • Improved patient experience and outcomes. • Improved population health. • Reduced costs and increased value. • Improved experience of providing care. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				
Immunization BC Digital Platform	2027	53	22	75
<p>Objective: The Immunization BC Digital Platform project involves the design and build of the first provincially coordinated, public-facing digital vaccine management platform. The project objectives are to provide a comprehensive digital solution to:</p> <ul style="list-style-type: none"> • Register and book people for vaccination appointments. • Record the clinical administration of the vaccine. • Capture information about adverse effects. • Track inventory. • Report on the vaccine rollout. <p>Costs: The total estimated capital cost of the project is \$75 million, with the entire amount to be funding by the Province.</p> <p>Benefits: Project benefits include:</p> <ul style="list-style-type: none"> • Prioritizing front line workers. • Better management of community outbreaks. • Improved handling of periodic vaccine shortages or over supply • Ability to issue vaccination records to the public. <p>Risks: The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				

Appendix A: Public Sector Organizations

As of August 28, 2024, the Minister of Health is responsible and accountable for the following organizations:

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 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 govern the practice of their registrants in the public interest. Regulatory colleges existing as of March 31, 2024 are established under the Health Professions Act. 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.

Appendix B: Progress on Mandate Letter Priorities

The following is a summary of progress made on priorities as stated in Minister Dix’s 2022 Mandate Letter.

2022 Mandate Letter Priority	Status as of March 31, 2024
<p>Continue your work with the Provincial Health Officer to control the spread of COVID-19 in B.C. and prepare our province for any future pandemic, including by continuing to provide free COVID-19 boosters and flu vaccines to all British Columbians.</p>	<ul style="list-style-type: none"> Ongoing; Continuing to work with the Provincial Health Officer; and provide free COVID-19 and flu vaccines to all people in B.C. As of March 31, 2024, B.C. had administered 1,457,246 doses of COVID-19 vaccines and 1,562,023 doses of influenza vaccines since launching the 2023/24 respiratory illness immunization campaign. Between October and April, infection prevention and control measures, including mandatory masking in patient care areas and the return of ambassadors, were reintroduced in health-care facilities.
<p>Increase the number of British Columbians with access to a doctor by recruiting and supporting more family doctors with the new payment model for family physicians, building new First Nations primary care centres, and building on other methods of delivering health care at the community level in partnership with medical professionals.</p>	<ul style="list-style-type: none"> Ongoing; see Objective 1.1 Key Results and Summary
<p>Identify and employ best practices related to data-informed health-care programs, working with internal and external experts.</p>	<ul style="list-style-type: none"> Ongoing; see Objective 3.3 Key Results and Summary
<p>Continue work to complete all surgeries postponed because of COVID-19 and then implement new targets to reduce surgical wait times in B.C.</p>	<ul style="list-style-type: none"> Ongoing; In 2023, all surgeries postponed throughout the COVID-19 pandemic were completed or scheduled; see Objective 2.2 for other actions to continue to reduce wait times
<p>Make British Columbia a leader in the full continuum of cancer care by launching a 10-year cancer action plan and identify near-term opportunities to improve services.</p>	<ul style="list-style-type: none"> Ongoing; plan launched February 24, 2023, see Objective 2.3 Key Results and Summary for actions in place

2022 Mandate Letter Priority	Status as of March 31, 2024
<p>With support from the Parliamentary Secretary for Gender Equity and in consultation with partners, address gaps in health-care services experienced by women, trans, and non-binary people.</p>	<ul style="list-style-type: none"> Ongoing; see Objective 3.2 Key Results and Summary
<p>Continue to strengthen ambulance services in urban and rural communities.</p>	<ul style="list-style-type: none"> Ongoing; see Objective 2.1 Key Results and Summary
<p>Continue our government’s record investments in building and modernizing hospitals in rural and urban communities and work to deliver new facilities as quickly as possible.</p>	<ul style="list-style-type: none"> Ongoing; see Capital Expenditures
<p>Make prescription contraception free for all.</p>	<ul style="list-style-type: none"> Complete; Beginning April 1, 2023, the Province implemented a universal coverage plan making contraceptives free for residents of B.C.
<p>With support from the Parliamentary Secretary for Seniors' Services and Long-Term Care, continue work to improve care for seniors through investments in new public long-term care homes, work toward eliminating multi-bedrooms in public facilities, improve accountability for private operators of long-term care homes, and expand publicly funded home care.</p>	<ul style="list-style-type: none"> Ongoing; see Objective 1.2 Key Results and Summary; the Ministry continues to work in partnership with health authorities to reduce the number of multi-bed rooms in LTC facilities. As of December 2023, 79 percent of residents are in a private room based on Ministry data (publicly subsidized facilities); and the Ministry continues its focus on better care for seniors from private operators through increased accountability.
<p>With support from the work of the Minister of State for Workforce Development, make it easier and faster for health-care workers who trained in other countries to work in B.C.'s health-care system.</p>	<ul style="list-style-type: none"> Ongoing; see Objective 3.1 Summary. Actions to support Internationally Educated Health Care Workers include: Expanding pathways for internationally trained physicians to enter B.C.'s workforce; The Ministry partnering with B.C. College of Nurses and Midwives and others to streamline registration processes; and with funding through B.C.'s HHR Strategy, Internationally Educated Allied Health professionals can sign a return of service to access bursaries to offset the costs associated with licensing

2022 Mandate Letter Priority	Status as of March 31, 2024
	exams, education, and registration in B.C.
Implement the comprehensive Health Human Resources Strategy to make sure our public health-care system has the skilled workers required to provide the care people need now and into the future.	<ul style="list-style-type: none"> Ongoing; strategy launched in September 2022, see Objective 3.1 Key Results and Summary for ongoing achievements
Support the work of the Minister of Housing to better coordinate services to deliver improved outcomes for people living in Vancouver’s Downtown Eastside, in collaboration with the Ministers of Mental Health and Addictions, Social Development and Poverty Reduction, and Public Safety and Solicitor General, as well as Indigenous Peoples, external partners, and others.	<ul style="list-style-type: none"> Ongoing; the Ministry continues to work in partnership with the Ministry of Mental Health and Addictions and other partner ministries to address the needs of people experiencing homelessness; see Objective 1.3 Key Results and Summary
Support the work of the Parliamentary Secretary for Anti-Racism Initiatives to ensure new measures address systemic racism in the health-care system.	<ul style="list-style-type: none"> Ongoing; The Ministry employs a distinctions-based approach; and the In Plain Sight recommendations, cultural safety, and reconciliation is integrated into each health-system priority and is reflected in all key results
Support the work of the Minister of Post-Secondary and Future Skills to continue to advance work to launch B.C.’s second medical school in Surrey.	<ul style="list-style-type: none"> Ongoing; SFU is on track to meet the critical milestones in the planning and accreditation process and anticipates being able to welcome 48 medical school students in 2026
Support the work of the Minister of Mental Health and Addictions to continue to lead and accelerate B.C.’s response to the illicit drug toxicity crisis across the full continuum of care: prevention, harm reduction, safe supply, treatment, and recovery.	<ul style="list-style-type: none"> Ongoing; the Ministry continues to work in partnership with the Ministry of Mental Health and Addictions to improve B.C.’s response to the highly toxic illicit drug supply crisis; see Objective 1.3 Key Results