

**Ministry of
Health**

**2020/21 – 2022/23
SERVICE PLAN**

February 2020



Minister Accountability Statement



The *Ministry of Health 2020/21 - 2022/23 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

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

Honourable Adrian Dix
Minister of Health
February 10, 2020

Table of Contents

Minister Accountability Statement	2
Purpose of the Ministry	4
Strategic Direction	4
The Ministry’s Commitment to Indigenous Health and Reconciliation	5
Performance Planning	5
Resource Summary	13
Health Authorities Sector Resource Summary	14
Major Capital Projects	15
Significant IT Projects	21
Appendix A: Agencies, Boards, Commissions and Tribunals.....	22

Purpose of the Ministry

The [Ministry of Health](#) (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost-effective and timely health services are available for all British Columbians. The province's health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for provincial clinical policy, the delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology operational planning and services. The Ministry also works in partnership with the First Nations Health Authority (FNHA) to improve the health status of First Nations in British Columbia (B.C.). The FNHA is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in B.C.

Provincial legislation and regulations related to health care include the [Medicare Protection Act](#) and the [Health Professions Act](#). Legislation and regulations related to the Ministry's public health role include the [Public Health Act](#), the [Drinking Water Protection Act](#) and the [Food Safety Act](#). The Ministry also directly manages a number of provincial programs and services, including the [Medical Services Plan](#), which covers most physician services; [PharmaCare](#), which provides publicly-funded prescription drug benefits; and the [BC Vital Statistics Agency](#), which registers and reports on vital events such as a birth, death or marriage.

Strategic Direction

The Government of British Columbia remains focused on its three strategic priorities: making life more affordable, delivering better services, and investing in a sustainable economy.

Ministries are actively working to provide quality, cost-effective services to British Columbia families and businesses. By adopting the Gender-Based Analysis Plus (GBA+) lens and Business and Economic Implications Framework to budgeting and policy development, Ministries will ensure that equity is reflected in budgets, policies and programs.

Additional key initiatives underpinning lasting prosperity in 2020/21 and beyond are the implementation of:

- A Framework for Improving British Columbians' Standard of Living which will provide the foundation for quality economic growth in our province and a pathway to a more inclusive and prosperous society,
- The *Declaration on the Rights of Indigenous Peoples Act* and the Truth and Reconciliation Commission Calls to Action, demonstrating support for true and lasting reconciliation, and
- The CleanBC plan, putting B.C. on the path to a cleaner, better future – with a low carbon economy that creates opportunities while protecting our clean air, land and water.

This 2020/21 service plan outlines how the Ministry of Health will support the government's priorities, including selected action items identified in the July 2017 Minister's [Mandate Letter](#). Over the previous fiscal year, the Ministry of Health made progress on these priorities by:

- Continuing to implement a multi-year primary health-care strategy, which is focused on providing improved access to care across the province by connecting patients to caregivers in an integrated team-based environment that includes a number of urgent primary care centres, primary care clinics, and community health centres.

- Continuing to improve timely access for surgical and diagnostic services in health regions through the B.C. Surgical and Diagnostic Imaging Services Strategy that is bringing program improvements, active wait list management, and targeted funding with a goal of gradually reducing wait times.
- Supporting paramedics and the patients they care for by investing in more paramedics, dispatch staff and ambulances around the province to best serve all areas of B.C.
- Continuing to deliver on a renewed commitment to improved utilization of objective research to inform health care policy through implementation of the Research, Evaluation and Knowledge Management Strategy; and ongoing funding for the Therapeutics Initiative.
- Working to reduce the cost of prescription drugs by using generics and biosimilars and reducing or eliminating PharmaCare deductibles for 240,000 B.C. families with net incomes up to \$45,000 to improve access to medications for residents as part of the Province's support of work towards a national Pharmacare program and essential drugs program.
- Working in collaboration with the Government of Canada, First Nations Health Council, and FNHA to support funding for community-driven, Nation-based approaches to the social determinants of mental health and wellness.

The Ministry's Commitment to Indigenous Health and Reconciliation

In addition to the Government of B.C.'s commitment to true, lasting reconciliation with Indigenous people the Ministry of Health recognizes unique commitments that guide and ground its work within and across the health system. The First Nations health governance structure, developed by and for BC First Nations, is underpinned through a series of tripartite agreements and health plans. The first of its kind in Canada, this model supports First Nations self-determination, self-government, engagement pathways, and decision-making through an integrated approach where reciprocal accountability is paramount to all partners. Additionally, the *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC (2015)* demonstrates the commitment of the Ministry and health system partners to advance and strengthen cultural safety and humility in organizations and systems.

The Ministry is deeply invested in the principles of reconciliation, cultural safety and humility, and reciprocal accountability.

The following performance plan outlines how the Ministry of Health will uphold these commitments, and continue to track progress on key mandate letter commitments and other emerging government priorities.

Performance Planning

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

This goal captures the Ministry's emphasis on transformational change in two key Mandate Letter priorities: primary and community care, and surgical wait times. In primary and community care, this

means an integrated team-based approach that brings together and coordinates local primary and community care providers, services and programs to make it easier for people to access care, receive follow-up and connect to other services they may need, informed using research evidence in policy, planning, and practice. This work focuses on Government’s commitment to delivering the services people count on, particularly on improving and strengthening health services for seniors, those with mental health and substance use issues, and other adults who have complex care needs.

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

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

Key Strategies:

- Prioritize team-based primary care through focusing on integrated team-based primary care in urgent and primary care centres, full service primary care clinics, community health centres, and First Nations-led primary health care projects.
- Continue to improve access to comprehensive, culturally appropriate primary care services based on patient and community population needs, including care for patients with chronic illnesses, complex medical needs, and frailty, as well as Indigenous peoples and communities.
- Continue to work and collaborate with the health authorities, Doctors of BC through the General Practice Services Committee, [Divisions of Family Practice](#), the [Nurses and Nurse Practitioners of BC](#), the [Midwives Association of BC](#), allied health professional associations, community health centres, non-profit agencies and Health Unions, patients and families to advance primary care services.
- Continue to work and collaborate with [FNHA](#), Métis Nation BC, and other Indigenous partners to support the integration of Indigenous primary health care services.
- Leverage provincial research activities that support the implementation of primary and community care transformation.

Performance Measure	2016/17 Baseline	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
1.1 Number of Primary Care Networks operating or in implementation ¹	0	25	45	65	65

¹ Data Source: Ministry of Health

Linking Performance Measure to Objective:

Patients can be attached to family practices supported through a PCN, meaning patients have ongoing care relationships with primary care providers such as family doctors or nurse practitioners, who work in team-based practices that may also include nurses, clinical pharmacists, social workers, physiotherapists, occupational therapists, registered dietitians, midwives, and other allied health professionals. Benefits of having a continuous relationship with a primary care provider include improved disease management, positive health outcomes and improved experiences of care.

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

Key Strategies:

- Improve and strengthen long-term care services to ensure seniors receive dignified and quality care.
- Continue to promote community-based models of care and digital solutions to ensure continuity of care and integration of services to support adults with complex issues, including seniors, to stay at home longer.
- Continue to focus on improving integrated team and community-based care for seniors with complex medical conditions and/or frailty by implementing specialized services. These services will integrate and coordinate all services for this patient population including home support, community-based professional services, community caregiver supports, palliative care, and assisted living.
- Build engagement with seniors centres, community centres, Indigenous partners, cultural organizations and multi-service non-profit societies in providing health and wellness, cultural, educational and other services to support seniors in community.
- Continue work to improve accessibility, responsiveness, and quality of community-based palliative care, and continue to provide end-of-life care services including hospice and home-based palliative care to support those at the end of life with greater choice and access.
- Continue to improve access to home and community care and focus on increased service levels to better address the needs of seniors.
- Improve range of supports to people in long-term care homes to ensure they receive dignified and quality care with a focus on achieving an average of 3.36 direct care hours per resident day across each health authority by the end of 2020/21 and working with care providers to embed person-centred respect and compassion in all service delivery.

Performance Measure	2016/17 Baseline	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
1.2a Average direct care hours per resident day across all health authorities ¹	3.11	3.28	3.36	3.36	3.36

¹ Data Source: Ministry of Health

Linking Performance Measure to Objective:

This new performance measure identifies the direct care hours per residential day in long-term care facilities and reflects government’s commitments and efforts to improve and strengthen the quality of service and provide the best day-to-day assistance to seniors living in long-term care facilities. The British Columbia government is investing \$548 million to improve care for seniors, including investments in primary care, home and community care, long-term care and assisted living.

Performance Measure	2017/18 Baseline	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
1.2b Potentially inappropriate use of antipsychotics in long-term care ¹	25.3%	25%	21%	19%	18%

¹ Data Source: Canadian Institute for Health Information

Linking Performance Measure to Objective:

This performance measure identifies the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care. Future year targets for this measure may be adjusted as initiatives and efforts to address this issue mature.

Performance Measure	2016/17 Baseline	2019/20 Forecast ²	2020/21 Target	2021/22 Target	2022/23 Target
1.2c Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older ¹	3,360	3,050	2,955	2,910	2,865

¹ Data Source: Discharge Abstract Data

² 2019/20 forecast is developed on new population data P.E.O.P.L.E 2019)

Linking Performance Measure to Objective:

This performance measure tracks the number of people 75 years of age and older with select chronic disease such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. Lower admission rates indicate that these patients are receiving appropriate care in the community to allow them to stay home longer and be healthier. Proactive disease management and community-based services can help seniors maintain functioning and reduce complications that could require higher-level medical care, such as emergency department visits and hospitalizations.

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

Key Strategies:

- Specialized services for patients needing mental health and/or substance use care will integrate and coordinate all services for this patient population including community-based professional services and supports, community care giver supports, and longer-term residential treatment services.
- Health authorities will improve access and care coordination across specialized services through interdisciplinary team-based care to better meet the needs of patients and their families. These teams will ensure clinical and communication pathways are functional between specialized services and programs such as acute care, emergency departments and primary care.

- Continue to work with the Government of Canada, the First Nations Health Council, and the FNHA to establish and implement community-driven, Nation-based demonstration centres through a new approach to investment in mental health and wellness services for First Nations.
- Continue to focus on public health initiatives to prevent mental health and substance use issues, and improve public health and community supports for those experiencing mental health and substance use challenges.
- Continue to support the [Ministry of Mental Health and Addictions](#) with implementation of the mental health and addictions strategy, to include a focus on improving access and quality, early prevention, including early childhood social and emotional development, and child and youth mental health services.
- Work in partnership with the [Ministry of Mental Health and Addictions](#) to support the continuing response to the opioid overdose public health emergency.

Performance Measure	2016/17 Baseline	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days ¹	14.7%	14.3%	14.1%	14.0%	13.9%

¹ Data Source: Discharge Abstract Database

Linking Performance Measure to Objective:

Specialized services help improve access to a range of services and supports in the community for persons with mental health and/or substance use issues. These efforts, along with effective discharge planning, can help reduce re-hospitalizations for this patient group.

Objective 1.4: Timely access to appropriate surgical procedures

Key Strategies:

- Support health authorities and other key stakeholders to improve patient and family experience through the continued development of the provincial [B.C. Surgical and Diagnostic Imaging Strategy](#) aimed at addressing backlogs, improving coordination, performing additional surgeries, making system and process improvements that optimize capacity, and supporting surgical health care providers.
- Work with partners to ensure appropriately scaled education and training programs, effective recruitment and retention, and efficient team-based service models are in place to support the health human resources needs of the provincial [B.C. Surgical and Diagnostic Imaging Strategy](#).
- Manage wait lists optimally, consistently and proactively, including increased adoption of single-entry models.
- Produce standardized, accurate and comparable wait list and wait time information and analysis.
- Continue to explore the use of innovative approaches to reduce surgical wait times, such as the Surgical Services Program for hip and knee replacement.

Performance Measure	2016/17 Baseline	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
1.4 Surgeries in targeted priority areas completed ¹	20,541	26,800	27,300	27,600	27,900

¹ Data Source: Surgical Patient Registry (Site ID 200)

The 2019/20 Service Plan incorrectly stated a forecast for 2018/19 as 27,160 and the 2019/20 target as 27,660, due to a miscalculation when the Provincial Health Services Authority targets were added to this measure. The 2019/20 target was correctly provided to health authorities at 26,996 surgeries in priority areas. This has been corrected in this year’s plan and targets for the subsequent years for this measure have been adjusted to reflect this.

Linking Performance Measure to Objective:

The completion of additional surgeries in the areas of hip, knee and dental reflects efforts to allocate surgical resources in specific areas to focus on patients waiting for those procedures. These efforts show progress to “catch up” and “keep up” volumes in priority areas, which is obtained through funding, service coordination, and process improvements that enhance capacity in the system. These priority areas will change over time.

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

This goal focuses on Government’s commitment to delivering the services people count on by continuing to improve and strengthen a range of important health services to achieve better outcomes. Additionally, this Goal addresses implementation of the [United Nations Declaration on the Rights of Indigenous Peoples](#), and the [Truth and Reconciliation Commission of Canada: Calls to Action](#) that are central to the delivery of high-quality, culturally safe health services across the province.

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

Key Strategies:

- Work with health authorities, physicians, nurses, midwives, allied health professionals, and other partners to improve the health of British Columbians through continued implementation and refresh of [Promote, Protect, Prevent, Our Health Begins Here. BC’s Guiding Framework for Public Health](#).
- Work with health authorities, physicians and other partners to ensure long-term health promotion, and illness and injury prevention services, including screening as identified in the Lifetime Prevention Schedule, are delivered at a Local Health Area level.
- Continue to support true and lasting reconciliation with Indigenous peoples by fully adopting and implementing the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Truth and Reconciliation Commission of Canada: Calls to Action](#) and the [Métis Nation Relationship Accord II](#).

- Work with partner ministries, health authorities, BC Centre for Disease Control and FNHA, to address health protection including the provision of safe drinking water, and government commitments for climate change adaptation and preparedness to protect public health.

Performance Measure	2017/18 Baseline	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	62%	68%	70%	72%	74%

¹ Data Source: Health Authority annual community survey

Linking Performance Measure to Objective:

This performance measure focuses on the proportion of the 162 communities in B.C. with healthy living strategic plans, developed in partnership with the Ministry and health authorities. Health authorities partner with communities to take collaborative action and develop healthy public policy that addresses the determinants of health and chronic disease risk factors at the community level. These actions and policies promote healthy, active lifestyles, healthy built and natural environments, and social connectedness. Healthy living strategic plans are the product of these collaborative relationships between health authorities, local governments, First Nations communities, and key stakeholders.

Objective 2.2: Continued improvement of hospital and diagnostic services

Key Strategies:

- Work in partnership with [B.C. Emergency Health Services](#) to continue to improve paramedic services, including access to services in First Nations communities.
- Continue to improve the delivery of hospital-based services through health authority targeted program and service delivery improvement initiatives.
- Continue to provide high quality, culturally safe hospital services that meet the needs of the population.
- Continue to invest in the province’s PharmaCare program.

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

¹ Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Linking Performance Measure to Objective:

Clostridium difficile (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. Actively monitoring *C. difficile* infections in acute care facilities, and developing evidence-based infection prevention and control guidelines, helps reduce such infections and therefore improves the quality of care and patient safety, protecting both patients and healthcare providers. In the future adjustments to the out-year targets may be necessary based on regular monitoring of performance in this area.

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

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

Objective 3.1: Effective health sector resources and approaches to funding

Key Strategies:

- Support an engaged, skilled, well-led and healthy workforce in a safe, stable and respectful work environment that provides patient-centred, team-based, culturally safe and appropriate care through integrated provincial-level health human resource planning, clinical leadership, recruitment, career development, and management. Ensure that Indigenous priorities are incorporated in provincial health workforce planning.
- Continue to modernize the health system using digital services, information management and technology while ensuring effective coordination and management of budgets, timelines and outcomes.
- Continue to improve productivity and quality of health services by fostering a culture of innovation that values and implements new ideas through health authority targeted program and service delivery improvement initiatives.
- Work with the health authorities to undertake research initiatives that support improved clinical care, service delivery, novel treatments, and continuous quality improvement.

Performance Measure	2016 Baseline	2019 Forecast	2020 Target	2021 Target	2022 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours ¹	3.8%	4.5%	3.8%	3.8%	3.8%

¹ Data Source: Health Sector Compensation Information System

Linking Performance Measure to Objective:

Overtime is a key indicator of the overall health of a workplace. Out-year targets for this measure maintain overtime rates against expected growth in demand. By addressing underlying causes of overtime, efficiencies can be gained that help promote both patient and caregiver safety while also reducing unnecessary costs to the health system. Out-year targets may be adjusted in the future to better reflect progress on this measure.

Resource Summary

Core Business Area	2019/20 Restated Budget ¹	2020/21 Estimate	2021/22 Plan	2022/23 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	14,215,526	15,232,619	15,915,960	16,386,989
Medical Services Plan	4,969,810	5,242,763	5,462,727	5,692,825
Pharmacare	1,349,592	1,411,098	1,445,454	1,489,147
Health Benefits Operations	47,147	48,147	49,158	49,158
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	263,484	255,008	256,637	256,637
Health Special Account	147,250	147,250	147,250	147,250
Total	20,845,559	22,189,635	23,129,936	23,874,756
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	1,051	579	30	30
Total Capital Expenditures	1,051	579	30	30
Capital Grants (\$000)				
Health Facilities	654,442	1,007,505	1,032,282	1,842,008
Total Capital Grants	654,442	1,007,505	1,032,282	1,842,008

¹ For comparative purposes, amounts shown for 2019/20 have been restated to be consistent with the presentation of the 2020/21 Estimates.

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Health Authorities Sector Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's health authorities 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 *2020/21 – 2022/23 Service Plan* are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Description	2019/20 Forecast	2020/21 Estimate	2021/22 Plan	2022/23 Plan
Health Authorities and Hospital Societies – Combined Income Statement (\$000)				
Total Revenue¹	16,809,000	17,425,000	18,077,000	18,446,000
Total Expense²	16,809,000	17,425,000	18,077,000	18,446,000
Net Results³	0	0	0	0

¹ Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

² Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

³ The 2019/20 forecast is based on third-quarter approved information provided by the health authorities and hospital societies. The 2019/20 Forecast, 2020/21 Estimate, 2021/22 and 2022/23 Plan are adjusted for inter-entity transactions between these agencies.

Major Capital Projects

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
#1 Queen Charlotte/Haida Gwaii Hospital	2016	48	1	49
<p>Construction on the new Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay (Queen Charlotte Hospital) completed in September 2016 and patients moved in November 16, 2016. The existing hospital was demolished to make way for parking. The new hospital replaces an aging facility and consolidates health services into one location. The facility consists of 16 beds, including 8 residential care beds plus a labour, delivery, recovery suite in a 2-storey, 5,000 square metre Leadership in Energy and Environmental Design (LEED) Gold facility. The new hospital will provide adequate space to enable client-focused care delivery, as well as specialized care services such as low-risk maternity, obstetrics, and cancer care. The capital cost of the project is \$49 million and is cost shared with the North West Regional Hospital District.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522448/qch-replacement-project-capital-plan.pdf</p>				
#2 Surrey Emergency/Critical Care Tower	2019	482	0	482
<p>The new emergency department is five times larger and includes specialized units for mental health, geriatric care, a separate children’s emergency area, an enhanced minor treatment unit and an improved area for acute patients. The Critical Care Tower includes a perinatal centre with 48 neonatal intensive care unit beds. The maternity department was also expanded, and 13 new obstetric beds were added. The project also included additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 percent.</p> <p>The capital cost of the project is \$482 million. The new emergency department opened for service in 2013 and the tower opened in 2014. The connector link and final renovation work completed in March 2019.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/PubDocs/bcdocs/456304/Capital_project_plan.pdf</p>				
#3 Royal Inland Hospital Patient Care Tower	2024	81	336	417
<p>A new 107-bed patient care tower at Royal Inland Hospital in Kamloops will improve patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms and expanding the existing emergency department. Construction of the new patient care tower started in fall 2018 and it is scheduled to be open to patients in July 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2024.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</p>				
#4 Vancouver General Hospital – Jim Pattison Pavilion Operating Room Renewal Phase 1	2021	14	88	102
<p>The Vancouver General Hospital Operating Room project will modernize the operating rooms to create appropriately-sized operating rooms leading to better services and outcomes for patients. This phase of the Vancouver General Hospital Operating Room renewal project includes construction of 16 new operating rooms and a 40-bed perioperative care unit. The \$102 million project will enable Vancouver General Hospital to increase the number of surgeries performed and to reduce the cancellation rate for scheduled cases. OR construction started in 2019 and is planned to complete in 2021.</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf				
#5 North Island Hospitals	2017	595	4	599
<p>The North Island Hospitals Project includes a new 95-bed, 4-storey, 32,000 square metre LEED Gold facility and parking structure in Campbell River and a new 153-bed, 5-storey, 40,000 square metre LEED Gold facility and parking structure in the Comox Valley. Construction completed in spring 2017. Both sites opened to patients in early fall 2017 and demolition of the Campbell River and District General Hospital was completed in late 2018. The new hospitals will enhance the quality of care for patients, increase capacity to meet the population's growing and changing needs, improve access to services for all northern Vancouver Island communities, and increase safety for patients and staff. The project will also increase acute care capacity with safe and efficient facilities, improve the ability of the Vancouver Island Health Authority to recruit and retain physicians and other health care professionals, and increase the opportunity to introduce new services to the communities. The capital cost of the project is estimated at \$599 million. The Comox-Strathcona Regional Hospital District is contributing approximately \$235 million, with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf </p>				
#6 Interior Heart and Surgical Centre	2018	308	73	381
<p>The Interior Heart and Surgical Centre (IHSC) project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. The IHSC building opened in September 2015 and renovations to the final existing building, Strathcona, completed in December 2018. The project will improve patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and improve health service delivery and patient flow at Kelowna General Hospital.</p> <p>The project will also feature capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is estimated at \$381 million. The Central Okanagan Regional Hospital District is contributing approximately \$85 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx </p>				
#7 Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre	2017	73	1	74
<p>Construction on the 100-bed, 8-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre completed in spring 2017 and patients moved in late August 2017. The centre will create seamless access to acute secondary psychiatric services and community-based programs for patient populations in Vancouver and consolidate services to allow for improved staff utilization, streamlined discharges and improved patient engagement. The project will result in the development of an optimal purpose-built facility designed to reduce critical safety risks and improve patient outcomes. The capital cost of the project is estimated at \$74 million. The Vancouver General Hospital and University of British Columbia (UBC) Foundation contributed \$25 million to the cost of the project, including \$12 million from the Segal family.</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
#8 Children's and Women's Hospital Redevelopment	2020	635	41	676
<p>The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is now complete and included expansion of the neonatal intensive care unit by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building.</p> <p>Construction of the second phase of the project was substantially complete in summer 2017 and consists of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 59,400 square metre Teck Acute Care Centre (TACC), and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The TACC opened for patients on October 29, 2017.</p> <p>The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. Government approved the Phase 3 business plan in spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidating and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. Construction of Phase 3 is underway with completion planned for 2020. The capital cost of the redevelopment project is estimated at \$676 million, including a \$144 million contribution from the BC Children's Hospital Foundation.</p> <p>For more information, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.</p>				
#9 Penticton Regional Hospital – Patient Care Tower	2022	258	54	312
<p>The Patient Care Tower (PCT) project will proceed in two phases. Phase 1 construction of the new 25,582 square metre PCT started in April 2016 and includes a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. The PCT opened to patients on April 29, 2019.</p> <p>Phase 2 will involve renovation of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. Phase 2 renovations are underway with completion planned for 2022. The capital cost of the project is estimated at \$312 million. Costs are shared between Government, the Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</p>				
#10 Royal Columbian Hospital – Phase 1	2020	210	49	259
<p>Phase 1 of the Royal Columbian Hospital (RCH) redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 percent, and eliminate the current risk of power systems failure with a post-disaster building.</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The preferred design-build proponent was selected in December 2016. Construction started in early 2017 and is expected to be complete in early 2020 with patients scheduled to move in April 2020. The capital cost of the project is estimated at \$259 million. The RCH Foundation is contributing \$9 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf</p>				
#11 Royal Columbian Hospital – Phases 2 & 3	2026	20	1,216	1,236
<p>Phase 2 of the RCH redevelopment project consists of a 348-bed, 11-storey, approximately 55,000 square metre Acute Care Tower with an underground parkade and heliport on top of the building. Phase 3 is critical, enabling works to support the RCH campus' increased capacity and to improve the delivery of patient care. It includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower.</p> <p>Upon completion of Phases 2 and 3, there will be an increase in RCH campus inpatient capacity of over 50 percent to a total of 675 beds. The project will address growing service needs, help ease congestion, improve patient-centred outcomes, introduce advanced medical technologies and enhance the working environment for health professionals. Construction on the tower is expected to start in 2020 and complete in 2024. The renovations will be complete in 2026. The capital cost of the project is estimated at \$1.2 billion. The RCH Foundation is contributing \$30 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</p>				
#12 Peace Arch Hospital Renewal	2022	8	76	84
<p>The Peace Arch Hospital Renewal project will improve patient experience and outcomes by providing new and larger operating rooms and expanding pre/post patient care and clinical support spaces. A new medical device reprocessing department will be relocated below the emergency department (ED) allowing for improved access to sterilized surgical equipment. The existing ED will be renovated and expanded to accommodate increased treatment spaces and a new mental health unit. Construction started in December 2018 and is expected to be complete in early 2022.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf</p>				
#13 Centre for Mental Health and Addictions	2021	38	63	101
<p>The new 105-bed facility will be located on the Riverview lands in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility is expected to complete in 2021 and will be a more therapeutic space for those living with complex mental health challenges and substance-use issues. The capital cost of the project is estimated at \$101 million with funding provided by the Province.</p>				
#14 Dogwood Complex Residential Care	2022	-	58	58
<p>The \$57.6 million replacement 150-bed complex residential care facility will be located on Lot 5 of the Pearson Dogwood site in Vancouver. The project is to be funded by Vancouver Coastal Health Authority from net sale proceeds from the sale of the combined Pearson and Dogwood properties. Design is underway and construction is planned to start in March 2020 and complete in late 2022.</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/689677/689677_Dogwod_Complex_Residential_Care_Replacement.pdf</p>				
#15 Lions Gate Hospital – New Acute Care Facility	2024	-	166	166
<p>Construction of the new six-storey Acute Care Facility (ACF) will replace 108 outdated and undersized inpatient beds, expand the perioperative suite (including 8 new universal operating rooms), create a new surgical daycare and post-anaesthetic recovery room to support new and existing ORs, and provide a new replacement medical device reprocessing department and new outpatient clinics and support services.</p> <p>Renovations will be made to existing infrastructure to facilitate integration of new ACF with existing buildings. The Lions Gate Hospital Foundation will be contributing \$96 million with \$70 million provided by Vancouver Coastal Health Authority</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf</p>				
#16 St Paul’s Hospital	2026	6	2,077	2,083
<p>The project to build a New St. Paul’s Hospital at Station Street in Vancouver will result in a new core hospital (acute care centre and outpatient care centre) including capacity for 548 inpatient beds, new and larger emergency department, surgical suite and consolidated specialty outpatient clinics and underground parkade. Procurement is underway and expected to complete in fall 2020. Construction planned to start in fall 2020 and expected to be completed in 2026. The capital cost of the project is estimated at \$2.083 billion with \$125 million to be provided by the St. Paul’s Foundation, \$1.158 billion from the Province, and \$800 million from Providence Health Care.</p>				
#17 Mills Memorial Hospital	2026	1	446	447
<p>The Mills Memorial Hospital Redevelopment project will replace the existing hospital originally built in 1959. The new hospital will include 78 inpatient beds an increase of 34 beds over the existing capacity. There will be 4 operating rooms and 20 emergency department treatment spaces. The project also includes the relocation and expansion of the Seven Sisters facility, which accommodates a regional mental health rehabilitation and recovery program, on the Mills Memorial site. Surgery and trauma services for the Northwest HSDA will be coordinated and rely on the new facility, the new hospital will meet the needs of a Level 3 Trauma Centre. Procurement is underway and is expected to complete in Fall 2020. Construction is planned to start in Fall 2020 and expected to complete in Spring 2024. The capital cost of the project is estimated at \$447 million. The North West Regional Hospital District is contributing approximately \$110 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703045/703045_Capital_Project_Plan_Mills_Memorial_Hospital_Redevelopment_May2019.pdf</p>				
#18 Burnaby Hospital Redevelopment – Phase 1	2025	-	547	547
<p>The Burnaby Hospital Redevelopment Phase 1 project will improve patient outcomes by enhancing the quality of the health care environment with construction of a new Inpatient/Outpatient Tower and renovating and expanding the</p>				

Major Capital Projects (over \$50 million)	Targeted Completion Date (Year)	Project Cost to Dec 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>Support Facilities Building (SFB). The new six-storey tower will accommodate relocated services including medical/surgical inpatient unit, outpatient services, consolidated maternity/labour and delivery unit, and a mental health and substance use patient unit. Renovations and expansion of the SFB will improve access to care by providing additional operating rooms, a new medical device reprocessing department, additional parking, and renovations to key support services. Renovations to the Nursing Tower will permit the relocation of the medical and surgical inpatient unit and additional recovery space for the endoscopy suite. The project also includes the demolition of the Cascade and West Wing Buildings to make way for future development. Construction is expected to start in Summer 2021 and be completed in Summer 2025.</p>				
#19 Cariboo Memorial Hospital	2026	-	218	218
<p>The Cariboo Memorial Hospital (CMH) Redevelopment project is a two-phased project on the CMH campus. Phase 1 includes construction of a 3-storey addition. Phase 2 includes renovation of vacated spaces in the existing hospital. Once the project is complete the redeveloped CMH will include 53 inpatient beds an increase 25 beds over the existing capacity. The project also includes a new acute adult inpatient psychiatric unit (included in the 53 inpatient beds), a new and larger emergency department and an increase in surface parking stalls. Procurement is underway and is expected to complete in Summer 2021. Phase 1 (new addition) construction is planned to start in Summer 2021 and expected to complete in Fall 2023. Phase 2 (renovations) construction is planned to start in Fall 2023 and expected to complete in Fall 2025. The capital cost of the project is estimated at \$218 million. The Cariboo Chilcotin Regional Hospital District is contributing approximately \$87 million with the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf</p>				
#20 Stuart Lake Hospital Redevelopment	2025	-	116	116
<p>The Stuart Lake Hospital (SLH) Redevelopment project is a replacement of the existing SLH on the current site. The hospital will be built on the same site as the existing one and once complete, the existing facility will be demolished to make way for parking. The new hospital will be three times larger than the current facility, with 27 beds, including 18 long-term care beds. There will also be an emergency department with two treatment rooms, a trauma bay and ambulance bay. The hospital will feature a primary care centre that will consolidate services currently being offered in Fort St. James to one location. Construction is expected to begin in summer 2021 and the new facility is targeted to open for patients in 2024. The capital cost of the project is estimated at \$116 million. The Stuart Nechako Regional Hospital District is contributing approximately \$18 million with the balance provided by the Province.</p>				

Significant IT Projects

Significant IT Projects (exceeds \$20 million in total or \$10 million in one fiscal year)	Targeted Completion Date (Year)	Project Cost to March 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
#1 Clinical and Systems Transformation	2023	376	104	480
<p>The primary purpose of the Clinical and Systems Transformation Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care. The vision of this integrated system is “One Person. One Record. Better Health”.</p> <p>The most significant benefit to patients and the care delivery process is in relation to the reduction of adverse events associated with a hospital stay. The ten-year total cost of ownership (TCO) for the project is projected to be \$842 million, composed of a \$480 million capital and \$362 million operating cost component. This TCO includes expenditures on the installation and implementation of the new system and related maintenance and support costs for the ten-year period. This TCO estimate continues to be reviewed and the operating cost component is expected to be significantly over budget.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf</p>				
#2 IHealth Project – Vancouver Island Health Authority	2020	95	5	100
<p>IHealth is a multi-year, Island Health-wide strategy to support quality, safe patient care, increase consistency across sites and systems, and reduce the risk of medication-related errors. IHealth will provide a single electronic health record for all parts of the health care system. It is interactive for health care providers, and includes clinical decision support and quality measures that will guide critical thinking in a new way. It is a powerful, integrated electronic system that will keep track of a patient’s health records in one single record, across sites and across programs and services, over a patient’s entire life. However, the project has been delayed and is facing serious financial pressures. A review concluded that Island Health will not be able to complete the full project scope within the timelines identified and it is expected that the project will be significantly over budget.</p>				

Appendix A: Agencies, Boards, Commissions and Tribunals

[Assisted Living Registrar](#)

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/assisted-living-registrar>

The Registry administers the registration of assisted living residences; establishes and administers health and safety standards, and administrative policies and procedures; investigates complaints about health and safety; and inspects residences if there is a health and safety concern.

[BC Emergency Health Services](#)

<http://www.bcehs.ca>

BC Emergency Health Services, an agency of the Provincial Health Services Authority, oversees the BC Ambulance Service and Patient Transfer Coordination Centre, providing out-of-hospital and inter-hospital health services.

[BC Patient Safety and Quality Council](#)

<https://bcpsqc.ca>

The Council provides system-wide leadership to efforts designed to improve the quality of health care in the province. Through collaborative partnerships with health authorities, patients, and those working within the health care system, the Council promotes and informs a provincially-coordinated, patient-centred approach to quality.

[First Nations Health Authority](#)

<http://www.fnha.ca>

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

[Fraser Health Authority](#)

<https://www.fraserhealth.ca>

Fraser Health delivers public health, hospital, residential, community-based and primary health care services in communities stretching from Burnaby to White Rock to Hope.

[Interior Health Authority](#)

<https://www.interiorhealth.ca>

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

[Northern Health Authority](#)

<https://www.northernhealth.ca>

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

[Métis Nation BC](#)

<https://www.mnbc.ca>

The Métis Nation BC develops and enhances opportunities for its Métis Chartered Communities and Métis people in B.C. by providing culturally relevant social and economic programs and services.

[Patient Care Quality Review Boards](#)

<https://www.patientcarequalityreviewboard.ca/>

Patient Care Quality Review Boards are aligned with each health authority to receive, investigate and respond to patient complaints about quality of care under the jurisdiction of the health authorities.

[Provincial Health Services Authority](#)

<http://www.phsa.ca>

The Provincial Health Services Authority works collaboratively with the Ministry of Health, B.C.'s five regional health authorities and the First Nations Health Authority to provide select specialized and province-wide health care services (BC Cancer, Renal, Transplant, Cardiac, Perinatal and others), ensuring that residents have access to a coordinated provincial network of high-quality specialized health-care services.

[Vancouver Coastal Health Authority](#)

<http://www.vch.ca>

Vancouver Coastal Health 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](#)

<https://www.islandhealth.ca>

Island Health delivers public health, hospital, residential, community-based and primary health care services to residents living in communities from Victoria to Cape Scott, and Tofino to Campbell River.