BC Annual Reporting on Results

BC and the federal government are committed to continuing to work together to improve health care access and services through the Canada-BC *Working Together* and the *Aging with Dignity* bilateral agreements, BC has developed action plans to deliver improvements to its health care system, including:

- Supporting health workers and reducing backlogs for health services such as surgeries and diagnostics;

- Improving access to quality mental health, substance use and addictions services;

- Modernizing the health care system with standardized information and digital tools so health care providers and patients have access to electronic health information; and

- Helping people in Canada age with dignity, closer to home, by supporting efforts to improve access to home and community care, and safe long-term care.

Examples of BC's Initiatives

- Implementing nurse-to-patient ratios, a transformative staffing model to better support nurses and patients.
- Improving seamlessness across systems of care so that youth can ask once and get help fast by increasing number of Foundry centres.
- Strengthening appropriateness, safety, and quality of LTC by enabling consistent, appropriate standards of care and oversight of LTC services. This includes licensing, oversight, and infection prevention and control in LTC facilities.
- Increasing access to palliative and end of life care for people outside hospital settings, enabling them to have these supports in their home, hospice, or community settings.

Progress on initiatives and broader commitments are measured against targets which BC publicly reports on annually on this page. BC and the federal government will continue working together to improve access to health services and deliver tangible results to all residents across the province, including responding to the needs of Indigenous and other underserved and disadvantaged populations.

Annual Reporting for Working Together to Improve Health Care for Canadians Bilateral Agreement[1]

Reporting on Four Priority Areas					
Indicator	**Baseline**	**Target**	**Target Timeframe**	**Progress (As of November 2024)**	**Context for Update**
Priority Area 1 - Family Health Services					
Percentage of Canadians who report having access to a regular family health team including in rural and remote areas	See note[2]				
Priority Area 2 – Health workers and backlogs					
Size of COVID-19 surgery backlog	Complete				

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[1] BC is committed to working with CIHI to establish the baseline and resolve data quality issues for targets, timelines, and indicators.

[2] BC is not using federal funding from this action plan for family health services as since 2018/19, BC has invested more than $692 million to support new team-based primary care in family practice clinics, Urgent Primary Care Centres (UPCC), community health centres (CHC), nurse practitioner clinics and First Nations primary care clinics. Budget 2023 provides nearly $1.1 billion over three years to implement the new compensation model for family doctors launched in February 2023, provide recruitment and retention incentives for new-to-practice family doctors and those approaching retirement, and build new information technology systems, such as patient-clinic registries to support access to primary-care services. For more information see Health Connect Registry announcement (July 2023).

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Family physicians, nurses, and nurse practitioners per population[3]	For 2021: FP: 14 per 10,000 (7,118) NP: 1 per 10,000 (648) RN[4]: 77 per 10,000 (40,343)	Additional headcount FP: +200 NP: +80 RN:+8000 based on Nurse Patient Ratio targets[5]	FP: Annual Growth NP: Annual Growth RN: Full implementation by 2028 (growth over four years)	For 2023: FP: 14 per 10,000 (7,615) NP: 1.6 per 10,000 (885) RN[4]: 76 per 10,000 (41,893)	Data sources: Canadian Institute for Health Information FP: https://www.cihi.ca/sites/default/files/document/supply-distribution-migration-physicians-in-canada-2023-data-tables-en.xlsx NP & RN: https://www.cihi.ca/sites/default/files/document/nursing-in-canada-2014-2023-data-tables-en.xlsx

Priority Area 3 – Mental health and substance use

Median wait times for community mental health and substance use services	N/A[6]				
Percentage of youth aged 12 to 25 with access to integrated youth services for mental health and substance use	15 IYS active sites 9 YHS sites under development (2023)	23 IYS active sites[7]	2025/26	18 IYS active sites 18 IYS sites under development *(as of October 31, 2024)*	Data source: Foundry

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[3] Based on health human resource growth trends from past 3 years.

[4] Registered Nurses does not include Registered Psychiatric Nurses.

[5] Added nursing capacity is linked to the Nurse-to-Patient ratios, as announced September 18, 2024 (https://news.gov.bc.ca/31743) .

[6] Data for this indicator was suppressed in the Shared Health Priorities indicators published by the Canadian Institute for Health Information (Shared Health Priorities | CIHI) report due to poor data quality that was detected which affects current and historical data. Previously published baseline and target values for this indicator will be restated when data issues are resolved.

[7] Target has been updated to align with target set in the Ministry of Mental Health and Addictions 2023/24 - 2025/26 Service Plan.

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Percentage of Canadians with a mental disorder who have unmet health care needs	8% (2018)	7%[8]	2025/26	N/A[9]	Data Source: Canadian Community Health Survey (CCHS), Statistics Canada
Priority Area 4 – Modern Health Data Systems					
Percentage of British Columbians who access their health records electronically[10]	48% (2022)	75%[11]	2025/26	52% (2023)	Data Source: Canada Health Infoway Canadian Digital Health Survey
Percentage of family health service providers and other health professionals (e.g., pharmacists, specialist, etc.) who can share patient health information electronically	42% (2021)[12]	50%	2025/26	25% (2024)	Data Source: Canada Health Infoway National Survey of Canadian Physicians The progress to date reflects a shift in physicians' understanding of patient information flows which have led to more accurate reporting.

[8] These estimates from the Canadian Community Health Survey have wide confidence intervals of over +/- two percentage points making changes in the estimate over time essentially meaningless.

[9] A data update will be available in the 2025 Canadian Community Health Survey.

[10] Indicator name has been updated to reflect data reporting. Canadians and health care providers want connected electronic health information systems | CIHI.

[11] Baseline and progress data is sourced by a survey and is not comparable to the target. The BC target is using BC population accessing Health Gateway, as published in the Ministry of Health 2023/24-2025/26 Service Plan. Health Gateway is available for people to access their health information online. In August 2022, the Ministry launched a new, secure app version of the Health Gateway website that anyone can download.

[12] Data has been updated to reflect published data. See *Exchange of Patient Clinical Summaries with Care Providers Outside of Your Practice* indicator for B.C. Connected Care and Clinical Interoperability | 2024 National Survey of Canadian Physicians.

Reporting on Additional Indicators

Indicator	Baseline	Target	Target Timeframe	Progress (As of November 2024)	Context for Update
Priority Area 1 – Family Health Services	**N/A**				
Priority Area 2 – Health workers and backlogs					
Nurse Patient Ratio[13]	As of December 2022: RN – 27,764 FTEs LPN – 7,150 FTEs	Increase in nursing capacity General emergency Nurse Patient ratio 1:3	2027/28	For 2023: RN – 28,631 FTEs LPN – 7,399 FTEs	Data Source: Health Sector Compensation Information System

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[13] In September 2024, new Nurse Patient Ratios were announced for implementation (see https://news.gov.bc.ca/31743). Nurse Patient Ratios are care-setting specific and there is currently no global indicator at the provincial level; the "General Emergency" care setting ratio is provided as an example only. For the full list of nurse-patient ratios please see https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/mnpr/mnpr-ratio-definitions.

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Priority Area 3 – Mental health and substance use					
Number of Foundry centres open	16 (2023/24)	24 (includes 1 virtual site)[14]	2025/26	18 Foundry centres open (including Foundry Virtual and 17 in-person centres) 18 in development, for a total of 36 (35 in-person centres and one Foundry Virtual)	Data Source: Ministry of Mental Health and Addictions Service Plan
Percent of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months	45.5% (2021/22)[15]	2-5% Increase[16]	Annual Target	44.1% (2023/24)	Data source: PharmaNet
Percentage of people admitted for mental illness or substance use who are readmitted within 30 days	15.4% (2021/22)	13.6%[17]	2025/26	15.3% (2022/23)	Data source: Discharge Abstract Database

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[14] Target has been updated to reflect what is contained within the Ministry of Mental Health and Addictions 2023/24 - 2025/26 Service Plan with an additional virtual site added to the target value.
[15] Baseline has changed due to updated methodology.
[16] Target based on Ministry of Mental Health and Addictions 2023/24 - 2025/26 Service Plan.
[17] Targets based on the Ministry of Health 2023/24-2025/26 Service Plan.

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Priority Area 4 – Modernizing health systems					
Number of data holdings in the Health Data Platform[18]	19	34	2025/26	27 (2024)	Data source: HDPBC Data | Health Data Platform BC

Annual Reporting for Aging with Dignity Bilateral Agreement

Reporting on Home and Community Care[19]					
Indicator	Baseline	Target	Target Timeframe	Progress (As of December 2024)	Context for Update
Death at Home or in Community	63.3% (2020)	63.3%[20]	2025	59.4% (2022/23)	Data source: Canadian Institute for Health Information, Your Health System (published December 5, 2024)
Home Care Services Helped the Recipient Stay at Home	81.4% (2021)	85%[21]	2028	78.0% (2022)	Data source: Canadian Institute for Health Information, Home Care Services Helped the Recipient Stay at Home · CIHI

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[18] A data holding is a health database such as the Discharge Abstract Database for acute care. Additional data holdings will come from health authorities, e.g., cancer, hospital pharmaceuticals, clinical information systems and the Ministry of Health such as the Provincial Laboratory Information System.

[19] Baseline numbers are based on CIHI's Shared Health Priorities reports. Targets to be maintained following timeline date.

[20] Goal is to maintain status quo in the context of population growth.

[21] Goal is to meet national average in context of population growth.

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Wait Times for Home Care Services	3 days (2020/21)	3 days[22]	2025	3 days (2022/23)	Data source: Canadian Institute for Health Information, Wait Times for Home Care Services · CIHI
Caregiver Distress	34.4% (2021/22)	30%[23]	2028	36.7% (2023/24)	Data source: Canadian Institute for Health Information, Your Health System (published December 5, 2024)
New Long-term Care Residents Who Potentially Could Have Been Cared for at Home	12.9% (2021/22)	13%[24]	2028	12.5% (2023/24)	Data source: Canadian Institute for Health Information, Your Health System (published December 5, 2024)
Hospital Stay Extended Until Home Care Services or Supports Ready	7 days (2021/22)	6 days[25]	2028	8 days (2023/24)	Data source: Canadian Institute for Health Information, Your Health System (published December 5, 2024)

[22] Goal is to meet median wait time in context of population growth.
[23] Goal is to meet national average in context of population growth.
[24] Goal is to return to the baseline measure, which is ambitious compared to historical levels outside COVID-19 pandemic and in context of population growth.
[25] Goal is to continue to reduce hospital stays, improving hospital efficiencies, in the context of population growth.

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Reporting on Long-Term Care

Indicator	Baseline	Target	Timeframe	Progress (As of November 2024)	Context for Update
Percent of LTC Licensing Inspections	80.9% (2022)[26] IHA – 56% FHA – 100% VCHA- 88.5% VIHA – 79% NHA – n/a	100%	2028	93% (2023/24) IHA – 100% FHA – 100% VCHA- 97% VIHA – 98% NHA – 70%	Data Source: Health Authority Community Care Licensing Programs
Potentially Inappropriate Use of Antipsychotics in LTC	28.7% (2022/23)	21%	2028	29.4 (2023/24)	Data Source: Canadian Institute of Health Information

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[26] Does not include data from Northern Health Authority.

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