Pages 1 through 5 redacted for the following reasons:
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S. 13

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 984557

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

TITLE: **St. Paul's Hospital Redevelopment – Site Location Decision**

PURPOSE: To provide background information regarding the St. Paul's Hospital Redevelopment Project and the site location decision

BACKGROUND:

St. Paul's Hospital (SPH) is a 439-bed acute care, academic and research hospital located in downtown Vancouver, and operated by Providence Heath Care (PHC) within Vancouver Coastal Health Authority (VCHA). SPH provides approximately 20 percent of all acute care services in VCHA.

Parts of SPH are over 100 years old and require capital redevelopment to ensure sustainability and capacity to meet future patient needs. PHC advises that there is insufficient space at SPH to meet current and projected needs for ambulatory care.

In June 2012, the Minister of Health announced the formal start of work to finalize the concept plan for the redevelopment of SPH. The Ministry of Health, Vancouver Coastal Health Authority (VCHA) and PHC are finalizing the redevelopment concept and phasing plan, followed by a more detailed business case. The concept plan requires government approval.

The draft concept plan indicates that by consolidating and expanding ambulatory programs and services, and upgrading existing facilities, the renewal of SPH will provide more accessible, efficient care, allowing for improvements in health outcomes while keeping pace with growing demands.

The project proposes construction of a new outpatient care tower on the northwest corner of the current SPH site as well as essential infrastructure upgrades and selected renovations such as seismic upgrades to existing buildings, and renovations to inpatient units.

The high level order-of magnitude capital cost for redevelopment of SPH is estimated at Sect 17 Capital cost estimates will be refined as further concept planning is completed

PHC advises that the total project cost would be reduced b Sect 14 contribution provided by a SPH Foundation capital campaign; with potential for a further contribution from asset leveraging Sect 17 . It is expected that asset leveraging opportunities would occur beyond the Release of Assets for Economic Generation timeline.

The project is included in the Ministry's capital plan with $ Sect 17 included in the ten year planning horizon, and the balance extending beyond the current planning horizon. The notional budget was previously estimated at Sect 17 without the benefit of more detailed concept plan information now becoming available.

The SPH Redevelopment concept plan and phasing plan are expected to be submitted to government for approval in fall 2013. Detailed scope, schedule and budget will be confirmed at the business case stage of planning.

DISCUSSION:

The Legacy Project was an early proposal for a new health care facility to replace SPH in Vancouver on an 18.4 acre site in the False Creek Flats area of Vancouver Sect 17 Sect 17 Land to build a health facility on the scale of SPH is scarce in and around downtown Vancouver and the Sect 17 was one of the few options available.

The proposed new facility would renew acute care services provided by PHC and partially address VCHA's clinical service needs in Vancouver.

Approval for PHC to borrow to acquire the Sect 17 roperty was not granted and subsequently, a group of individuals offered PHC to assist with the purchase of the Sect 17 ite independent of government and PHC. The group formed the non-profit Vancouver Esperanza Society (VES), to purchase the land and hold it in trust for PHC.

PHC has the first right of refusal to purchase the site from VES.

VCHA and PHC completed a clinical and facility need analysis in 2005 for the replacement of SPH and were working along with Partnerships BC on a business case for the project between 2004 and 2005. There was no approval for the project beyond business case development.

The preliminary capital cost estimate in 2005 for replacement on t Sect 17 was approximately Sect 17 Approval of the proposed redevelopment was deferred pending a lower mainland acute care planning process.

In early 2010, Diane Doyle, President and Chief Executive Officer of PHC met with the then Minister of Health, the Honourable Kevin Falcon to outline PHC's revised renewal strategy for redevelopment at the existing SPH site (as described above).

ADVICE:

Planning for redevelopment of SPH at the existing site is underway. This option is expected to be half the cost of a greenfield replacement (prior to taking in to account any cost reductions from asset leveraging opportunities).

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File Path:	K:\BN\BN 2013\984557 Information Note - St. Paul's Hospital Redevelopment Site Decision.docx

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

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File Name with Path	

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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 askin[redacted] for guidance on an appropriate individual to chair this PLC.

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  - A new chair is required for the HOpe Centre mental health facility PLC since the previous chair, Joan McIntyre, retired from office.

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- 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

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File Path:	K:\BN\BN 2013\987932 Decision Note - Project Liaison Committees for major capital projects.docx

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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.

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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.

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File Name with Path:	Y:\MCU\DOCS PROCESSING\Briefing Documents\2013\Approved\HAD\985679 -.doc

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 986690

PREPARED FOR: Honorable Terry Lake - **FOR INFORMATION**

TITLE: **Ministry Priority Actions for End-of-Life Care**

PURPOSE: Provide an update on the status of the End-of-Life Care intiatives, including the Action Plan, the Centre of Excellence, and plans to increase hospice beds by 2020.

BACKGROUND:
The *Provincial End-of-Life Care Action Plan for British Columbia* was released in March 2013 following extensive consultation with clinical experts, community stakeholders, policy leaders and service providers from across the province (Appendix A). One time grant funding was also provided for the establishment of a provincial Centre for Excellence in end-of-life care and to support development and expansion of a number of hospices. (*Appendix B, Providing support for hospices*)

The Action Plan identifies three priority areas and within each of those priority areas a number of initiatives are well underway both provincially and within each of the health authorities. (*Appendix C, Update on Status of End-of-Life Care Action Plan Priorities.*) Separate from the Action Plan initiatives is also a commitment from Government to double the number of hospice spaces in British Columbia by 2020.

DISCUSSION:
The Ministry in its' stewardship role oversees provincial implementation of end-of-life care initiatives to ensure consistency and to create a high quality, sustainable system for hospice palliative end-of-life care provincewide for individuals of all ages – and their families – at any stage of a serious illness and in a variety of locations.

In partnership with health authorities and other stakeholders, and as part of the shift to integrated primary and community care, focus is being directed to incorporating a palliative approach and end-of-life care into health care service planning and delivery to improve provincewide access to appropriate services and programs. One example is the fees that have been implemented by both the General Practice Services Committee (GPSC) and the Specialist Services Committee (SSC) to support physicians to do care planning with patients including for the end-of-life.

As health authorities implement many of the end-of-life care strategies, the ministry in consultation has established indicators to demonstrate the success of these initiatives. The After Hours Palliative Nursing Service (AHPNS), as part of Improving Care to Seniors, provides a telephony report which shows utilization of the service in order to inform future planning.

Through the Minimal Reporting Requirements (MRR) 'hospice services provided' are monitored. Currently data is available to 2009/10 and work is being done to update the data requirements and to have current available data.

Work and discussions are underway to examine how to better support special populations in their information and health care needs. Advance Care Planning (ACP) My Voice translations are in development in Simplified Chinese and Punjabi, and will compliment the multicultural advance care planning videos online. A brochure to support ACP for Aboriginal People's was developed by Interior Health and has been adopted and promoted by the province to meet the needs of the aboriginal community.

In planning the future increase in hospice spaces by 2020, the relationship with hospice societies will be important. Hospice societies have been partners in the development of quality hospice, palliative and end-of-life care services, and provide many services that enhance the publically subsidized health care system, ranging from volunteer and bereavement services to fundraising. Hospice societies may also provide the costs for the construction of hospice facilities, such as Vancouver Hospice Society's new hospice home for which the Province provided $950,000 to help complete and equip.

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The establishment of a Provincial Centre for Excellence for End-of-Life Care to accelerate innovation and best practice in the field of quality care for people with life-limiting illness is being lead through a $2 million grant to the Institute for Health System Transformation and Sustainability (IHSTS).

Advice from palliative care experts – both recent and at a consultative meeting in February 2013 with former Minister of Health MacDiarmid - has led to a change of name for the centre to the BC Centre for Palliative Care. This name will assist in promoting a change in culture to encouraging a palliative approach for people with a serious illness that focuses on relief from symptoms, pain and stress of the illness whatever the diagnosis including support for caregivers and bereavement.

ADVICE:

Moving forward with end-of-life care initiatives, the key areas to focus on include:

- continuing to support and ensure all three Action Plan priority areas are addressed;
- expanding hospice spaces through stronger working relationships with hospice societies and a planned approach to implementation; and
- establishing a monitoring framework to demonstrate the success of initiatives.

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File Name with Path:	Z:\HAD General\Briefing Notes\2013\HCIC\986690 End of Life Care BN Information.doc

APPENDIX A

Individuals, Organizations and Groups Consulted

Dr. E. Adams, Deputy Provincial Health Officer for Aboriginal Health, Ministry of Health
Alzheimer Society of British Columbia
BC Care Providers Association
BC Children's Hospital
BC Hospice Palliative Care Association
BC Kidney Foundation
BC Learning Centre for Palliative Care
Canadian Strategy for Cancer Control
Canuck Place Children's Hospice
Dr. C. Chan-Yan, Providence Health Care
Community Living BC
Denominational Health Providers Association
Family Care Givers Network of Victoria
Fraser Health Authority
Dr. Romayne Gallagher, Providence Health Care
HealthLink BC
Heart and Stroke Foundation, BC & Yukon
Interior Health Authority
Dr. M. Karim, Nephrology, Fraser Health
Dr. P. Keown, Nephrology University of BC
Dr. P. Kirk, Division of Palliative Care, University of British Columbia
Ministry of Children and Family Development
Northern Health Authority
Pharmaceutical Services Division, Ministry of Health
Provincial Acute Care Council
Home, Community and Integrated Care Executive Leadership team
Provincial Renal End-of-Life Committee (Nephrologists)
Vancouver Coastal Health Authority
Vancouver Island Health Authority
Dr. Chris Rauscher, Ministry of Health
Dr. B. Winsby, General Practice Services Committee

Focus Group Coordinators

Dr. Doris Barwich, BC Learning Centre, Palliative Care
Ed Helfrich, BC Care Providers Association
Nancy Kilpatrick, BC Hospice Palliative Care Association
Barbara McLean, Family Caregivers Network
Tanice Miller, Canuck Place Children's Hospice
Sue Young, Providence Health Care

APPENDIX B

Providing support for hospices

Canuck Place Children's Hospice - $2 million

Government is providing $2 million to Canuck Place Children's Hospice. Canuck Place offers respite and family care, bereavement counselling, pain and symptom management and end-of-life care to more than 400 children with life-threatening illnesses and their families throughout British Columbia. Canuck Place Children's Hospice is building a second facility in addition to their Vancouver location. The new hospice will be housed within the Dave Lede Campus of Care, located on a two-acre property located in Abbotsford, which will double Canuck Place's current capacity from nine beds to 18 provincially.

Marion Hospice - $2 million

Government has committed $2 million to the Tapestry Foundation for Health Care to support the creation of a new 12- to 15-bed hospice in central Vancouver. The new facility will create a permanent home for Marion Hospice, which is operated and staffed by Providence Health Care. The proposal is to create an approximately 929-square-metre (10,000-square-foot) stand-alone facility with up to 15 beds. The facility will be part of a new envisioned campus of care located on the site of the former St. Vincent's Hospital in Vancouver.

Peace Arch Hospice - $3 million

Government is providing $3 million toward the expansion of Peace Arch Hospice. The hospice offers private rooms for people in the last weeks or months of life when care cannot be managed at home. Palliative care nurses provide end-of-life care and support 24 hours daily.

Vancouver hospice home - $950,000

Government is providing $950,000 to help complete and equip Vancouver Hospice Society's new hospice home. The funding will complete the fundraising needed to construct, equip and operate the home. When opened, the hospice home will provide six beds and employ 15 full-time health-care professionals.

APPENDIX C

UPDATE ON STATUS OF END OF LIFE CARE ACTION PLAN PRIORITY ACTIONS

Priority 1: ***Redesign Health Services to Deliver Timely Coordinated End-of-Life-Care***

Goal: Improved access to a range of quality end-of-life care services, delivered in collaboration with physician care, responsive to the needs of individual patients, their families and caregivers and with a focus on supporting end-of-life care in the community.

Action 1A: Early identification of need, timely services

Implement a population needs-based approach to planning quality end-of-life care services that identifies individuals earlier, including those with cancer and non-cancerous conditions, who would benefit from a palliative approach and who would receive quality care in the most appropriate settings based on their beliefs, values, and wishes.

Provincial activities:

- **Edmonton Symptom Assessment Scale for renal patients** – The BC Provincial Renal Agency has incorporated a modified version of the Edmonton Symptom Assessment Scale into routine patient assessments to establish patient reported symptom burden and help to formulate individual care plans according to need.
- **Prioritizing needs for cardiac patients through the Provincial Heart Failure Working Group** – Cardiac Services BC has identified end-of-life care as a priority and is implementing recommendations through this working group.
- **BC Cancer Agency Screening** –All patients at BC Cancer Agency are screened on their first appointment for symptoms that may require palliative support and all nurses across the agency are taught and given resources to support symptom management for cancer patients.
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- **Specific professional fees** support physicians to do end of life care planning; supporting timely intervention:
    - The **Advance Care Planning Fee** was developed in 2012 to support physicians to have advance care planning discussions with clients. The service was introduced June 1, 2013.
    - A **palliative care planning fee** supports family physicians in taking the time needed to develop a care plan to ensure the best quality of life for dying patients and their families. A palliative care telephone/email follow-up fee is also available to GPs for clinical follow-up management.

Highlights from the regional health authorities:

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<u>Action 1B</u>: Integration into service planning; co-ordinated services

Integrate quality end-of-life care into service planning for all life-limiting chronic diseases that includes information and planning for the end of life as a component of the patient's journey.

Provincial activities:

- **Provincial End-of-Life Care Action Plan** and **Provincial Dementia Action Plan** – Provincial action plans were released and contain cross-references to support alignment of activities.
- **Coordination of information** – Provincial Health Services Authority agencies work collaborative**l**y with local health authorities to provide timely and appropriate information to facilitate end-of-life care.
- **End-of-life discussions for renal patients** – At BC Provincial Renal Agency, end-of-life discussions are being instigated at various key points in the renal patients' care trajectory.
- **Regular collaboration between BC Cancer Agency and health authorities –** Ongoing meetings have been set to streamline processes and build more collaborative working relationships. For example, within Vancouver Coastal, Palliative Consortium meetings support the smooth transition of patients from BC Cancer Agency into health authority programs and services. Within Fraser Health, all BC Cancer Agency palliative physicians are also Fraser Health primary care palliative physicians.

Highlights from the regional health authorities:

<u>Action 1C</u>: Innovative use of technology to support patients with life-limiting illnesses

Leverage opportunities to expand telehealth and telemonitoring technologies to improve the ability of individuals and care providers to effectively manage health conditions at a distance, including pain and other symptoms.

Provincial activities:

- **After-Hours Palliative Nursing Service (AHPNS) –** In April 2012, the AHPNS was expanded to all regional health authorities to provide telephone nursing support to palliative patients and their families in their homes from 9pm – 8am PST, seven nights a week. The service was based on an existing service provided by HealthLink BC and Fraser Health. The AHPNS complements existing services available to adults nearing the end of their life and their families who are receiving home health services during the day.

- **Strategic alignment for Telehealth Services** – Provincial Health Services Authority supports the development of telehealth practices and services as part of its core mandate and strategic priorities (Provincial Health Services Authority Strategy 3.1)
- **Telehealth Services for cancer patients** – BC Cancer Agency has telehealth capability at all six regional cancer centres, but is most prevalent in the north where it is used to assist in management of oncology patients when specialized staff expertise is in limited availability and distances for travel are great. Telehealth also provides an extended network whereby regional centres are able to connect with one another, other community oncology centres, and other health authority facilities. These connections allow patients to be assessed and reviewed by BC Cancer Agency professionals from other geographical regions.

Highlights from the regional health authorities:

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<u>Action 1D</u>: Improved access to end-of-life care in residential and other care settings

Improve the capacity to provide quality end-of-life care in residential care facilities and other housing and care settings, focusing on an individual's quality of life and access to appropriate supportive care and services for their complex needs.

Provincial activities:

- **Supportive Care Services for cancer patients –** BC Cancer Agency focuses on transitioning patients with cancer to appropriate community services to ensure continuity of care and access to local resources required for palliative care support.
- **Provincial Health Services Authority** and all of its organizations support timely communication and referral to local health authorities which enable planning of local resources and access to services.
- **Edmonton Symptom Assessment System for renal patients –** renal patients that reside in alternate care settings would also receive assessment and supportive care plans through the BC Provincial Renal Agency .

Highlights from the regional health authorities:

- **Northern Health Authority** – Northern Health has established regularly scheduled education and training on the palliative approach and the regional HPC Consultation Team members attend case conferences to mentor & bring clinical expertise on the palliative approach for residential care and other care settings.
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- **Fraser Health Authority** – Fraser Health works with management and staff of residential care facilities and nursing agencies to provide education and improve their capacity to provide end-of-life care. Palliative Clinical staff partnered with Residential care to provide a series of workshops around end-of-life care in dementia. Advance Care Planning education for residential care clinicians was developed and several sessions were delivered.
-

- **Vancouver Island Health Authority** – VIHA's palliative coordinators provide education and consult within residential care facilities. Palliative teams provide clinical consult in facilities where a referral has been initiated by a physician.

Priority 2: ***Provide Individuals, Caregivers and Health Care Providers with Palliative Care Information, Education, Tools and Resources***

<u>Goal:</u> Individuals and families are provided with information and resources to effectively manage their own care journey, and health care providers are supported to provide quality, integrated care that is respectful and responsive to the expressed wishes of patients coping with the end of life.

<u>Action 2A</u>: Improved information and awareness

Increase public knowledge and awareness of palliative care as an approach to care that improves the quality of life for both the patient and the family at any stage in a serious illness.

Provincial activities:

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- **Decision support tools and targeted information products for renal patients** - BC Provincial Renal Agency has developed several algorithms to assist in clinical care decisions specific to pain, insomnia, restless legs and pruritus that are posted to their website. Some programs have modified provincial advance care planning tools to provide renal specific information.
- **Information products targeted to cardiac patients** - Cardiac Services BC have developed cardiac specific education and resources to best support patients and providers and symptom management guidelines to ensure optimal treatment of patients.

- **Resolutions submitted to the Canadian Medical Association** – BC Medical Association has submitted resolutions to the Canadian Medical Association that will increase awareness around end-of-life care.
- **Practice Support Program's End of Life Module** –Since the launch of the training module for physicians in September 2011, 940 individuals have participated in the training and 548 have completed it.[1]

Highlights from the regional health authorities:

- **Northern Health Authority** –has established an Intranet site for the public to access information and for health care providers to access education/symptom management/clinical tools.
- **Interior Health Authority** – Public engagement and consultation has taken place with a number of small communities regarding palliative care community needs and services (e.g., Salmon Arm, South Okanagan). The Interior Health external website provides the public with information about palliative care and available programs, and how to access services.
- **Fraser Health Authority –** Fraser Health provides patient specific information products like a Care at Home Binder to patients and families being cared for at home. Public information is available by website and in print brochures, and a toll free telephone number and email address are available to support people through the Advance Care Planning process. Fraser Health also works in partnership with ten contracted Hospice Societies and other community groups to provide public education. Advance Care Planning education is available for clinicians to develop their communication skills and to learn about the legal and ethical responsibilities during end of life care.
- **Vancouver Coastal Health Authority** – Both web-based information and a brochure are publicly available that summarize hospice/palliative care with information about resources for varied care settings.
- **Vancouver Island Health Authority** – VIHA is collaborating with Hospice Societies to enhance caregiver support (in day hospices and in-home), ensure bereavement services are available across the region, Sect 13

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<u>Action 2B</u>: Support advance care planning and advance directives

Provide information and resources to support advance care planning, including an understanding of the available options for ensuring values, wishes and instructions for health care treatments and choices for end-of-life care are respected by health care providers.

[1] Primary Care and Specialist Services internal information.

Provincial activities:

- ***My Voice: Expressing My Wishes for Future Health Care Treatment*** and ***Health Care Providers Guide to Consent to Health Care*** **Plan** – Provincial guides have been developed and updated for new legislation with a suite of public materials on advance are planning. Materials include brochures, videos, tip sheet, and frequently asked questions. My Voice is readily available online, through the health authority for patients, or through Crown Publication orders.
- **Integration of advance care planning for renal patients** – Work in all the Health Authority Renal Programs has been done to have end-of-life discussions integrated into day to day practice. Advance Care Planning is encouraged with a copy kept with renal charting. The BC Provincial Renal Agency renal information system is being updated to improve documentation related to resuscitation and existence of advance directives.
- **Advance care planning initiatives for cancer patients** – Advance care planning has been implemented across the BC Cancer Agency with the development of several initiatives
    - Tools to support advance care planning conversations for oncology patients – one for oncologists and one for patients (in partnership with the Canadian Hospice and Palliative Care Association).
    - Goals of Care forms (currently being piloted) – BC Cancer Agency is currently introducing goals of care by holding pilots at each BC Cancer Agency site with a cancer specific form that enables the physician to explicitly record the goals of care after collaboration with the patient.
    - Advance Care Planning education – taken by over 1300 staff developing the ability and capacity within the agency to support patient wishes and advance care planning. BC Cancer Agency volunteers have received Advance Care Planning Awareness Training to ensure they're able to redirect patients with queries.
    - Integrated screening for advance care planning in every centre for each new patient visit – All new patients are provided with 3 screening questions to indicate their level of knowledge and readiness for advance care planning conversations. Dependent on patient response, resources are provided to patients as well as more in-depth conversations when required.
    - National Advance Care Planning Day activities – information was circulated to all staff to promote evidence related to effectiveness of advance care planning as well as promotion of BC Cancer Agency and Ministry resources. Staff knowledge and awareness was gauged through a voluntary questionnaire indicating strong awareness and understanding of advance care planning.
- **The BC Medical Association** developed materials for physicians on advance care planning and health care consent, including a video and guide. As well, the

Committee for Health Economics and Policy has a working group which is producing recommendations on the promotion of Advance Care Planning

Highlights from the regional health authorities:
Health authorities provide advance care planning information on their websites and they have internal practice support tools and information for health care providers on advance care planning, such as in-service materials and E-learning modules. They also partner with community organizations to support advance care planning. Program Resource Persons and site champions continue to support consistent implementation in health authorities.

- **Fraser Health Authority** – Fraser Health's MOST (Medical Orders for Scope of Treatment) initiative includes advance care planning and routine identification of a person's wishes and goals of care. Implementing a single location for keeping Advance Care Planning documents has facilitated awareness and ability to honour patients' wishes. In 2013, Fraser Health's Renal and Residential programs were supported by the Advance Care Planning Coordinator to develop and deliver program/disease specific Advance Care Planning education to over 300 clinicians.
- **Vancouver Coastal Health Authority** – Vancouver Coastal has implemented an Advance Care Planning Policy with supporting resources and documents available across the region. Health authority responsibilities include receipt and management of Advance Care Plans, as well as providing information to encourage and develop advance care planning.
- **Vancouver Island Health Authority** – VIHA worked with local Hospice Societies and the legal community to support advance care planning.

Action 2C: Consideration of unique needs of specialized populations

Provide awareness and education on the unique end-of-life care needs of specialized populations, including Aboriginal peoples, children, and individuals with dementia, kidney disease, or chronic mental health and substance use issues who may require special consideration for planning and care delivery to improve health outcomes.

Provincial activities:
- **My Voice Translations** – The Ministry of Health advance care planning guide, My Voice, has been translated in simplified Chinese and Punjabi, and complements the multicultural advance care planning videos available online.
- **End-of-life framework for renal patients** – The BC Provincial Renal Agency has developed a comprehensive end-of-life framework to support the delivery of high quality care specifically for people with kidney disease in the last years, months, or days of their lives, regardless of where they live in BC.
- **Targeted support for cardiac patients** – Cardiac Services BC have developed specific provincial guidelines about the deactivation of implantable cardioverter-defibrillators as well as patient resources.

- **Targeted support and translations for oncology patients** – BC Cancer Agency has focused the Advance Care Planning education module and Goals of Care resources to support the unique oncology population. BC Cancer Agency also has an active research committee seeking grants and funding to support research on under-served populations. They have translated 43 patient education documents into simplified Chinese and Punjabi. BC Cancer Agency has an Aboriginal Coordinator available in the Center for the North who supports work related to aboriginal cancer care.

Highlights from the regional health authorities:

- **Northern Health Authority** – Regional Hospice/Palliative Care Consultation Team links with clinicians working with chronic disease for specialized care.
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- **Fraser Health Authority** – Palliative Care participates in partnerships and working groups with program areas for disease specific groups that have allowed them to tailor their approaches to end-of-life care. Advance Care Planning clinician education has been developed which is specific to dementia and kidney disease and being developed for mental health, cardiac and older adult programs. Aboriginal communities, particularly in the Chilliwack area, have been provided with advance care planning information and education. Aboriginal Liaisons have attended Advance Care Planning Clinician education and connect with the Coordinator as needed.
- **Vancouver Coastal Health Authority** – Vancouver Coastal has completed some work targeting special populations in all core Home and Community Care services – home health, assisted living and residential care.
- **Vancouver Island Health Authority** – A partnership with Victoria Hospice is in place to offer an End-of-Life Care Education series throughout the region which highlights the unique needs of specialized populations. Palliative Coordinators across the region act as consultant and resource to clinicians supporting clients who require special consideration for end-of-life care planning.

<u>Action 2D</u>: Development of best practices

Promote excellence in end-of-life care and quality, consistent end-of-life care practice, including promotion of innovation and best practices in end-of-life care, and support for end-of-life care education for family physicians, specialists and health care professionals.

Provincial activities:

- **Provincial Centre of Excellence** – The Institute of Health System Transformation and Sustainability has been provided $2 million by the Province to support the

establishment of a Provincial centre of excellence that is expected to lead the development of innovations and best practices in palliative care.

- **Initiative for a Palliative Approach in Nursing: Evidence and Leadership (iPANEL)** – Health authority staff throughout the province participated in a province-wide survey to obtain perspectives from nurse and health care providers about knowledge, education, and competencies in a palliative approach to care (www.ipanel.ca).
- **End-of-Life/Palliative Care Physician Support Program –** The Physician Support Program has provided significant advance care planning education for health care providers.
- **After-Hours Palliative Nursing Service –** The after- hours service is a best practice that supports appropriate and timely responses for patients and families and helps to avoid inappropriate emergency and hospital admissions. This enables patients to remain in the community in their preferred place of care.
- **Promotion of awareness for renal patients –** The BC Provincial Renal Agency hosts events such as BC Kidney Days and Western Canada Peritoneal Dialysis Days. There is a resource section on the BC Provincial Renal Agency website that lists recent articles, books, reports and presentations on end-of-life care as well as links to health authority resources and external educational programs. BC Provincial Renal Agency has also provided support for nephrologists to attend Palliative Care training.
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- **Conversations with Dr. Diane Meier** – Twice in the last year BC Cancer Agency has hosted a conversation with Dr. Diane Meier providing a forum to explore concepts surrounding end of life and a palliative approach. This work has also informed research and research grants.
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Highlights from the regional health authorities:

- **Fraser Health Authority** – Fraser Health models the value of education as a best practice. For example, seven times a year they offer two hospice palliative care education days for nurses from across the health region and several times per year, there is hospice palliative care for complex care training. Examples of training strategies include a biweekly journal club; videoconferences held two to three times a year focusing on new clinical practice initiatives and/ or educational sessions; and half-day forums providing educational updates and opportunities for consult team members to network and discuss clinical topics.
- **Vancouver Coastal Health Authority** –Education is also key in Vancouver Coastal, where the palliative practice support program module for physicians and for health authority staff is ongoing.

- **Vancouver Island Health Authority** – VIHA has facilitated Learning Essential Approaches to Palliative Care (LEAP) training for home, community and acute care practitioners and has an End-of-Life Education Series in partnership with Victoria Hospice.

Priority 3: *Strengthen Health System Accountability and Efficiency*

Goal: End-of-life care services reflect evidence based, clinically appropriate practices, and the public has timely information on the accessibility and outcomes achieved through publicly subsidized care.

Action 3A: Reporting and measurement on progress

Develop and report on provincial end-of-life care service information and performance measures, including the ability to report publicly on service delivery, observance of advance care plans, and death statistics for children, youth, adults and Aboriginal peoples.

Provincial activities:

- **Review of systems for tracking advance care plans** –The Ministry and health authorities have started work on ways to include observance of advance care plans in existing safety systems, to be able to track and learn from instances where errors are made.
- **Reporting on After Hours Palliative Nursing Service** – The Ministry and health authorities have collaborated on draft reports on the After Hours Palliative Nursing Service's first year of service, including one for home health nurse and another report for public.
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- Assessments and patient-reported outcomes are recorded electronically for visits to palliative care team sites. BC Cancer Agency collaborates with health authorities to link death statistics and treatment information and is reviewing opportunities to expand.

Highlights from the regional health authorities:

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<u>Action 3B</u>: Development of guidelines and standards

Implement provincial end-of-life care clinical guidelines, protocols and standards with a focus on clinical transitions and interdisciplinary care, and with a clear priority of improving pain and symptom management.

Provincial activities:

- **Decision support for care of renal patients** – The BC Provincial Renal Agency has developed several algorithms to assist in clinical care decisions specific to pain, insomnia, restless legs and pruritus that are posted to the BC Provincial Renal Agency website.
- **Palliative care guidelines for family physicians** – The BC Cancer Agency, Family Practice Oncology Network (FPON) has produced three palliative care guidelines for family physicians available on the Ministry of Health BC Guidelines website and the BC Cancer Agency, FPON website.

Highlights from the regional health authorities:

Health authorities often use their own practice standards or clinical guidelines as well as nationally recognized guidelines and practices. For example:

- **Northern Health Authority** – NHA has publically available standardized clinical guidelines for symptom management.
- **Fraser Health Authority** – Fraser Health published and uses a set of evidence-based symptom guidelines and *Creating a Healing and Caring Environment at End of Life (2007)* which documents standards for Hospice Residences.
- **Vancouver Coastal Health Authority** – Sect 13
- **Vancouver Island Health Authority** – VIHA's clinical order set for end-of-life care in residential care has been implemented and they have an established Accreditation Committee.

<u>Action 3C</u>: Equitable access to the BC Palliative Care Benefits Program

Provide equitable access to the B.C. Palliative Care Benefits Program and promote its' sustainability, ensuring residents of residential care facilities have access to the same medications they would have if in hospital, in a hospice or being cared for at home.

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- The Ministry and health authorities continue to promote sustainability in the Palliative Care Benefits Program and work together on quality improvements for the program, such as a physician and nurse verification project. The Ministry and health authorities continue to promote use and access to the program.

<u>Action 3D</u>: Review policies and processes

Streamline policies and administrative processes used to access services to improve access to services and supplies in a timely manner.

Provincial activities:

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- **Provincial assessment form for cancer patients –** BC Cancer Agency recently introduced a provincial assessment form to enable quick and easy access to support and advice about Advance Care Planning.

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Highlights from the regional health authorities:

- **Northern Health Authority** – Policies and administrative processes have been established in the Palliative Program Manual.

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- **Fraser Health Authority** –Standard contracts for community hospice medications, hospice residences, and equipment and volunteer services are being used to ensure equitable and timely access and accountability for expenditures.
- **Vancouver Island Health Authority** – A manager of end-of-life program position has been established to provide leadership, operational support and coordination for

development and implementation of the End-of-Life Program Plan. Palliative Coordinators across the region are now supported through the regional End-of-Life Care Program which thereby enhances the implementation of process and policies which improves access to end-of-life services and supplies.

APPENDIX D

Approach for Meeting Commitment – doubling the number of hospice care beds by 2020

As of March 31, 2013, British Columbia (BC) had 264 designated hospice palliative care beds for adults[1]. The number of publicly subsidized adult beds differs from those reported in September 2012 through a reduction in Interior Health Authority (IHA) by two hospice beds and an increase of eight flexible beds.

In order to develop a strategy and plan for doubling the number of hospice beds, the Ministry of Health (the Ministry) needs to have an understanding of its' existing supply of beds, including clarification of whether a common definition of hospice beds is used across health authorities. Sect 13

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Information with respect to where existing beds are located, current utilization (including average length of stay) and other critical elements will lay a foundation for forecasting where future demand would suggest an increase in hospice beds. The forecasting model should also consider where privately funded hospice beds exist.

A strategy for increasing hospice beds will also need to look at end-of-life and palliative care services that are required to support individuals and their families, identify where these services are delivered, by whom, and the cost for supporting their delivery.

Hospice societies provide many services that enhance the publically subsidized health care system, ranging from volunteer and bereavement services to fundraising. In some circumstances, hospice societies may provide the capital costs for the construction of hospice facilities or provide complementary therapies or adjunct services.

A working committee with representatives from the Ministry, health authorities, physicians, and community partners will lead this work, beginning summer 2013, and tasks include:

- Review of existing definitions of hospice beds and end-of-life care services, including palliative care beds in other care settings, in order to determine a common, more reflective and all-encompassing bed definition that includes adult and pediatric services

- Development of a model for assessing need and distribution of additional hospice beds and services, including an assessment of current bed numbers and locations in each health authority, additional bed locations and new facilities in development, determination of potential future locations for expansion and determining the number of hospital deaths and opportunities for community and home based alternatives.

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- Examination of average length of stay and utilization of existing hospice beds and other services in the health authorities by the palliative population, such as long-term residential care beds or home health services

- Determination of the potential financial impact of supporting additional capacity to meet the target of double the amount of hospice beds by 2020 and the development of a business case to identify the most cost effective options for increasing the ability of the health care system to improve palliative and end-of-life care services

SUMMARY:

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MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 989009

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

TITLE: BC Centre for Palliative Care

PURPOSE: To inform the Minister about the change of name from the Provincial Centre of Excellence for End-of-Life Care to the BC Centre for Palliative Care.

BACKGROUND:
In March 2013, the Ministry of Health (the Ministry) through the Provincial Health Services Authority (PHSA) provided a $2 million grant to the Institute for Health System Transformation and Sustainability (IHSTS) to support the establishment of a Provincial Centre of Excellence for End-of-Life Care.

This funding announcement, as well as hospice funding to support end-of-life care, was made with the release of the Provincial End-of-Life Care Action Plan.

DISCUSSION:
To initiate development of the Centre, on June 26, 2013, IHSTS held an invitational workshop to key stakeholders to inform and assist them on the Centre's strategic priorities, scope, leadership and first-year infrastructure and governance.

Participants at the workshop included palliative care physicians and oncologists, leading academics, the Ministry and health authority representatives, and Impact BC representing patients as partners.

At the invitational workshop a majority of representatives recommended the name of the centre be changed from the Provincial Centre of Excellence for End-of-Life Care to the BC Centre for Palliative Care.

The rationale for the name change is to better reflect the vision for the Centre, which includes end-of-life care and falls within a framework of palliative care. Palliative care focuses on providing patients with relief from the symptoms, pain and stress of a serious illness – whatever the diagnosis – and at any stage in a serious illness. This is consistent with many other jurisdictions, both in Canada and in other countries including Australia and the United States.

Participants recommended that in order to begin a culture change to think more systematically of a palliative approach to care the name should be more inclusive than end-of-life. In addition, representatives from educational institutes stated that Centres of Excellence have a specific meaning in the academic community and that this Centre would not by definition meet these requirements.

At the request of the IHSTS, two working groups were established: one to provide advice on the Centre's mission and vision, and the other to define the leadership requirements and recruitment strategy for the Centre's Executive Director. In the interim, the IHSTS is providing governance for the Centre until a permanent structure is established.

As establishment of this Centre is through grant funding, the Ministry is participating only in an advisory role capacity and is not able to direct the decisions relating to the operational work in establishing and naming of the Centre.

ADVICE:
The Ministry accepts the recommendations of the advisory committee but will continue to collaborate with the IHSTS and other stakeholders on the establishment of the BC Centre for Palliative Care through its working groups and to influence and provide a provincial lens that supports the implementation of the End-of-Life Action Plan.

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File Name with Path:	Z:\HAD General\Briefing Notes\2013\HCIC\CLIFF Centre for Excellence in Palliative Care Name Change Information BN Template.docx

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 Sect 22 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. Additionally, long delays in the wait for Ministry data by researchers is an issue that has been addressed by the Ministry, with waiting times for data down to 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.

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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.	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. The Ministry is also evaluating alternative secure mechanisms to transport data.
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.	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. Access management processes were reviewed and a number of enhancements have been completed. The Ministry is continuing to make further enhancements to these processes.
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 ~~(outlined in response 1)~~ to ~~is expected 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.

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.	The Ministry has completed an inventory of information sharing agreements and is in the process of implementing standardized procedures and templates. We agree with the intent of this recommendation and we will look for the most efficient way to communicate obligations to relevant third parties.
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.	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. Researchers and other third parties will be required to comply with Ministry policy as per recommendation 5.
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.	The Ministry, with support of external consulting advice, is reviewing the resource model for privacy and will address any gaps identified.
8	The Ministry should develop a Ministry privacy policy that gives the basic principles of privacy for Ministry employees.	The Ministry is in the process of developing this policy. To supplement the privacy policy, an education program is underdevelopment.

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.

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 984947

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

TITLE: 2012 Physician Master Agreement (PMA)

PURPOSE: To provide the Minister a summary of the renewed Physician Master Agreement and the reopener provisions.

BACKGROUND:
The 2012 Physician Master Agreement (PMA) is a formal agreement signed by the Government, the British Columbia Medical Association (BCMA), and the Medical Services Commission. It covers the period April 1, 2012, to March 31, 2016.

The PMA provides the framework for managing the ongoing relationship between the government, health authorities, physicians, and the BCMA. The PMA includes subsidiary agreements and appendices. The subsidiary agreements provide additional details related to:

- programs specific to general practitioners (General Practitioner Subsidiary Agreement);
- programs specific to specialists (Specialist Subsidiary Agreement);
- rural programs (the Rural Practice Subsidiary Agreement) – provide financial incentives for physicians to establish practices in rural and remote communities;
- alternative payment programs (the Alternative Payments Subsidiary Agreement) – outlines the specific terms and conditions of alternative payment agreements; and
- physician benefits (the Benefits Subsidiary Agreement) – programs that provide contractually negotiated benefits.

Appendices to the PMA contain language related to:

- specific adjustments to compensation rates for fee-for-service and alternative payment modalities;
- the Medical On-call Availability Program (MOCAP); and
- the Physician Information Technology Office (PITO).

DISCUSSION:
The 2012 PMA provides funding of $49 million for the first year and $51 million for the second year. Funding for the first two years of the agreement includes:

- $27 million for a 0.5 percent lift each year for increased costs of providing insured services;
- $18 million to continue improvements in access to primary care;
- $18 million to enhance access to specialty medical services;
- $10 million to address difficulties recruiting/retaining specific specialties;
- $14 million to respond to recruitment/retention issues on service and salary contracts;
- $10 million for access to physician services in rural/remote communities;
- $2 million to support new fees;

- $0.7 million to extend call back for surgical assists; and
- $0.5 million to support shared care between specialists and general practitioners.

The PMA allows for the extension of PITO for two years to support physician adoption of electronic medical records. The PMA also includes the Laboratory Medicine Fee Agreement that will continue with a process of managing laboratory expenditures until March 31, 2014.

The following projects are a priority for implementation of the PMA:

1. **Physician Services Committee (PSC)** -The PSC will have a strengthened leadership role with several new processes to be implemented.
2. **MOCAP Review** - The MOCAP Redesign Panel will examine the existing structure and application of MOCAP to take effect on October 1, 2013.
3. **Specialist Recruitment and Retention Fund** - A $20 million fund will be allocated to fees paid for those specialist sections that have difficulty recruiting and retaining specialists. Eric Harris, Barrister and Solicitor, will adjudicate the funding allocation.
4. **Alternative Payments Committee (APC)** - APC will propose recommendations to PSC to address long standing service contract issues and develop an integrated approach to the pricing of a Service Contract/Salary by June 30, 2013. APC will also increment existing service contract/salary ranges by $14 million (4 percent average).
5. **Laboratory Reform** - A committee to develop a plan to achieve additional laboratory savings from outpatient laboratory services and inpatient laboratory services.
6. **Clinical Support Services Committee** (a new PMA committee) - Will liaise with other committees and advise on Laboratory/Radiology support service delivery.
7. **Hybrid Funding** - An ad hoc "Hybrid Working Group" will make recommendations to the PSC regarding a hybrid model of compensation with prospective and retrospective payment component by March 31, 2014.

The PMA mandates a reopener for the fiscal years 2014/15 and 2015/16. The Government and the BCMA will begin the formal process of renegotiating the reopener provisions of the PMA in the summer of 2013. While compensation for 2014/15 and 2015/16 will be the focus of the reopener; the parties are permitted to reopen negotiations on certain other topics. These areas are benefit plans; MOCAP; funding for information technology; unresolved matters pertaining to alternative payments and any other matter the Government and the BCMA agree in writing to submit to the reopener process.

ADVICE:
Ministry of Health staff will continue working with the BCMA to implement the required changes as a result of the 2012 PMA and prepare for negotiation of the reopener provisions of the agreeement.

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File Name with Path:	Y:\MCU\DOCS PROCESSING\Briefing Documents\2013\Approved\MSHHRD\984947 - 2012 Physician Master Agreement (PMA) - JUN 18 2013.docx

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 984513

PREPARED FOR: Honourable Terry Lake, Minister of Health and
Linda Larson, Parliamentary Secretary to the Minister of Health
for Seniors - **FOR INFORMATION**

TITLE: Improving Care for BC Seniors: An Action Plan

PURPOSE: To provide information on the Action Plan

BACKGROUND:
On February 14, 2012, the Province released *Improving Care for BC Seniors: An Action Plan* (the Action Plan) to address concerns expressed by seniors, their families and care providers, as well as the provincial Ombudsperson, about seniors' care in BC (see Appendix A).

The Action Plan includes concrete actions to contribute to a more accessible, transparent and accountable approach to seniors' care. Actions, along with published timelines, are grouped into six thematic areas:

1. **Concerns & Complaints:** To provide appropriate avenues to have complaints heard and dealt with in a fair manner;
2. **Information:** To improve the scope and quality of, and access to, the information seniors and their families need to understand and access services in a timely and informed way;
3. **Standards & Quality Management:** To ensure more consistent delivery of care across services;
4. **Protection:** To improve the protection of vulnerable seniors from abuse and neglect;
5. **Flexible Services:** To provide flexible services to meet care needs: and,
6. **Modernization:** To modernize the home and community care system to provide sustainable and lasting improvements that will better serve seniors across the province.

DISCUSSION:
The majority of Action Plan commitments were accomplished within 14 months of the launch of the plan. A total of 21 of 26 actions are completed, and the remaining actions, mainly in the modernization theme, are underway. (Refer to Appendix B for timelines for all deliverables).

The Ministry has reported publicly on its progress in several ways. The SeniorsBC website was regularly updated throughout the year as work was completed. In April 2013, the Ministry published *Improving Care for BC Seniors: An Action Plan – Report on Progress* to report on all of the work that had been completed since the plan was released (see Appendix C). The Ministry has also reported to the Ombudsperson twice on progress against the Action Plan, first in October 2012, and again in April 2013.

Some of the milestones achieved in the first 14 months of the Action Plan include:

- Consultations and legislation to establish an Office of the Seniors Advocate;
- Information suite for seniors and their caregivers (SeniorsBC and Home and Community Care websites, online access to residential care facility inspection reports and assisted living investigation reports, updated BC Seniors' Guide and new advance care planning resources (My Voice);
- Launch of Better at Home non-medical home support program;
- Provincial elder abuse prevention strategy;
- Dementia care guidelines and dementia information to assist families to understand and live with dementia; and
- End of life training for physicians and province-wide after-hours palliative tele-nursing support for caregivers and families.

The Ministry's focus over the next year will be on the modernization theme of the Action Plan. The following describes the key goals of modernizatior Sect 13

Sect 13

- Development of clear and measurable standards for home support, home health, assisted living and residential care services: Consultations will occur with key stakeholders over the fall and winter.
- Independent review of the home and community care licensing and enforcement system for residential facilities: A request for proposals will be issued this summer. The results of the review will inform changes that are needed to ensure consistent standards of care are met across the province

Sect 13

- International review of best practices in seniors' care in partnership with the Michael Smith Foundation for Health Research to identify leading practices from other jurisdictions and to learn what could be applied to BC.
- Independent evaluation of the Better at Home program to advance our understanding of how to deliver and pay for non-medical home supports that enable seniors to stay in community.
- To address the gap in care services and supports for individuals with dementia, assess policies and legislation for housing and health services to identify a broader range of living environments with supportive care.

Sect 13

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Date: June 25, 2013
File Name with Path: I:\Seniors Healthy Living Secretariat\Briefing_Material\InProgress\BRIEFING NOTES 2013\984513 Information BN_Seniors Action Plan.docx

MEETING ADVICE FOR MINISTER

CLIFF # 985494

DATE OF REQUEST: June 28, 2013

REQUESTER Sect 13

MEETING REQUEST/ISSUE:

Meeting between the Minister of Health and Secwepemc Health Caucus Chair regarding Physicians in Rural Areas of British Columbia.

BACKGROUND:

Pages 71 through 78 redacted for the following reasons:
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