

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 987522

PREPARED FOR: Honourable Terry Lake, Minister of Health - **FOR DECISION**

TITLE: Penticton Regional Hospital, Project Liaison Committee

PURPOSE: To establish a Project Liaison Committee for the Penticton Regional Hospital - Patient Care Tower capital project.

BACKGROUND:

- In March 2013, the Premier announced government was proceeding with the business plan development for the Penticton Regional Hospital, Patient Care Tower project (the Project).
- In July 2013, an unsanctioned working group was established by members of the community to continue advocacy for the Project.
-

Sect 13

- PLCs are currently in place for the following projects:
 - Surrey Memorial Hospital - Emergency Department and Critical Care Tower
 - Queen Charlotte/Haida Gwaii Hospital Replacement
 - Lakes District Hospital & Health Centre (Burns Lake) Replacement
 - Interior Heart and Surgical Centre / Kelowna Vernon Hospitals Project
 - Hope Centre (mental health facility) at Lions Gate Hospital in N. Vancouver
- These Committees provide advice on local issues and concerns that may affect the projects. Government Members of the Legislative Assembly on the committees are responsible for providing feedback to the Ministers of Health and Finance as required.

DISCUSSION:

- Consistent with the representation on established PLCs, the proposed membership for the Committee includes government Members of the Legislative Assembly, municipal leaders, local regional hospital district (as applicable), and representatives from the Ministry of Health, the Interior Health Authority, and the South Okanagan Similkameen Medical Foundation.

- The primary focus of the Committee will be on the business plan development and the members will receive:
 - Regular updates on the business case status and progress;
 - Briefing on key project issues, milestones and communications opportunities; and
 - Information and communications materials for use in the community to ensure that Penticton residents impacted and benefiting from the projects are kept up to date on developments.
- The proposed membership of the PLC along with a recommendation for the PLC Chair is provided in Appendix One.
- The membership of the PLC is subject to any changes or revisions that may be requested by the Minister's office.

OPTIONS:

1. Approve membership of the Project Liaison Committee as identified in Appendix One, including revisions and/or changes requested by the Minister's Office.
2. Do not approve.

RECOMMENDATION:

Option 1

Approved/Not Approved
Honourable Terry Lake
Minister of Health

Date Signed

Program ADM/Division	Manjit Sidhu, ADM, Financial and Corporate Services
Telephone	250 952-2066
Program Contact (for content)	Kevin Brewster, Executive Director, Capital Services Branch
Drafter	James Postans, Director, Capital Services Branch
Date	Aug 1, 2013
File Name with Path	

Page 3 redacted for the following reason:

Sect 13

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff #987932 xref# 984559; #987522

PREPARED FOR: Honourable Terry Lake, Minister of Health
- FOR DECISION

TITLE: Project Liaison Committees – Major Capital Projects

PURPOSE: To seek approval to re-start Project Liaison Committee meetings for major capital projects and advice on new committee chairs

BACKGROUND:

- As part of the approval process for major capital projects, government directs the Ministry of Health (the Ministry) to establish Project Liaison Committees (PLC) comprised of local government Members of the Legislative Assembly, key municipal leaders, and representatives from the Ministry, the respective health authority, Partnerships BC, and the local hospital foundation (as applicable).
- PLC's provide a forum to update members on the status of a capital project and for the members to provide advice to the health authority on local issues and concerns that may affect the project. Each PLC meets approximately every 2 months for no longer than 90 minutes and meetings are a combination of in-person and teleconference.
- Meetings typically provide:
 - Regular updates on capital project status and progress;
 - Briefing on key project issues, milestones and communications opportunities;
 - Information and communications materials for use in the community to ensure that local residents are kept up to date on developments.
- The government Members of the Legislative Assembly on each PLC are responsible for providing feedback to the Minister of Health as required.
- PLCs are currently in place for the following projects:
 - Interior Heart & Surgical Centre / Kelowna & Vernon Hospitals
 - Surrey Memorial Hospital, Emergency Dept & Critical Care Tower
 - Queen Charlotte/Haida Gwaii Hospital
 - Lakes District Hospital & Health Centre (Burns Lake)
 - Lions Gate Hospital (North Vancouver), HOpe Centre mental health facility
- New PLC's need to be established for the following projects:
 - Children's & Women's Hospital Redevelopment
 - North Island Hospitals Project (Campbell River & Comox Valley)
 - Royal Inland Hospital (Kamloops), Clinical Services Building
 - Penticton Regional Hospital, Patient Care Tower

- The Ministry suspended all PLC meetings during the interregnum period prior to the May 14, 2013 provincial election and the meetings have not yet restarted.

DISCUSSION:

- The Ministry requires approval of the Minister of Health (the Minister) to direct health authorities to restart PLC meetings.
- In addition, the Ministry requires the following direction from the Minister:
 - A new chair is required for the Queen Charlotte/Haida Gwaii Hospital PLC since the previous chair, the
 - The Ministry is asking for guidance on an appropriate individual to chair this PLC.
 - A new chair is required for the H.Q. Centre for Health facility PLC since the previous chair,
 -
- Of the new committees shown in Appendix 2, the Ministry requires direction from the Minister to fill the vacant chair positions for the following projects:
 - Children's & Women's Hospital Redevelopment Project
 - North Island Hospitals Project (Campbell River & Comox Valley)
 - Royal Inland Hospital (Kamloops)
 - Penticton Regional Hospital, Patient Care Tower

DECISION REQUIRED:

- 1) Approve the resumption of PLC meetings for major capital projects.
- 2) Provide direction to the Ministry on the appropriate MLA's to chair PLC's for the six projects identified above.

Approved/ Not Approved
Honourable Terry Lake
Minister of Health

Program/Division:	Manjit Sidhu, ADM, Financial and Corporate Services
Telephone:	250 952-2066
Program Contact (for content):	Kevin Brewster, Executive Director, Capital Services Branch
Drafter:	Kevin Brewster, Executive Director, Capital Services Branch
Date:	July 31, 2013
File Path:	K:\BN\BN 2013\987932 Decision Note - Project Liaison Committees for major capital projects.docx

Pages 6 through 7 redacted for the following reasons:

S. 13

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 984559

PREPARED FOR: Honourable Terry Lake, Minister of Health
- FOR DECISION

TITLE: Proposed Project Liaison Committees – Major Capital Projects

PURPOSE: To confirm Members of Legislative Assembly (MLA) membership and committee chairs for major capital Liaison Committees

BACKGROUND:

- As part of the approval process for major capital projects, government directs the Ministry of Health (the Ministry) to establish Project Liaison Committees (PLC) comprised of local government MLA's and key individuals in the local communities.
- PLC's provide a forum to update members on the status of a capital project and for the members to provide advice on local issues and concerns that may affect the project. The government Members of the Legislative Assembly on each PLC are responsible for providing feedback to the Minister of Health as required.
- PLCs are currently in place for the following projects:
 - Interior Heart & Surgical Centre / Kelowna & Vernon Hospitals
 - Surrey Memorial Hospital, Emergency Dept & Critical Care Tower
 - Queen Charlotte/Haida Gwaii Hospital
 - Lakes District Hospital & Health Centre (Burns Lake)
 - Lions Gate Hospital (North Vancouver), HOpe Centre mental health facility
- New PLC's need to be established for the following projects:
 - Children's & Women's Hospital Redevelopment
 - North Island Hospitals Project (Campbell River & Comox Valley)
 - Royal Inland Hospital (Kamloops), Clinical Services Building

DISCUSSION:

- Consistent with the representation on established PLCs, the proposed membership includes government Members of the Legislative Assembly, municipal leaders, and representatives from the Ministry of Health, the respective health authority, Partnerships BC, and the local hospital foundation (as applicable).
- The primary focus of the PLC will be on the specific capital project and the members will receive:
 - Regular updates on capital project status and progress;
 - Briefing on key project issues, milestones and communications opportunities;

- Information and communications materials for use in the community to ensure that local residents impacted and benefiting from the projects are kept up to date on developments.
- Of the existing committees shown in Appendix 1, the following positions are vacant:
 - Queen Charlotte/Haida Gwaii Hospital
 - New Chair required
 - Previous chair was th Sect 22 who provided oversight to that region on a series of issues
 - Lions Gate Hospital, HOpe Centre mental health facility
 - New Chair required
 - Previous chair was Sect 22
- Of the new committees shown in Appendix 2, the following positions are vacant:
 - Children's & Women's Hospital Redevelopment Project
 - Chair required
 - North Island Hospitals Project (Campbell River & Comox Valley)
 - Chair required
 - Royal Inland Hospital (Kamloops)
 - Chair Required
- In past projects, the Minister has identified which MLA would be appropriate to chair each PLC and asked those individuals if they would be willing to take on the role.
- Each PLC meets approximately every 2 months for no longer than 90 minutes and meetings are a combination of in person and teleconference.

DECISION REQUIRED:

Provide advice to the Ministry on the appropriate MLA's to chair PLC's for the five project identified above.

Approved/ Not Approved
Honourable Terry Lake
Minister of Health

Program/Division:	Manjit Sidhu, ADM, Financial and Corporate Services
Telephone:	250 952-2066
Program Contact (for content):	Kevin Brewster, Executive Director, Capital Services Branch
Drafter:	Kevin Brewster, Executive Director, Capital Services Branch
Date:	June 12, 2012
File Path:	K:\BN\BN 2013\984559 Decision Note - PLC Membership for major capital projects.docx

MINISTRY OF HEALTH INFORMATION BRIEFING NOTE

Cliff # 985679

PREPARED FOR: Honourable Terry Lake, Minister - **FOR INFORMATION**

TITLE: Patient Care Quality Program

PURPOSE: To brief the Minister on the role of the Patient Care Quality program and current enhancement initiatives.

BACKGROUND:

The *Patient Care Quality Review Board Act* was introduced by government on October 15, 2008, to establish a clear, consistent, timely, and transparent health care complaints process accessible throughout British Columbia. The process provides a single point of contact for health care clients to raise concerns about the quality of care or service provided by health authorities, and includes an independent mechanism for escalating concerns unresolved at the health authority level.

Each health authority has a central Patient Care Quality Office (PCQO) whose role is to manage and resolve health care complaints. If a complainant is unsatisfied with the PCQO's response, they may request an independent review by the Patient Care Quality Review Board designated for that health authority (members are appointed by the Minister).

As a result of their review, the Boards may make recommendations to health authorities and/or the Minister of Health for improving the quality of care or the complaints process itself. Importantly, the Minister may also direct the Boards to review any situation or matter, providing an avenue for independent review of high-profile quality concerns brought to the attention of the Minister's office.

The six Boards meet in person on an annual basis to learn about the Ministry of Health's (the Ministry) key priorities and initiatives and to discuss challenges and opportunities related to their mandate. This is an important occasion for the Minister to acknowledge their service and inspire members to pursue thorough reviews; client-focused resolution; and effective, evidence-based recommendations.

DISCUSSION:

PCQO operations are guided by provincially consistent directives for accessible, responsive complaints management. Among health care complaints streams in BC, the PCQO process is uniquely client-centred and designed to support ongoing improvement in the quality and safety of care. PCQO staff are specially trained to manage, investigate and respond to care quality complaints and most offices are staffed with expertise in conflict resolution, social work, and/or counselling to support clients through the process and facilitate resolution.

In 2012, the Ministry contracted an independent evaluation of the Patient Care Quality program to assess its implementation and administration, including its impact on various stakeholder groups (e.g., the accessibility of the complaints process for clients).

Evaluators found that the program is replicating leading practices in other statute-based healthcare complaints systems, and identified opportunities for enhancement. These recommendations, in addition to those outlined in the Ombudsperson's report on seniors' care, have prompted a program action plan focused on collaboratively evolving program delivery, promotion and data integrity – with a key focus on positioning the PCQO as the single point of entry for all health care complaints and raising the profile of the program across the health system.

Sect 13

ADVICE:

Individuals with concerns about the quality of care provided or funded by health authorities should be made aware of their right to pursue resolution through the PCQO in their region, as the process gives health authorities the chance to restore client confidence in the health care system and to improve the quality of care both locally and regionally. It also allows clients to access an independent Board review.

The process is intended to be a single point of contact for health care concerns, with PCQOs coordinating multiple complaints streams when appropriate (e.g., licensing investigations under the *Community Care and Assisted Living Act*) to simplify the complex complaints system for clients and leverage the uniquely client-centred approach of the program. It does not compromise their right to access other complaints mechanisms.

The Minister has the authority to direct the Boards to review any situation or matter, thus providing an avenue for independent review of high profile quality concerns brought to the attention of the Minister's office

Attending the Boards' annual all-member meetings is an important opportunity to recognize their service and encourage continuous quality improvement.

Program ADM/Division:	Barbara Korabek, Health Authorities Division
Telephone:	250 952-1049
Program Contact (for content):	Teri Collins, Executive Director, Patient Safety and Care Quality
Drafter:	Stephanie Constantine, Patient Care Quality
Date:	July 9, 2013
File Name with Path:	Y:\MCU\DOCS PROCESSING\Briefing Documents\2013\Approved\HAD\985679 -.doc

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 985252

PREPARED FOR: Honourable Terry Lake, Minister - **FOR INFORMATION**

TITLE: Office of the Information and Privacy Commissioner's Investigation
Report F13-02

PURPOSE: To brief the Minister on the Commissioner's report and to provide
information on the Ministry's response

BACKGROUND:

The Ministry initiated an investigation in May 2012, into allegations of inappropriate conduct, contracting and data management practice and inappropriate research grant processes within the Pharmaceutical Services Division. The Ministry informed the Office of the Information and Privacy Commissioner of the investigation on July 13, 2012.

As part of that investigation evidence was discovered that an employee of the Ministry (Planning and Innovation Division) had inappropriately disclosed personal information, including Personal Health Number and other demographic information, purportedly to two contractors and a researcher. On September 10, 2012, the Ministry informed the Office of the Information and Privacy Commissioner of the alleged breaches and the Commissioner initiated her own investigation on September 11, 2012, under s. 42(1)(a) of the *Freedom of Information and Protection of Privacy Act*.

The purpose of the OIPC investigation was to determine whether the disclosures contravened the *Freedom of Information and Protection of Privacy Act* and to determine whether or not the Ministry had implemented reasonable security to protect the information from unauthorized access, use or disclosure.

The Commissioner's report on her investigation (F13-02) will be released publically on June 26, 2013, and her office has given the Ministry the opportunity to respond to the report before its release.

DISCUSSION:

The Commissioner finds that the Ministry's immediate response to the unauthorized access was adequate; however, her investigation revealed deficiencies in the Ministry's controls over personal information. There are 11 recommendations in the report to address these deficiencies. The Commissioner will be following up every three months on the Ministry's progress in addressing the recommendations.

The recommendations are based on the principles articulated in the Commissioner's new guide entitled *Accountable Privacy Management in BC's Public Sector* and have been tailored to the circumstances in the Ministry. The guide is being released along with the investigation report.

The Commissioner's report references anecdotal evidence of researchers' frustration with delays in accessing Ministry data as a reason for the breaches. However, the three breaches involved are unrelated to data requests for research. Delays in the wait for Ministry data by researchers is an issue that has been addressed by the Ministry, with waiting times for data at 90 days since early 2012.

In September 2012, the Ministry contracted with Deloitte to conduct a security management practices review. The Deloitte review initiated 10 projects with 25 sub-projects to improve the Ministry's data and security management practices. The Deloitte recommendations are similar to those of the Commissioner. The Ministry has already made substantial progress in addressing both sets of recommendations.

Appendix A outlines a line by line response to the Commissioner's recommendations.

ADVICE:

The recommendations in the Commissioner's report should be accepted and the response from the Ministry should include the work already completed, as well as an indication of the work in progress to address the Commissioner's concerns.

Program ADM/Division: Lindsay Kislock, HSIMT

Telephone: (250) 952-2159

Program Contact (for content): Deb McGinnis

Drafter: Deb McGinnis

Date: June 21, 2013

Appendix A

Ministry response to OIPC Report F13-02

#	Recommendation	Ministry Response
1	The Ministry should develop and implement additions to the BC Government policy on the use of portable storage devices to require the use of other, more secure forms of information transfer. Portable storage devices should only be used as a last resort and must always be encrypted.	<p>The Ministry has communicated the need for encrypted portable storage devices in 2007 and in 2012. The Ministry will also address the approach to using portable storage devices in its Ministry Privacy Policy that is currently under development.</p> <p>The Ministry is also evaluating alternative secure mechanisms to transport data.</p>
2	The Ministry should ensure user privileges are granted and managed based on the need to know and least privilege principles, ensuring that employees have access only to the minimum amount of personal information they require to perform their employment duties. There should be a central authority within the Ministry to assign access permissions consistently and to keep them up to date.	<p>The Ministry has completed an inventory of all information assets in the Ministry. A detailed review of that inventory is being conducted to ensure the principles of need to know and least privilege are followed, and that permissions granted to employees match their current job functions.</p> <p>Access management processes were reviewed and a number of enhancements have been completed. The Ministry is continuing to make further enhancements to these processes.</p>
3	The Ministry should implement technical security measures to prevent unauthorized transfer of personal information from databases.	The Ministry is planning and implementing a secure access environment to address this recommendation.
4	The Ministry executive should allocate resources to implement an effective program for monitoring and auditing compliance by employees with privacy controls, and by contracted researchers and academic research with privacy provision in agreements, to enable proactive detection of unauthorized use and disclosure of Ministry information.	The Ministry, with support of external consulting advice, is reviewing its current compliance monitoring function against industry best practices. Based on those recommendations, additional resources and accountability for the compliance function will be established during 2013.

<p>5 The Ministry should ensure that all contracts with contracted researchers and research agreements with academic researches involving the disclosure of personal health information provide for an appropriate level of security, including privacy protection schedules. These requirements should include limiting the use of disclosure of personal information to specified contractual purposes; taking reasonable security measures to protect personal information; requiring compliance with privacy policies and controls with respect to storage, retention and secure disposal, and requirement notice to Ministry in the event of a privacy related contractual breach. The Ministry should also use information sharing agreements wherever the substance of the agreement is about information sharing.</p>	<p>The Ministry has completed an inventory of information sharing agreements and is in the process of implementing standardized procedures and templates.</p> <p>We agree with the intent of this recommendation and we will look for the most efficient way to communicate obligations to relevant third parties.</p>
<p>6 The Ministry should develop a comprehensive inventory of all databases containing personal health information that can be updated regularly. The inventory should set out associated information flows relating to collection and disclosure for research purposes.</p>	<p>The Ministry has updated an inventory of Ministry managed information assets, with emphasis on those containing sensitive information. The Ministry will continue to update this inventory on an ongoing basis.</p> <p>Researchers and other third parties will be required to comply with Ministry policy as per recommendation 5.</p>
<p>7 The roles and responsibilities for privacy belonging to the OCIO and branches through the Ministry should be documented and effective overall leadership for the Ministry's privacy management program clarified. There is a particular need to enhance the Ministry's internal privacy resources.</p>	<p>The Ministry, with support of external consulting advice, is reviewing the resource model for privacy and will address any gaps identified.</p>
<p>8 The Ministry should develop a Ministry privacy policy that gives the basic principles of privacy for Ministry employees.</p>	<p>The Ministry is in the process of developing this policy.</p> <p>To supplement the privacy policy, an education program is underdevelopment.</p>

9	The Ministry should ensure that the Ministry privacy policy specifically incorporates the collection, use and disclosure of health information for research, including addressing when it may be appropriate to release personal information for health research under s. 35 of FIPPA. It should indicate the kind of information that the Ministry can provide to researches and the security requirements that need to be met.	This will be addressed in the Ministry privacy policy.
10	The Ministry should continue to streamline its information access request approval and delivery processes to reduce time delays in access to information for health research.	The Ministry has significantly streamlined the access request approval process and will make continuous improvements.
11	The Ministry should ensure that employees with access to databases containing personal health information participate in mandatory privacy training sessions and that their participation is documented.	Mandatory, regularly updated and targeted training is being developed and will be part of an ongoing program of education and awareness.