Ministry of Health

OVERVIEW

June 2013

MASTER

BRITISH COLUMBIA

Contact: Project Coordinator, DMO

Ministry of Health Overview
Table of Contents

Ministry Profile 1

- Mandate
- Budget
- Full-Time Equivalents (FTEs)
- Organizational Chart
- Executive Biographies
  - Deputy Minister
  - Chief Administrative Officer & Associate Deputy Minister
  - Chief Operating Officer & Associate Deputy Minister
  - Assistant Deputy Ministers
    - Financial and Corporate Services Division
    - Health Authorities Division
    - Health Sector Information Management/Information Technology Division
    - Medical Services and Health Human Resources Division
    - Pharmaceutical Services Division
    - Planning and Innovation Division
    - Population & Public Health Division
  - Provincial Health Officer

Ministry Core Business / Program Areas 2

- Overview
- Program Area Descriptions
  - Office of the Deputy Minister
  - Office of the Chief Administrative Officer
  - Office of the Chief Operating Officer
  - Financial and Corporate Services Division
  - Health Authorities Division
  - Health Sector Information Management/Information Technology Division
  - Medical Services and Health Human Resources Division
  - Pharmaceutical Services Division
  - Planning and Innovation Division
  - Population and Public Health Division
  - Provincial Health Officer

Ministry Executive

Executive Members Contact List 3

Organizational Charts & Roles and Responsibilities

- Office of the Deputy Minister's 4
- Office of the Chief Administrative Officer 5
- Office of the Chief Operating Officer 6
- Financial and Corporate Services Division 7
- Health Authorities Division 8
- Health Sector Information Management/Information Technology 9

Page 2
HTH-2013-00164 (PHASE 1 - OVERVIEW BINDER)

Ministry of Health Overview
Table of Contents

- Medical Services and Health Human Resources Division 10
- Pharmaceutical Services Division 11
- Planning and Innovation Division 12
- Population and Public Health Division 13
- Provincial Health Officer 14

Not Responsive

Health Authorities

Board Chairs / Chief Executive Officers Contact List 16
Health Authority Directory 17
Leadership Council – Terms of Reference 18

Key Boards, Authorities, and Commissions 19

- Summary of Appointments
- BC Health Services Purchasing Organization
- BC Patient Safety and Quality Council
- Drug Benefit Council
- Emergency and Health Services Commission
- Health Authorities
  - Fraser
  - Interior
  - Northern
  - Provincial Health Services
  - Vancouver Coastal
  - Vancouver Island
- Health Professions Review Board
- Health Shared Services BC
- Medical Services Commission
- Mental Health Review Board
- Patient Care Quality Review Boards
  - Fraser
  - Interior
  - Northern
  - Provincial Health Services
  - Vancouver Coastal
  - Vancouver Island
- **Professional Colleges**
  - College of Chiropractors of British Columbia
  - College of Dental Hygienists of British Columbia
  - College of Dental Surgeons of British Columbia
  - College of Dental Technicians of British Columbia
  - College of Denturists of British Columbia

o College of Dieticians of British Columbia
o College of Licensed Practical Nurses of British Columbia
o College of Massage Therapists of British Columbia
o College of Midwives of British Columbia
o College of Naturopathic Physicians of British Columbia
o College of Occupational Therapists of British Columbia
o College of Opticians of British Columbia
o College of Optometrists of British Columbia
o College of Pharmacists of British Columbia
o College of Physical Therapists of British Columbia
o College of Physicians and Surgeons of British Columbia
o College of Podiatric Surgeons of BC
o College of Psychologists of British Columbia
o College of Registered Nurses of British Columbia
o College of Registered Psychiatric Nurses of BC
o College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

Miscellaneous

DMO/Ministry Contact List 20
Ministry of Health / Health Authority Executive Confidential Contact List 21
Issues Coordination List – By Division (April 2013) 22
Correspondence and Business Processing Unit 23
Legislation and Professional Regulation-OIC & MO Processes 24
o Pending Orders, Regulations and Appointments
Quick References for Ministry of Health 25
o Deputy Minister's Office
o Minister's Parking Spot
o Ministry of Health ID
o Fitness Centre
o Ministry of Health Security Desk
o Health ePlace
o Health and Human Services Library
o Office Space in Vancouver

Tab 1

BRITISH COLUMBIA

June 2013

MINISTRY PROFILE

Ministry:

HEALTH

Ministry Mandate:

The Ministry of Health has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. Working in conjunction with health authorities, health care providers, agencies and other organizations, the Ministry guides and enhances the Province's health services to ensure that British Columbians are supported in their efforts to maintain and improve their health. The Ministry provides leadership, direction and support to health service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. This leadership role is accomplished through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through its accountability framework for health authorities.

The Ministry directly manages a number of provincial programs and services. These programs include the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage. The Ministry has also established ThinkHealthBC.ca , an interactive website to encourage the public's engagement in an open dialogue about innovations in health care and how we together can build a better health care system.

The province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. These include the specialized programs and services that are provided through the following agencies: BC Cancer Agency; BC Centre for Disease Control; BC Provincial Renal Agency; BC Transplant; Cardiac Services BC; the Emergency and Health Services Commission, which provides ambulance services across the province; BC Mental Health Addiction Services; and Perinatal Services BC. The Provincial Health Services Authority is also responsible for the BC Children's Hospital and Sunny Hill Health Centre for Children and the BC Women's Hospital and Health Centre.

The Ministry works in partnership with the First Nations Health Authority (FNHA) and Health Canada to improve the health status of First Nations in British Columbia and to build a better, more responsive and more integrated health system that will benefit all Aboriginal peoples and, in fact, all British Columbians. The FNHA is Canada's first provincial FNHA and its creation is a key achievement of the Tripartite First Nations Health Plan signed in 2007. The FNHA will provide services previously delivered by Health Canada's First Nations and Inuit Health Branch, Pacific Region, with a mandate to focus on improving wellness.

BRITISH COLUMBIA

June 2013

Budget:

Core Business Area	2012/13 Restated Estimates[1]	2013/14 Estimates	2014/15 Plan	2015/16 Plan
Operating Expenses ($000)				
Health Programs				
Regional Services	10,838,220	11,121,315	11,486,822	11,901,104
Medical Service Plan	3,886,873	3,982,075	4,008,832	4,028,876
PharmaCare	1,178,354	1,179,232	1,179,453	1,203,033
Health Benefits Operations	35,123	35,560	36,005	37,085
Vital Statistics	6,834	6,971	7,111	7,253
Recoveries from Health Special Account Services	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	232,075	225,983	226,280	228,557
Health Special Account	147,250	147,250	147,250	147,250
Total	**16,177,479**	**16,551,136**	**16,944,503**	**17,405,908**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Executive and Support Services	16,614	2,644	255	255
Total Capital Expenditures	**16,614**	**2,644**	**255**	**255**
Capital Grants ($000)				
Health Facilities	437,838	431,848	465,305	460,563
Total Capital Grants	**437,838**	**431,848**	**465,305**	**460,563**

[1] The amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2013/14 *Estimates*.

Full Time Equivalents (FTEs):

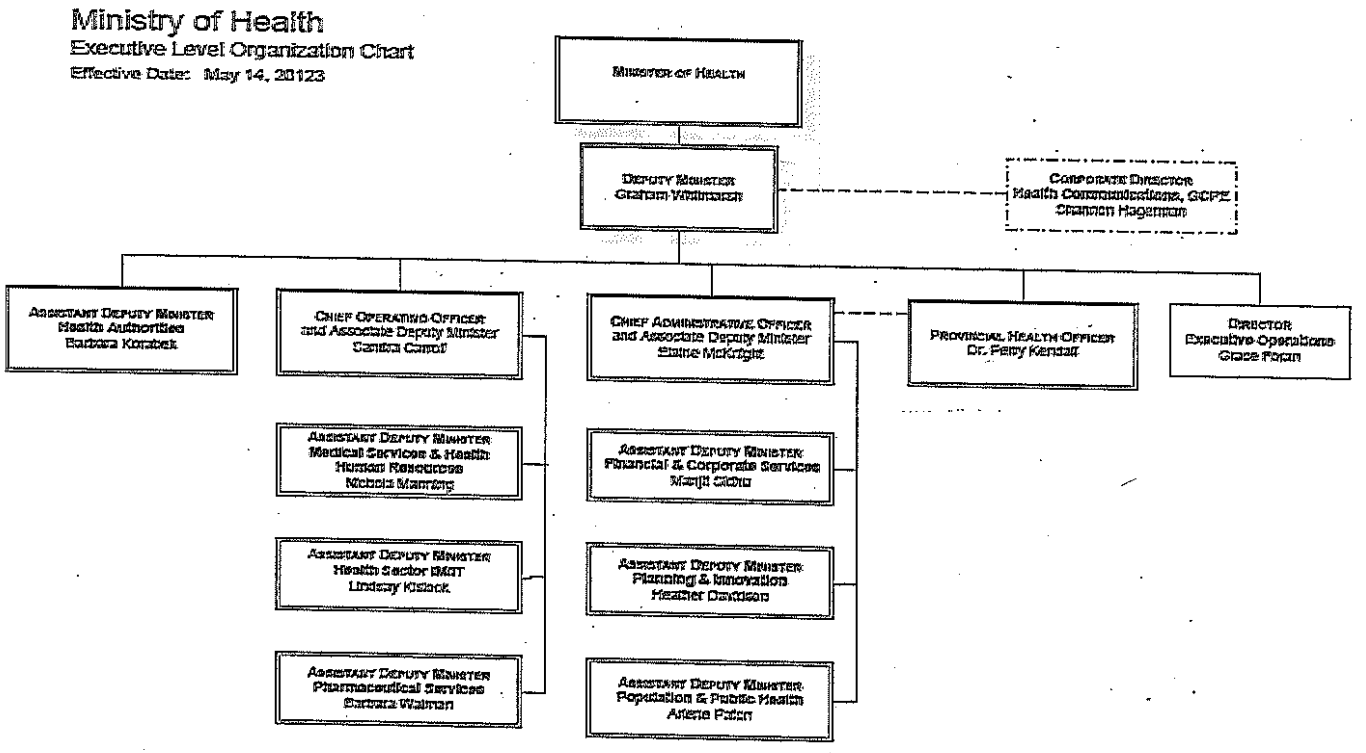
2013/14 Budget		
Core Business Area	**FTEs**	**Executive and Support Budget**
Minister's Office	10.0	$1,125,000
Deputy Minister's Office	7.0	$915,000
Office of the Chief Administrative Officer	13.5	$2,111,000
Office of the Chief Operating Officer	34.0	$3,424,000
Financial and Corporate Services Division	199.0	$23,789,000
Health Authorities Division	126.5	$15,588,000
Health Sector Information Management/Information Technology Division	170.0	$72,679,000[1]
HealthLink BC	200.0	$21,836,000
Medical Services and Health Human Resources Division	117.5	$20,982,000
Pharmaceutical Services Division	99.0	$19,047,000
Planning &Innovation Division	155.0	$18,786,000
Population and Public Health Division	134.0	$20,712,000
Provincial Health Officer	6.0	$1,197,000
Contingency	74.0	$3,792,000
Ministry Total	**1,345.5**	**$225,983,000**

Note 1 – Includes $18,149,000 for BC Services Card Implementation.

BRITISH COLUMBIA

June 2013

Executive Organizational Chart:



BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



DEPUTY MINISTER

Graham Whitmarsh

Graham Whitmarsh brought 17 years of international business experience to the BC Public Service when he joined in 2007. He has had an extensive and successful international business career in Europe, the United States and Canada.

His skills as a CEO and senior executive have been applied in the software and airline industries including British Aerospace, Sabre Airline Solutions, Mercury Scheduling Systems, and Harmony Airways. Graham began his career as a Nuclear Submarine Officers in the Royal Navy following his BSc Hons in Engineering from the University of Leeds.

Graham was recruited in April 2007 as the Head of the Climate Action Secretariat to bring his innovative perspective and leadership skills to the global challenge of climate change. In January 2009, Graham was appointed to the position of Associate Deputy Minister of Revenue, to facilitate the successful integration of Revenue into the Ministry of Finance. On April 1, 2009 Graham assumed the position of Deputy Minister of Finance and Secretary to Treasury Board. On March 14, 2011 Graham was appointed to the position of Deputy Minister, Ministry of Health.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



CHIEF ADMINISTRATIVE OFFICER AND ASSOCIATE DEPUTY MINISTER

Elaine McKnight

Elaine has held several executive positions within the BC government and has over 20 years of experience providing leadership and setting the strategic direction for the development and implementation of a number of complex change initiatives.

She currently serves as Associate Deputy Minister and Chief Administrative Officer (CAO) for the Ministry of Health. Appointed in February 2012, Elaine provides direction and leadership to the Ministry's Finance and Corporate Services Division, Population and Public Health Division, and Planning and Innovation Division. She is also responsible for Organizational Development and Engagement and for leadership of major health sector projects and initiatives, including the BC Health Organizations Support Services Redesign.

Prior to her appointment as CAO, Elaine was Assistant Deputy Minister responsible for the Ministry of Health's Planning and Innovation Division. In that role, she was responsible for leading the implementation of government's strategic direction for the health sector through the Ministry's Innovation and Change Agenda. She has also served as Assistant Deputy Minister of Health Sector Information Management/Information Technology Division which included oversight for the Provincial e-Health program. This program includes eight provincial initiatives designed to deliver electronic health record systems that will give health professionals electronic access to patient health records when and where they deliver care.

Elaine holds a Certified Management Accountant (CMA) designation.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



CHIEF OPERATING OFFICER AND ASSOCIATE DEPUTY MINISTER

Sandra Carroll

Sandra Carroll has a 25-year career within the BC Public Service and has held a variety of executive positions. She was appointed as Chief Operation Officer (COO) with the Ministry of Health in May 2012, providing corporate leadership for the health system innovation and change agenda. She is also the lead on health labour and negotiations and provides leadership and oversight for the Medical Services and Health Human Resources, Health Sector IM/IT and Pharmaceutical Services divisions. Prior to her appointment as COO, she was Assistant Deputy Ministry of Economic Development, Assistant Deputy Minister of Policy and Planning and Assistant Deputy Minister of Partnerships within the Ministry of Transportation. Sandra has worked on a number of key initiatives including leading the federal and provincial negotiations within the Economic Stimulus Program.

Sandra received the Premier's Award in Excellence for the delivery and implementation of the Drive BC program and also received the Premier's Award for Organizational Excellence for the Olympic and Paralympics Games. Sandra has an Associated Arts Diploma in Business and is a recent a graduate from the Advanced Leadership Program with the Canadian School of Public Service.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



ASSISTANT DEPUTY MINISTER
FINANCIAL AND CORPORATE SERVICES DIVISION
Manjit Sidhu

Manjit Sidhu was appointed Assistant Deputy Minister of Financial and Corporate Services, Ministry of Health in October 2004.

Manjit is a Chartered Accountant and holds a Bachelor of Arts in Commerce and Economics from Simon Fraser University. Manjit previously attended the University of Leeds in the UK, where he studied history and trained to be a teacher. Prior to his career in government, Manjit held a number of positions in the accounting/finance area as a Senior Accountant and was responsible for providing accounting, auditing and tax consulting services to a wide range of private and public sector clients, such as School Boards, Hospitals and Municipalities.

In 1988, Manjit joined the Ministry as an Audit Supervisor and since then he has worked in a number of roles including Budget Manager and Director in the Budget, Reporting and Accountability branch, and Senior Manager of the Program Funding and Support Branch. In February 2000, Manjit became Senior Financial Officer of the Ministry.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



ASSISTANT DEPUTY MINISTER

HEALTH AUTHORITIES DIVISION

Barbara Korabek

Barbara Korabek was appointed the Assistant Deputy Minister of the Health Authorities Division in April 2012. From December 2008 to March 2012, she was Vice-President of Clinical Operations at Fraser Health Authority. In this role, she provided executive leadership and strategic oversight to a range of integrated community and acute care programs designed to improve health system capacity and foster a population health focus to help sustain care and services.

Barbara has 30 years of experience in management positions in a variety of complex health care environments. She previously served as the Vice President, Primary Care and Community Health Network at Fraser Health Authority. Barbara was also the Executive Director, Continuing Health Services at Vancouver Island Health Authority from 2005 to 2008, overseeing a portfolio that included Mental Health and Addictions, Residential Services, Home and Community Care, Seniors' Health and End-of-Life Care. She also served in senior leadership roles with Alberta's Calgary Health Region in the areas of Mental Health, Outpatient Services and Home Care. Barbara has more than a decade of experience with the BC Cancer Agency, is a published researcher in Home and Primary Care, and has studied process redesign and Lean Design methodologies.

Barbara holds a Masters in Nursing, Health Administration Stream from the University of British Columbia, and a Bachelors of Science in Nursing from the University of Alberta.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



ASSISTANT DEPUTY MINISTER

HEALTH SECTOR INFORMATION MANGEMENT / INFORMATION TECHNOLOGY DIVISION

Lindsay Kislock

Lindsay Kislock joined the Ministry of Health as the Assistant Deputy Minister (ADM), Health Sector Information Management and Information Technology Division, in July 2011. During her tenure at the Ministry of Health, Lindsay has led the successful introduction of the BC Services Card, streamlined and improved the timeliness of access to health data for researchers, and oversaw the implementation of the Ministry's eHealth initiatives.

Prior to this appointment, Lindsay served as the ADM, Agriculture Science and Policy at the Ministry of Agriculture from July 2008 to July 2011, and as the ADM, Small Business and Regulatory Reform with the Ministry of Small Business and Revenue from March 2006 to July 2008. During her 20 years of service with the BC government Lindsay has held a variety of senior management positions with the Ministry of Children and Family Development, the Ministry of Human Resources, and the Ministry of Employment and Investment.

Lindsay holds a Masters degree from the Evans School of Public Affairs, University of Washington, and a Bachelor of Business Administration from Lakehead University.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



ASSISTANT DEPUTY MINISTER
MEDICAL SERVICES &HEALTH HUMAN RESOURCES DIVISION

Nichola Manning

Nichola Manning was appointed Assistant Deputy Minister, Medical Services and Health Human Resources Division with the Ministry of Health effective May 22, 2012. In this position, Nichola is responsible for administrative policy oversight and planning for the provincial medical services program; physician human resource policy; negotiations and issues management; primary health care redesign; health-sector human resource planning; post-graduate medical education; and provincial oversight of the blood services and laboratory medicine services.

Prior to this appointment, Nichola was the Executive Director, Primary Health Care and Specialist Services Branch where her portfolio included the strategic implementation of programs and initiatives identified in the *Physician Master Agreement*; primary health care redesign; specialist physician service redesign; co-leadership of the Integrated Primary and Community Care key result area; and the Patients as Partners initiative. Nichola also held the position of Executive Director, Medical Services Branch and was responsible for managing funding for physician medical services, supplementary benefit services and specific physician collaboration programs and initiatives.

After obtaining a Masters degree in Public Administration from the University of Victoria, Nichola joined the BC Public Service and has fifteen years of experience with the Ministry of Health holding a variety of portfolios including physician engagement and collaboration; physician prevention services; acute and tertiary services; emergency services; midwifery; nursing and the medical services plan. Nichola has been an active representative and involved in implementation of numerous cross Ministry/physician stakeholder initiatives for the General Practice Services Committee, Specialist Services Committee, Shared Care Committee, Tariff Committee, Guidelines and Protocols Advisory Committee, and the Medical Services Commission.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY

ASSISTANT DEPUTY MINISTER
PHARMACEUTICAL SERVICES DIVISION
Barbara Walman



Barbara Walman was appointed Assistant Deputy Minister, Pharmaceutical Services Division on May 22, 2012. Prior to this appointment, she has held a number of Assistant Deputy Minister positions, including Ministry of Labour, Ministry of Energy and Mines, Ministry of Community Services, Ministry of Attorney General and now is very pleased to be a team member at the Ministry of Health . Barbara was recently a finalist in the Premier's Awards for Leadership.

Barbara joined the British Columbia Public Service in 1993, for a second time, with the Ministry of Social Services. Over time she has accepted numerous challenging and exciting positions in the public service and has been part of stimulating and complex initiatives, such as leading the development and implementation of government's Employee Performance and Development Plan, drafting the response to the critical issue of an aging demographic, *Seniors in British Columbia: A Healthy Living Framework*, eveloping programs and initiatives to stop violence against women, and leading the Community Transition Program for communities impacted by economic downturn. Prior to joining the public service, Barbara worked in the areas of early childhood intervention, life skills coaching and adult literacy.

Barbara attended Mount Royal College where she received a Social Services diploma and Royal Roads University, completing the Executive Program in Public Sector Leadership. She has a deep commitment to the public service and is especially dedicated to leadership, employee engagement and service to the public.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



ASSISTANT DEPUTY MINISTER
PLANNING AND INNOVATION DIVISION
Heather Davidson

Heather Davidson was appointed the Assistant Deputy Minister of the Planning and Innovation Division in April 2012. From March 2010 to April 2012, she served as the Assistant Deputy Minister of the Health Authorities Division. She was previously the Assistant Deputy Minister for the Ministry of Housing and Social Development from October 2006 to March 2010. Her time at the Ministry of Housing and Social Development was preceded by 15 years at the Ministry of Health where she was Executive Director of the Strategic Policy and Research Department for three years and Executive Director of Pharmacare for a year.

Heather holds a PhD in Psychology (Adult Development and Aging) from the University of Victoria. Prior to joining the BC Public Service in 1991, she worked as a psychologist providing clinical psychological services, as well as collaborating in research projects related to the provision and evaluation of medical services for the elderly.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



ASSISTANT DEPUTY MINISTER
POPULATION AND PUBLIC HEALTH DIVISION
Arlene Paton

Arlene Paton became the Assistant Deputy Minister, Population and Public Health, Ministry of Health, in September 2011. She is responsible for a team of about 130 people working across the health system, government and society on the full range of population and public health programs, services and initiatives. These include environmental health, communicable disease prevention, immunization, health emergency management, health promotion and citizen engagement, maternal, child and youth public health programs, healthy schools, communities and workplaces, strategies to increase healthy eating and physical activity levels, and mental health promotion, as well as a focus on specific populations such as Aboriginal peoples and status of women.

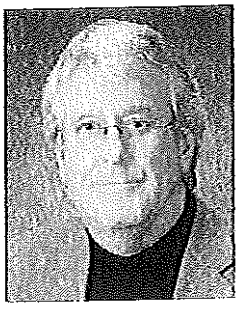
Arlene has worked for the provincial government in Victoria since 1988, starting at Treasury Board in the Ministry of Finance, and was appointed Assistant Deputy Minister, Post Secondary Education Division, Ministry of Advanced Education, in October 2004. She moved to the Ministry of Aboriginal Relations and Reconciliation as Assistant Deputy Minister in 2006 to lead the all-of-government approach to closing the social and economic gaps that exist between Aboriginal and other British Columbians.

Arlene holds a Bachelor of Arts degree from the University of Manitoba and a Master's degree in Public Administration from Queen's University.

BRITISH COLUMBIA

June 2013

EXECUTIVE MEMBER BIOGRAPHY



PROVINCIAL HEALTH OFFICER

Dr. Perry Kendall

Born in the United Kingdom in 1943, Dr. Perry Kendall completed his undergraduate medical training at University College Hospital Medical School in 1968 and interned at the Seaman's Hospital in Greenwich, before spending a year as Senior House Officer at the University Hospital of the West Indies in Kingston, Jamaica. In 1972, he moved to Toronto, Ontario and spent two years working in general practice and at Toronto's Hassle Free Clinic.

In 1974, he moved to Vancouver and worked for the Vancouver Health Department's Pine Free Clinic and East Health unit while acquiring a Master's Degree in Health Care Planning and Epidemiology and a Fellowship in Community Medicine. In 1984, he returned to Ontario and was the Manager, Disease Control and Epidemiology Services with the Ontario Ministry of Health, until 1987. He then returned to BC as Medical Officer of Health for the Capital Regional District, in which capacity he opened one of Canada's first needle exchange programs. In 1989 he took on the role of Medical Health Officer for the City of Toronto, a position he held for six years during which time he pioneered programs for AIDS/HIV and drug abuse prevention, established Harm Reduction as the official City policy for substance abuse and was involved in developing and promoting the City's comprehensive tobacco control by-laws. In 1991, he received an Addiction Research Foundation Community Achievement Award for leadership in substance abuse prevention. In 1992, he received the Non-Smoker's Rights Association Award of Merit for outstanding contributions to environmental health and disease prevention.

In 1993, Dr. Kendall spent a year on secondment to the Deputy Minister of Health as Special Advisor on Long Term Care and Population Health. In March 1995, he was appointed President and CEO of the Addiction Research Foundation of Ontario, one of six academic health science centres in Toronto and a WHO Collaborating Centre, a position he held until the Foundation's amalgamation with three other hospitals to form the Addiction and Mental Health Services Corporation on January 23, 1998. In April 1998, he took on the position of Vice-President, Seniors' Health, with the Capital Health Region in Victoria. May 3, 1999, Dr. Kendall was appointed to the position of Provincial Health Officer for the province of British Columbia.

Tab 2

BRITISH COLUMBIA

June 2013

CORE BUSINESS/PROGRAM AREAS

OVERVIEW

The Ministry of Health's core business and program areas reflect the health service delivery system in British Columbia. The Ministry's primary role is to provide leadership, direction and support to service delivery partners and set province-wide goals, standards and expectations for health service delivery. This leadership role is accomplished through the development of policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through an accountability framework for health authorities.

The vast majority of health services are delivered by system partners such as health authorities, care providers, agencies and other groups that provide access to care. The Ministry directly delivers some provincial programs such and HealthLink BC and the BC Vital Statistics Agency.

To reflect these roles the Ministry's core business is expressed in two areas: *Health Programs* and *Executive and Support Services*. *Health Programs* includes the allocations for major service delivery areas such as services provided by health authorities, the Medical Services Plan and PharmaCare. *Executive and Support Services* includes the Ministry program areas (led by Assistant Deputy Ministers) responsible for providing leadership and oversight to the budgets and services delivered by the broader health system. The following pages describe the Ministry program areas and their and responsibilities for the health system's services.

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

Deputy Minister: **Graham Whitmarsh**

Program Area Description: **Office of the Deputy Minister**

The Office of the Deputy Minister leads and coordinates the work of all areas of the Ministry. The Office provides leadership to ensure timely decision-making, effective service delivery and positive relationships between the Ministry and the executive offices of government, and between the Ministry and the health authorities.

The Office is responsible for articulating government's goals, commitments and priorities to the Ministry, and works with Ministry program areas in support of achieving these goals.

To enact this role, the Office provides a number of key central functions for the Ministry and broader health system including corporate services for executive operations support.

Budget: $915,000

Full Time Equivalents (FTEs): 7

Related Legislation:

Ministry of Health Act: Specifies the functions and duties of the Minister and the Ministry of Health.

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

Associate Deputy Minister: **Elaine McKnight**

Program Area Description: **Office of the Chief Administrative Officer**

The Chief Administrative Officer (CAO) provides oversight to the Financial and Corporate Services Division, Planning and Innovation Division, Population and Public Health Division, and provides input to the Deputy Minister on individual Assistant Deputy Minister (ADM) performance. The CAO is also the Executive lead for the Organizational Development and Engagement Branch, and provides leadership to high profile, large scale projects, including the BC Health Organizations Support Services Redesign initiative.

The CAO provides direction and leadership to individual ADMs, ensuring the work of program areas is coordinated and complimentary, and reflects the strategic priorities of government and the Ministry. The CAO represents the Ministry of Health on a number of provincial and national health organization boards, and serves as the Ministry representative on the Provincial Health Services Authority, Interior Health Authority and Fraser Health Authority boards.

Budget: $2,111,000

Full Time Equivalents (FTEs): 13.5

Related Legislation: N/A

Organization:

- Financial and Corporate Services Division
- Planning and Innovation Division
- Population and Public Health Division
- Organizational, Development and Engagement Branch

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

Associate Deputy Minister: **Sandra Carroll**

Program Area Description: **Office of the Chief Operating Officer**

The Chief Operating Officer (COO) provides leadership and oversight for the Medical Services and Health Human Resources Division, Health Sector Information Management/Information Technology Division, and Pharmaceutical Services Division. In addition, the COO is responsible for health sector labour relations and bargaining.

The COO provides direction and leadership to individual ADMs, ensuring the work of program areas is coordinated and complimentary, and reflects the strategic priorities of government and the Ministry.

In addition to serving of various provincial health sector boards, the COO is the Ministry's representative on three health authority boards: Northern Health Authority, Vancouver Coastal Health Authority, and Vancouver Island Health Authority.

Budget: $3,424,000

Full Time Equivalents (FTEs): 34.0

Related Legislation: N/A

Organization:

- Health Sector Information Management/Information Technology Division
- Medical Services and Health Human Resources Division
- Pharmaceutical Services Division
- Labour Relations and Special Initiatives Branch

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: **Manjit Sidhu**

Program Area Description: **Financial and Corporate Services Division**

The Financial and Corporate Services Division supports the Ministry Executive, programs and health authorities by managing and ensuring a consistent approach to financial and corporate services planning, policy, performance oversight/reporting, and critical financial and corporate services issues management.

Services provided include Billing Audit and Investigations, Capital Services Management, Health Authority Regional Grants Decision Support, and Finance and Decision Support. These services assist program areas and health authorities to meet their strategic goals and operational plans, and ensure compliance with relevant legislation, regulations and central agency directives.

Budget: $23,789,000

Full Time Equivalents (FTEs): 199.0

Related Legislation:

Health Care Costs Recovery Act: Provides for the province to recover costs and expenses that it incurred in providing health care to an injured person resulting from a wrongful act or omission of a third party.

Health Special Account Act: Establishes a special account where half of lottery proceedings will be used to finance urgent health care priorities.

Hospital District Act: Establishes regional hospital districts to oversee the financing of hospitals. Establishes governance rules for boards in each hospital district. Provides for an annual capital grant to be paid to each board.

Organization:

- Billing Audit and Investigations Branch
- Capital Services Branch
- Finance and Decision Support Branch
- Regional Grants and Decision Support Branch

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: Barbara Korabek

Program Area Description: **Health Authorities Division**

The Health Authorities Division is the primary link between the Ministry and BC's six health authorities to ensure the public has reasonable access to coordinated healthcare services, provided at an affordable and sustainable cost. The Division develops broad provincial policy and planning for acute care, home and community care, mental health and addictions and patient care quality, as well as patient safety initiatives. The Division represents the Ministry at the federal/provincial/territorial level on issues that require a pan-Canadian approach.

Health Authorities Division also is responsible for Clinical Care Management and collaborates with academia, health authorities and other health system partners to identify evidence-based innovation and best practices for the purpose of improving health service delivery and patient outcomes. The Division, on behalf of the Executive, provides effective monitoring systems to track, report, review and manage health authority performance linked to the Government Letter of Expectations and broader health authority performance management framework.

The Division provides oversight to the Regional Health Sector budget line in the Ministry's Services Delivered by Partners core business area. BC's six health authorities are the Ministry's key partners in delivering services to British Columbians and more than 90% of the Regional Health Sector funding is provided to the health authorities for the provision of most local health services. Regional Health Sector Funding provides for the management and delivery of health services, including mental health services to adults, acute care services, provincial programs and home and community care services.

Budget: $15,588,000

Full Time Equivalents (FTEs): 126.5

Related Legislation:

Health Authorities Act: Provides for the establishment of five regional health authorities (Vancouver Coastal, Fraser, Interior, Northern and Vancouver Island) and the roles and responsibilities of health authority boards.

Hospital Insurance Act: Establishes in-patient and out-patient general hospital services available to BC residents and provides for the payment of those services from the Hospital Insurance Fund.

Continuing Care Act: Authorizes funding and provision of one or more health care services to persons with a frailty or with an acute or chronic illness or disability that do not require admission to a hospital.

Hospital Act: Provides for the designation, licensing and administration of hospitals according to standards of management and care.

Community Care and Assisted Living Act: Licenses, regulates and overseas adult and child community care facilities and establishes a registration system for assisted living residences.

Health Care (Consent) and Care Facility (Admission) Act: Governs consent to health care and to facility admission as well as establishing a scheme for substitute decision makers.

Mental Health Act: Provides for facilities and services to mentally disordered persons, including detention of persons requiring supervision for their own protection, or the protection of others. Provides for the review of that detention.

Forensic Psychiatry Act: Establishes a Commission to provide psychiatric services to the court, to accused persons remanded for psychiatric examination, and to persons held at the direction of the LGIC under the Criminal Code or Mental Health Act. Commission is also authorized to plan related research and educational programs.

Human Resource Facility Act: Allows for government to issue grants for a residence or facility for the support or treatment of persons with addictions [s. 1 (d) - the remainder of the Act is the responsibility of the Minister of Children and Family Development].

Patient Care Quality Review Board Act: Establishes a province-wide patient complaints management and review system through Patient Care Quality Offices housed in health authorities, and through independent Patient Care Quality Review Boards associated with each health authority.

Access to Abortion Services Act: Places limits on protests and demonstrations in public places that are specifically intended to interfere with a person's right to access abortion services.

Anatomy Act: Allows for use of unclaimed bodies for anatomical research. The Coroner's office determines if a body is unclaimed.

Human Tissue Gift Act: Allows organs to be donated for therapeutic purposes, medical education or scientific research. Sale of any tissue for those purposes (except blood) is prohibited.

Health and Social Services Delivery Improvement Act: Provides employers in the health sector with flexibility in the application of collective agreements to alternative service delivery arrangements [excluding Part 3, which is the responsibility of the Minister of Children and Family Development].

Health Sector Partnerships Agreement Act: Facilitates the development and implementation of public-private partnerships in the health sector to enable alternative delivery of non-clinical services to the public.

Organization:

- Clinical Consultation and Operational Monitoring Branch
- Home, Community and Integrated Care Branch
- Hospital and Provincial Services Branch
- Mental Health and Substance Use Branch
- Patient Safety and Care Quality Branch

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: **Lindsay Kislock**

Program Area Description: **Health Sector Information Management/Information Technology Division**

The Health Sector Information Management/Information Technology Division brings information management and information technology (IM/IT) services and initiatives together under one business portfolio for a coordinated approach across the Ministry of Health and provincial health sector. The Division promotes the integration of health sector data into daily business operations and policy development and provides sector-wide leadership for IM/IT planning and business solutions. The Vital Statistics Agency and HealthLink BC, both within the Division's portfolio, provide services directly to BC citizens. The Division is also leading two technology-enabled transformational initiatives: implementation of eHealth solutions across the province and introduction of a new BC Services Card; both are key result areas for the Ministry of Health.

Budget: $94,515,000

Full Time Equivalents (FTEs): 370.0

Related Legislation:

E-health (Personal Health Information Access and Protection of Privacy) Act: Establishes a frame work to enable personal health information to be collected, used and disclosed using an electronic health record. Provides the legal basis for individuals to access their own personal health information.

Marriage Act: Provides for registration of persons authorized to solemnize marriages and issue marriage licenses.

Name Act: Provides for registration of a change of name with the Division of Vital Statistics.

Vital Statistics Act: Provides for a central registry of births, stillbirths, adoptions, marriages, and deaths.

***Wills Act* (Part 2):** Provides for filing of notice of execution of a will with the Director of Vital Statistics [the remainder of the Act is the responsibility of the Attorney General].

Organization:

- Business Management Office
- Corporate Management and Operations Branch
- Health Information Privacy, Security and Legislation Branch
- Health Strategy Branch
- Information Management and Knowledge Services Branch
- Strategic Projects Branch
- Vital Statistics Agency
- HealthLink BC

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: **Nichola Manning**

Program Area Description: **Medical Services and Health Human Resources Division**

The Medical Services and Health Human Resources Division is responsible for managing the provision of physician medical services and supplementary allied health care provider services; preparing and negotiating the provincial agreement with the BC Medical Association and managing the implementation of the agreement; preparing and negotiating compensation agreements for supplementary benefit practitioners; developing provincial direction and policy to ensure there is a sustainable, qualified workforce to support health care in BC, leading primary health care reform and providing leadership and strategic direction on laboratory services and the provision of blood and blood products.

The Division supports and liaises with the Medical Services Commission, which operates under the *Medicare Protection Act,* to facilitate reasonable access to quality medical care, health care and diagnostic facility services through the Medical Services Plan.

The Medical Services Plan (budget line in the Services Delivered by Partners core business area) provides funding for eligible services provided by medical practitioners, health care practitioners, diagnostic facilities and human resource and planning initiatives with respect to physicians. Physician services may be funded in a variety of ways: through fee-for-service, service contracts, salaried positions or sessions (3.5 hour blocks of time). Physicians are also paid for being on-call to health authorities, are provided with a suite of benefits, and are provided incentives to practice in rural areas. Funding also provides supplementary benefits to low-income British Columbians for a range of services, including physical therapy, naturopathy and chiropractics.

The Division is the primary link between the Ministry and the health authorities for physician services and health system workforce planning, policy, performance oversight/reporting and critical issues management in support of system service delivery. This is achieved through optimizing the contribution of knowledge, research and practice by working collaboratively with leaders in health authorities; unions and associations; regulatory bodies; educational institutions; and the research community.

Budget: $20,982,000

Full Time Equivalents (FTEs): 117.5

Related Legislation:

Medicare Protection Act: Establishes the role and responsibilities of the Medical Services Commission and benefits under the Medical Services Plan (MSP). The Commission administers and operates the Plan, which pays for health care services that are benefits under MSP [except sections 5 (1) (b), 7 (5), 8 (4), 8.1, 8.2 and 32 which are the responsibility of the Minister of Finance].

Organization:

- Health Human Resources Planning Branch (Nursing and Allied Health Professions)
- Health Human Resources Planning Branch (Physicians)
- Laboratory, Diagnostic and Blood Services Branch
- Medical Services Branch
- Medical Services Economic Analysis Branch
- Physician Human Resource Management Branch
- Primary Health Care and Specialist Services Branch

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: **Barbara Walman**

Program Area Description: **Pharmaceutical Services Division**

Pharmaceutical Services Division is responsible for the overall coordination and performance of the province's publicly-funded drug program. The Division supports a therapeutically oriented pharmaceutical management strategy that will maintain and improve the health of British Columbians by optimizing their use of prescription drugs.

The Division's primary responsibility is BC PharmaCare. The PharmaCare program is comprised of ten benefit plans, the largest being the income-based Fair PharmaCare plan which provides universal coverage to BC families for eligible prescription drugs and designated medical supplies. Other plans provide special coverage to target populations like those living in licensed residential care, social assistance recipients, palliative care patients, and people living with mental health illnesses. The Division also provides funding for drugs made available through the BC Centre for Excellence in HIV/AIDS. Additionally, drug coverage and policy decisions made by the Division indirectly influence the decisions of other public and private payers within the province.

The Pharmaceutical Services Division is also responsible for PharmaNet, a network that links all BC community pharmacies to a central set of data systems. PharmaNet users include community pharmacies, hospital pharmacies, emergency departments, medical practices, the College of Pharmacists of BC and the College of Physicians & Surgeons of BC.

Budget: $19,047,000

Full Time Equivalents (FTEs): 99.0

Related Legislation:

Pharmaceutical Services Act: A full legislative framework that regulates prescription drug prices; includes provisions for enrolling beneficiaries, pharmacists and other service providers; and provides tools for enforcement.

Pharmacy Operations and Drug Scheduling Act: Regulates the licensing and operation of pharmacies and the scheduling of drugs.

Organization:

- Business Management, Supplier Relations and Systems Branch
- Drug Intelligence Branch
- Drug Use Optimization Branch
- Policy Outcomes Evaluation and Research Branch

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: **Heather Davidson**

Program Area Description: **Planning and Innovation Division**

The Planning and Innovation Division is responsible for supporting government in setting the strategic direction, objectives and initiatives to provide a quality, sustainable, high performing publicly funded BC health system that delivers clinical, operational and service excellence. The Division is also responsible for intergovernmental relations, research, policy, legislation, professional regulation, data support and advanced analysis, as well as a number of strategic priority projects and transformation initiatives, and is the executive lead for the Emergency Medical Assistant Licensing Unit.

The Division leads and supports the Ministry of Health and health authorities to establish clear strategic direction, strategic objectives and initiatives that are aligned to Government's priorities for the health system.

Budget: $18,786,000

Full Time Equivalents (FTEs): 155.0

Related Legislation:

Emergency and Health Services Act: *[provisions related to the Emergency Medical Assistants (EMA) Licensing Board].* Establishes the Emergency and Health Services Commission which is responsible for providing ambulance services and the recruitment and training of EMAs. Also establishes the EMA Licensing Board.

Health Professions Act: Provides the umbrella framework for the designation and regulation of the self-regulated health professions.

Seniors Advocate Act: Establishes a Seniors Advocate, responsible for monitoring seniors services, analyzing issues that are important to the welfare of seniors generally, and advocating in the interest of seniors.

Note: The Division is responsible for the Legislation Unit, a central service unit through which nearly forty enactments and their respective regulations are amended, as and when required, to assist in the achievement of broader Ministry of Health program and operational goals.

Organization:

- Performance Measurement, Analysis and Reporting Branch
- Planning and Policy Branch
- Priority Projects and Business Transformation Branch
- Research and Library Services Branch
- Seniors Directorate

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: Arlene Paton

Program Area Description: **Population and Public Health Division**

The Population and Public Health Division focuses on improving people's overall health and well-being by promoting health; preventing disease, disability, and injury; protecting them from harm; and assisting them to acquire the self-care and self-management skills they need. The intent of these actions is to promote a healthier population, and reduce current and future demands on the health care system.

The Division exercises stewardship for public health services and invests resources strategically, based on the best available research, data, and evidence of best outcomes. All of the Division's business areas fulfill their work through stewardship, including planning, directing and evaluating programs, policies, and legislation; providing leadership and expert advice based on best practices and evidence in relation to their program-specific issues; and building partnerships with program-specific stakeholders.

Budget: $20,712,000

Full Time Equivalents (FTEs): 134.0

Related Legislation:

Public Health Act: Stipulates the powers and duties of public health officials to prevent and control communicable disease, chronic disease and environmental health hazards. Provides measures for public health emergency response and stipulates health monitoring and reporting requirements.

Drinking Water Act: Protects public health by ensuring comprehensive regulation of water supply systems, establishing mechanisms for improved source protection and providing greater public accountability for water suppliers.

Food Safety Act: Addresses the safety, licensing, inspection, designation and regulation of food establishments.

Milk Industry Act (s. 12 except with respect to tank milk receiver licenses.): Provides for the Minister to issue licenses for the operation of dairy plants, except in respect of tank milk receivers.

Tobacco Control Act: Regulates the sale, distribution, promotion, and advertising of tobacco products.

Tobacco Damages and Health Care Costs Recovery Act: Establishes legal procedures for government to recover health care costs from parties who have contributed to illnesses caused by tobacco products.

BRITISH COLUMBIA

June 2013

Organization:

- Aboriginal Healthy Living Branch
- Business Operations and Surveillance Branch
- Chronic Disease/Injury Prevention and Built Environment Branch
- Communicable Disease Prevention, Harm Reduction and Mental Health Promotion Branch
- Emergency Management Unit
- Health Promotion Supports and Engagement Branch
- Health Protection Branch
- Healthy Women, Children and Youth Secretariat
- Seniors' Healthy Living Secretariat

BRITISH COLUMBIA

June 2013

PROGRAM AREA DESCRIPTION

ADM Responsible: **Dr. Perry Kendall, Provincial Health Officer**

Program Area Description: **Provincial Health Officer**

Under the *Public Health Act*, the Provincial Health Officer is the senior medical health officer for BC and provides independent advice to the Ministry of Health and the public on public health issues and population health.

Each year, the Provincial Health Officer must report publicly, to the legislature, on the health status of the population.

Budget: $1,197,000

Full Time Equivalents (FTEs): 6.0

Related Legislation:

Public Health Act: Stipulates the powers and duties of public health officials to prevent and control communicable disease, chronic disease and environmental health hazards. Provides measures for public health emergency response and stipulates health monitoring and reporting requirements.

Organization:

- Deputy Provincial Health Officer
- Deputy Provincial Health Officer (Primaty responsibility monitoring Aboriginal Health)
- Provincial Drinking Water Officer
- Aboriginal Health Physician Advisor

Tab 3

MINISTRY OF HEALTH
EXECUTIVE COMMITTEE
(as of April 4, 2013)

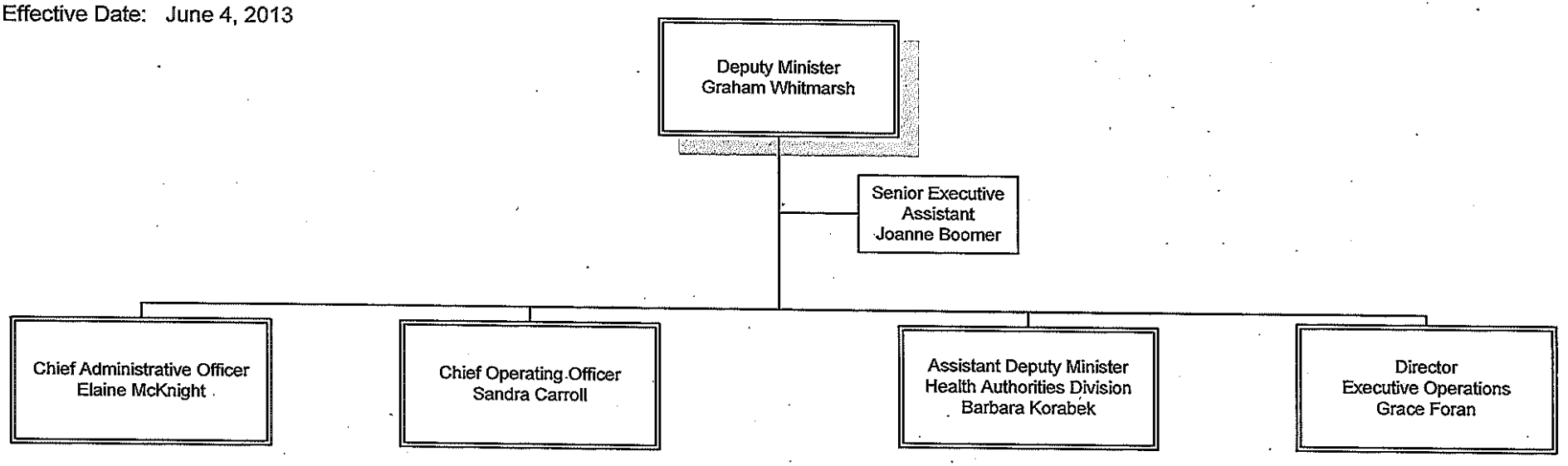
NAME	Title
GRAHAM WHITMARSH – 952-1911 / S17 Joanne Boomer (SEA) 952-1590	**DEPUTY MINISTER** RBB 5-3
ELAINE McKNIGHT - 952-1766 / S17 Cheryl Weiss (SEA) 952-1764	**CHIEF ADMINISTRATIVE OFFICER** RBB 5-3
SANDY CARROLL - 952-2404 / S17 Linda Zilkie (SEA) 952-2402	**CHIEF OPERATING OFFICER** RBB 5-3
ARLENE PATON – 952-1448 S17 Bev Muller (EAA) 952-1731	**ASSISTANT DEPUTY MINISTER** **Population & Public Health Division** RBB 4-2
BARBARA KORABEK - 952-1297 / S17 Sandra Cameron (A/EAA) 952-1049	**ASSISTANT DEPUTY MINISTER** **Health Authorities Division** RBB 6-2
BARBARA WALMAN - 952-1705 / S17 Sara Walsh (EAA) 952-1464	**ASSISTANT DEPUTY MINISTER** **Pharmaceutical Services Division** RBB 3-2
HEATHER DAVIDSON – 952-2569 / S17 Leah Crisp (EAA) 952-2563	**ASSISTANT DEPUTY MINISTER** **Planning & Innovation** RBB 5-1
LINDSAY KISLOCK - 952-2159 / S17 Roxanne Gallant (A/EAA) 952-2791	**ASSISTANT DEPUTY MINISTER** **Health Sector IM/IT Division** RBB 5-3
MANJIT SIDHU - 952-2066 / S17 Ashley Armstrong (A/EAA) 952-2067	**ASSISTANT DEPUTY MINISTER** **Financial & Corporate Services Division** RBB 4-4
NICHOLA MANNING - 952-3465 / S17 Wendy Leach (EAA) 952-3166	**ASSISTANT DEPUTY MINISTER** **Medical Services &Health Human Resources Division** RBB 3-1
PERRY KENDALL - 952-1318 / S17 Kristin Wright (A/EAA) 952-1330	**PROVINCIAL HEALTH OFFICER** RBB 4-2
DALE SAMSONOFF – 952-1175 / S17 Tanya MacKay 952-2926	**DIRECTOR** **Organizational Development & Engagement** RBB 2-2
SHANNON HAGERMAN - 952-1889 / S17 Matt Belanger, Office Coordinator 952-1881	**DIRECTOR** **Health Communications Office** **Government Communications & Public Engagement** RBB 5-1

Tab 4

Office of the Deputy Minister

Executive Level Organization Chart

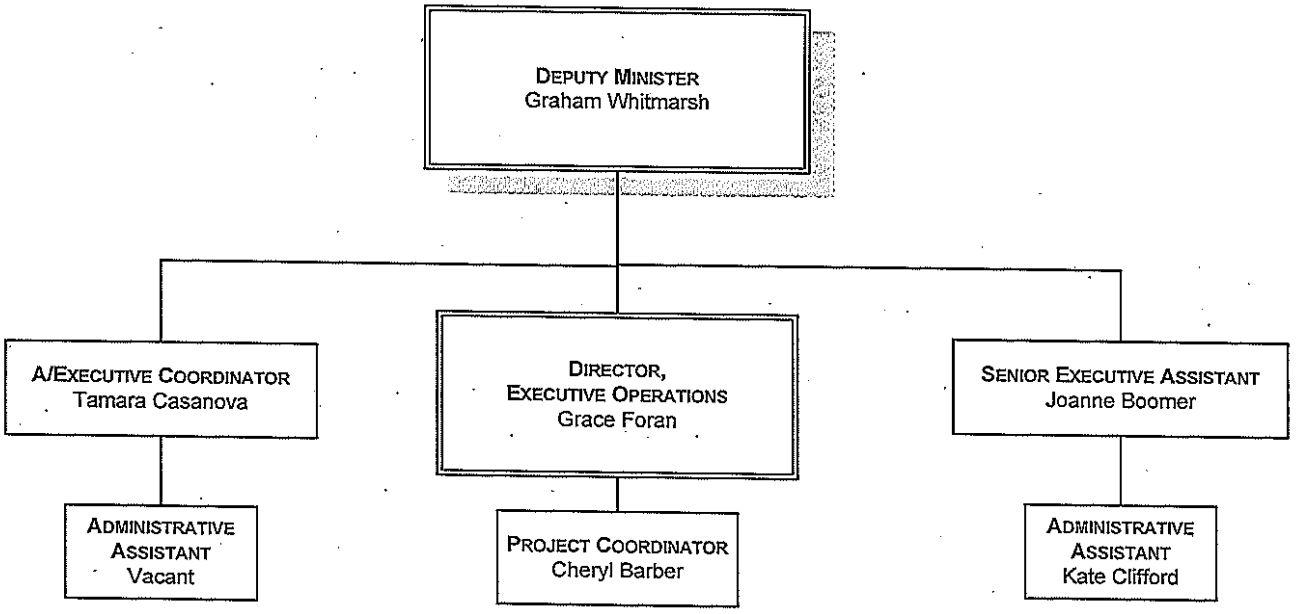
Effective Date: June 4, 2013



Office of the Deputy Minister

Organization Chart

Effective Date: June 4, 2013



Revised: September 2012

Roles and Responsibilities
Office of the Deputy Minister

DEPUTY MINISTER
GRAHAM WHITMARSH

The Office of the Deputy Minister leads and coordinates the work of all areas of the Ministry of Health. The Office provides leadership to ensure timely decision-making, effective service delivery and positive relationships between the Ministry and the executive offices of government, and between the Ministry and the health authorities. The Office is responsible for articulating government's goals, commitments and priorities to the Ministry, and works with Ministry program areas in support of achieving these goals.

EXECUTIVE OPERATIONS
GRACE FORAN, DIRECTOR

Key Functions

- Coordinate Estimates and House activities.
- Prepare and support the Deputy Minister, Executive Committee and the Minister in their relationships with Cabinet, Cabinet Committees, Central Agencies, Members of Legislative Assembly, other ministries and ministry stakeholders.
- Work closely with executive, senior management and Ministry staff in carrying out the mandate of the Deputy Minister's Office.
- Act as a representative of the Deputy Minister in a variety of assigned functions of a confidential and sensitive nature.
- Responsible for issues related to the Deputy Minister's Office budget including Full-Time Equivalent management and associated infrastructure and provides support to the Deputy Minister on organizational restructuring.

The primary support persons and work units in the Deputy Minister's Office include:

- Senior Executive Assistant - Joanne Boomer
    - Executive support to the Deputy Minister.
    - Responsible for the Deputy Minister's calendar, scheduling and confirmation of meetings and upcoming events.
    - Ensure coordination of all briefings and necessary background materials.
    - Provide leadership to senior administrative staff of the Ministry.
- A/Executive Coordinator – Tamara Casanova
    - Act as a liaison between the Minister's office and Deputy Minister's office.
    - Primary contact for the Minister's ministerial assistants and executive assistants with respect to information requests and briefing/meeting requests.
    - Ensure the Minister is appropriately supported by Ministry of Health staff and materials at briefings, meetings and Union of British Columbia Municipalities.
    - Provide support and assistance for Executive Committee agenda development, and meeting preparation for Planning and Priorities Committee.
    - Prepare biweekly Minister's calendar staffing summaries.
    - Assist with Estimates preparation and provides support for the Minister and Ministry staff at the Legislative Buildings during the debate.

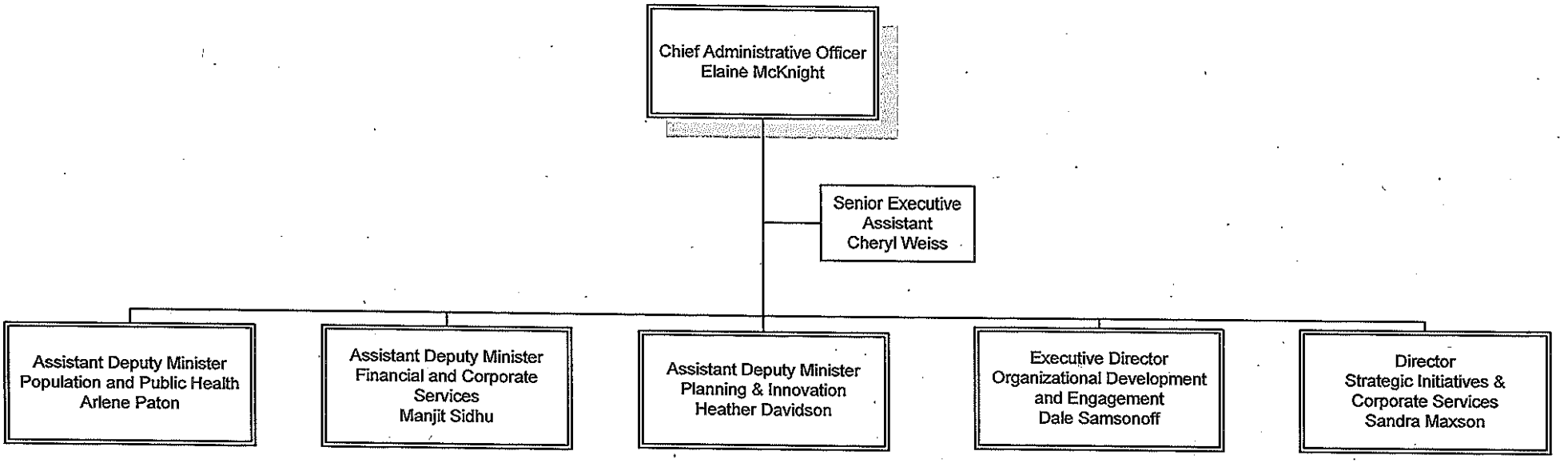
- Project Coordinator – Cheryl Barber
  - Provide project management coordination functions for a variety of large scale complex projects, including project monitoring and reporting in addition to being directly accountable for assigned portions of larger projects.
  - Responsible for planning, coordinating and implementing various projects and assignments on behalf of the Deputy Minister and Ministry Executive.
  - Manage the development of products to support the Minister and Deputy Minister such as briefing books for Minister/Premier meetings, UBCM material, transition briefing book and ad hoc Ministerial meetings.
  - Responsible for assisting with and managing projects for the Office of the Deputy Minister, and managing and coordinating the committees for the Deputy Minster.
  - Support the Secretariats for Leadership Council and Executive Committee.
  - Secretariat for the Ministry of Health Service Quality Council.
  - Business Continuity Planning Representative for the Offices of the Deputy Minister, Chief Administrative Officer and at the Chief Operating Officer.

Tab 5

Office of the Chief Administrative Officer

Executive Level Organization Chart

Effective Date: June 4, 2013



Revised: October 2012

Roles and Responsibilities
Office of the Chief Administrative Officer

CHIEF ADMINISTRATIVE OFFICER AND ASSOCIATE DEPUTY MINISTER
ELAINE McKNIGHT

The Chief Administrative Officer (CAO) provides oversight to the Financial and Corporate Services Division, the Planning and Innovation Division, and the Population and Public Health Division. Additionally, the CAO provides leadership to key priority projects including the Lower Mainland Consolidation and provincial consolidation expansion.

The CAO provides oversight to individual Assistant Deputy Ministers in meeting their divisional accountabilities, facilitates value-added coordination and linkages between divisional strategic agendas, and ensures effective communication and linkages with the Chief Operating Officer.

OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER
SANDRA MAXSON, DIRECTOR

Key Functions

- Lead corporate projects or focus areas identified through various means including: the Speech from the Throne, Budget Speech, through Cabinet direction and Ministry Executive Committee.
- Facilitate effective and timely completion of projects.
- Support the CAO in delivering on her responsibilities as outlined in the mandate above.
- Act as liaison and point of contact between Deputy Minister, the CAO, program areas and central government agencies for matters related to Ministry strategic initiatives and projects.
- Support the Minister, Deputy Minister and the CAO in fulfilling the government agenda as related to Ministry strategic initiatives through the coordination and preparation of briefing materials.
- Provide strategic advice and coordination to ensure activities and outcomes of the strategic initiatives have a positive impact on each other as well as on activities and programs across the Ministry.

ORGANIZATIONAL DEVELOPMENT AND ENGAGEMENT BRANCH
DALE SAMSONOFF, EXECUTIVE DIRECTOR

Key Functions

- Work with Ministry executive and management clients to identify and develop human resources strategy and solutions to complex business challenges.
- Support the Deputy Minister in planning executive and senior recruitment, retention and succession activities to ensure the organization has the appropriate staff in place and learning and development opportunities are available to support changing business requirements.
- Provide strategic human resources support to clients in change management, leadership, employee engagement and innovation.
- Accountable for ensuring that the Ministry Human Resources Strategic Plan is aligned with and supportive of the government's strategic and transformation objectives,

including the Corporate Human Resources Plan, Transformation and Technology Plan and Ministry strategic goals and objectives.

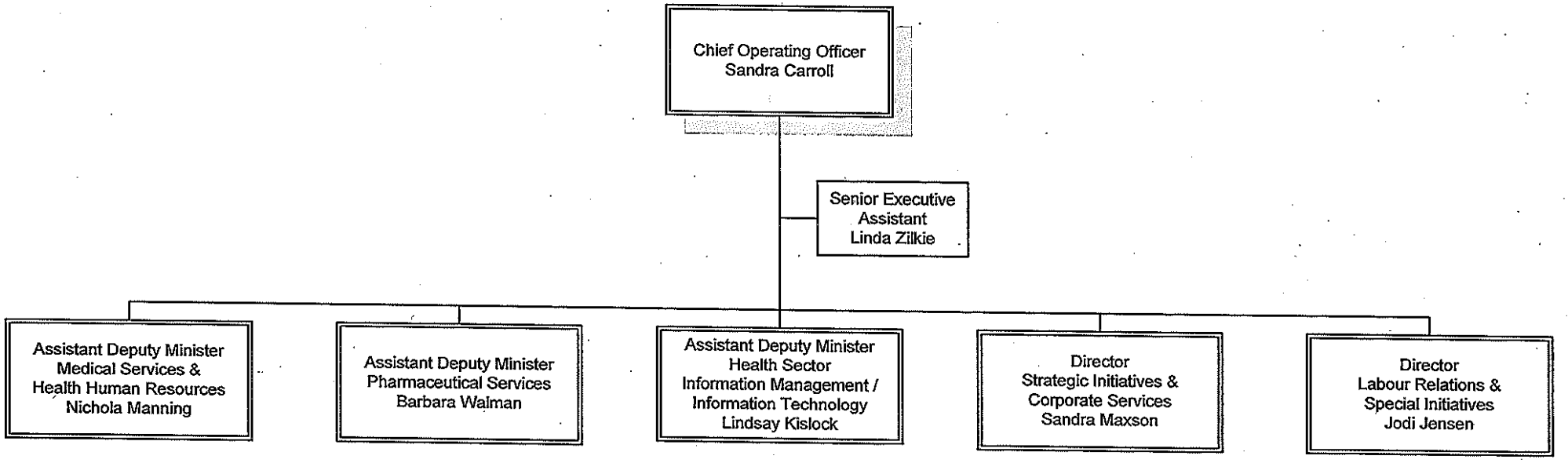
- Represent the Ministry in an ongoing relationship with the BC Public Service Agency and the Workforce Planning and Leadership Secretariat, to ensure the Ministry's business goals and objectives are being considered in the development of corporate policies and programs.
- Actively build partnerships with peer groups across government.
- Foster employee engagement by providing strategic internal communications advice and planning. Help to shape the culture of the Ministry and build a sense of community. Provide creative and innovative solutions to deliver internal communications intended for all Ministry employees.

Tab 6

Office of the Chief Operating Officer

Executive Level Organization Chart

Effective Date: June 4, 2013



Revised: May 2013

Roles and Responsibilities
Office of the Chief Operating Officer

CHIEF OPERATING OFFICER AND ASSOCIATE DEPUTY MINISTER
SANDRA CARROLL

The Chief Operating Officer (COO) is the Associate Deputy Minister of Health and provides corporate leadership for the health system innovation and change agenda while ensuring Ministry activities, policies and legislation are aligned to the Ministry's strategic objectives. The COO is the Ministry lead on health labour and negotiation issues and provides leadership and oversight for the Medical Services and Health Human Resources, Health Sector IM/IT and Pharmaceutical Services Divisions.

OFFIICE OF THE CHIEF OPERATING OFFICER
SANDRA MAXSON, DIRECTOR

Key Functions

- Provides foundational support to the Office of the COO through the development, implementation, coordination and monitoring of a wide range of divisional products and materials.
- Plays a key role in support of issues management activities, leads program and/or division-wide projects and provides oversight in the planning and day-to-day operation of services to drive operational excellence.
- Responsible for the Ministry's corporate Correspondence and Business Processing Unit. This unit is responsible managing incoming Minister's and Deputy Minister's correspondence; and for assigning, coordinating and tracking to completion all Minister's fact sheets, briefing notes, MLA requests, Cabinet Submissions, as well as all Freedom of Information Requests to the Ministry.

LABOUR RELATIONS AND SPECIAL INITIATIVES BRANCH
JODI JENSEN, DIRECTOR

Key Functions

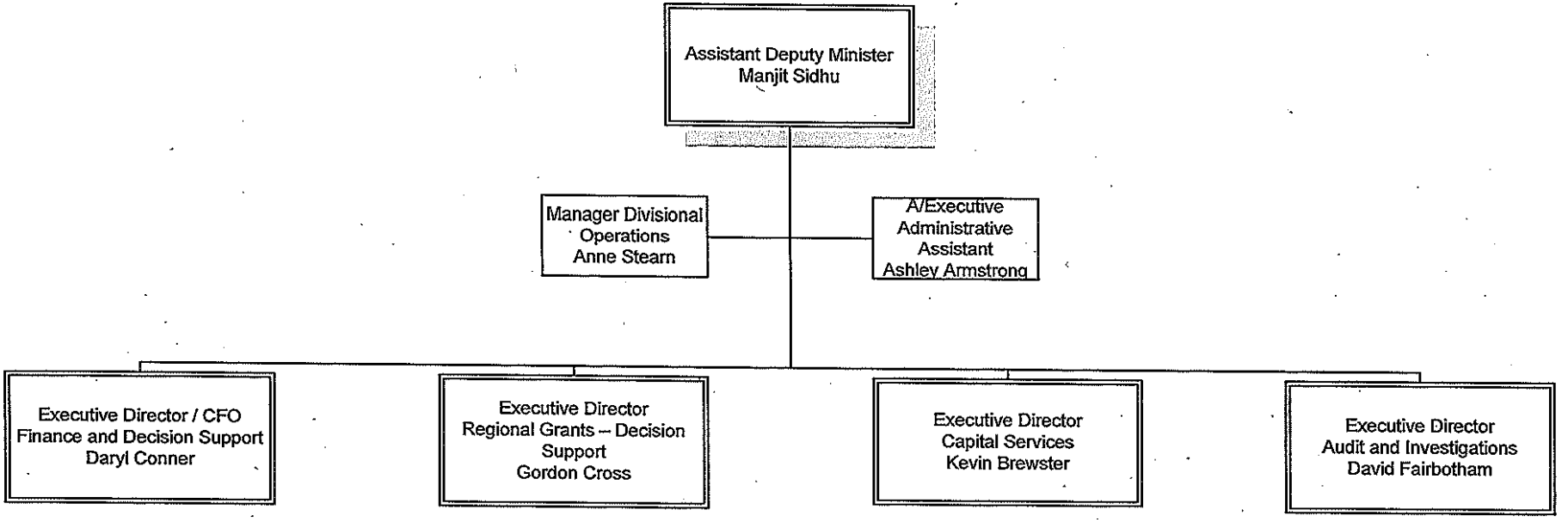
The Labour Relations and Special Initiatives Branch supports the COO in providing leadership and strategic direction in respect of the Ministry's labour relations and collective bargaining interests in the health sector. The Branch leads the development and implementation of labour relations and collective bargaining strategies consistent with the broader public sector collective bargaining mandate and the Ministry's strategic priorities for the health system. The Branch serves as the Ministry's primary point of interface with stakeholders on labour and bargaining matters, and promotes constructive and collaborative relationships in order to proactively manage emerging labour issues and support achievement of Ministry objectives.

Tab 7

Finar al and Corporate Services Division

Executive Level Organization Chart

Effective Date: June 4, 2013



Revised: May 2013

Roles and Responsibilities
Financial and Corporate Services Division

ASSISTANT DEPUTY MINISTER AND EXECUTIVE FINANCIAL OFFICER
MANJIT SIDHU

The Financial and Corporate Services Division supports Ministry of Health programs and health authorities. The Division's services add value by assisting program areas and health authorities in meeting their strategic goals and operational plans, and ensuring compliance with relevant legislation, regulations and central agency directives.

BILLING AUDIT AND INVESTIGATIONS BRANCH
DAVID FAIRBOTHAM, EXECUTIVE DIRECTOR

Key Functions

- Direct the planning, conduct, and reporting of the Ministry's audit services.
- Provide advice and assistance on audit policies, procedures and standards.
- Oversee audits of medical and healthcare practitioners and benefit providers to ensure services were rendered, eligible for payment, medically necessary, billed correctly, and properly documented
- Oversee audits of pharmacies to ensure proper claims practices are adhered to and individuals receive benefits in accordance with ministry policies.
- Oversee the eligibility review process for funded health benefits and investigations into inappropriate access to benefits and/or misuse, including identity theft and residency issues.
- Develop and deliver a Ministry compliance review function to improve awareness of, and adherence to, Ministry requirements and policies.
- Liaise with Office of the Auditor General and Office of Comptroller General-Internal Audit and Advisory Services on performance and other audits, including follow-up on audit recommendations.

CAPITAL SERVICES BRANCH
KEVIN BREWSTER, EXECUTIVE DIRECTOR

Key Functions

- Develop and communicate capital related policies, standards, and procedures to health authorities in accordance with provincial and Ministry of Health policy and strategic priorities.
- Lead implementation of best practices in capital planning and management; including implementation of the Capital Asset Management Framework.
- Lead health sector capital budgeting and makes recommendations regarding restricted capital grants and debt allocation to health authorities.
- Perform capital project review/approval/monitoring/audit in accordance with the Ministry's stewardship role and government's oversight requirements.
- Work with health authorities on implementation of strategically significant capital infrastructure initiatives

- Consult with health authorities and other health sector agencies to implement alternative procurement options (i.e. capital projects procured as public private partnerships).
- Identify opportunities to improve efficiency and effectiveness of capital infrastructure planning and management to encourage innovation and flexibility in the implementation of health sector capital projects, while ensuring protection of the public interest.

FINANCE AND DECISION SUPPORT BRANCH
DARYL CONNER, EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER

Key Functions

- Provide direction and advice respecting all internal matters of financial administration.
- Prepare Ministry budget and monitors expenditures to ensure financial targets are met.
- Assist in the preparation and review of financial impact assessment of Cabinet and Treasury Board submissions.
- Manage Ministry financial reporting and consolidation of health authority financial results with that of government.
- Provide specialized financial analysis and advice to program areas and Ministry executive.
- Review and monitor all contracts.
- Provide financial management training.
- Manage expenditure, revenue and recovery processing efficiently.
- Provide efficient and effective infrastructure for direct ministry operations – space management, mail services, and telecommunications.

REGIONAL GRANTS AND DECISION SUPPORT BRANCH
GORDON CROSS, EXECUTIVE DIRECTOR

Key Functions

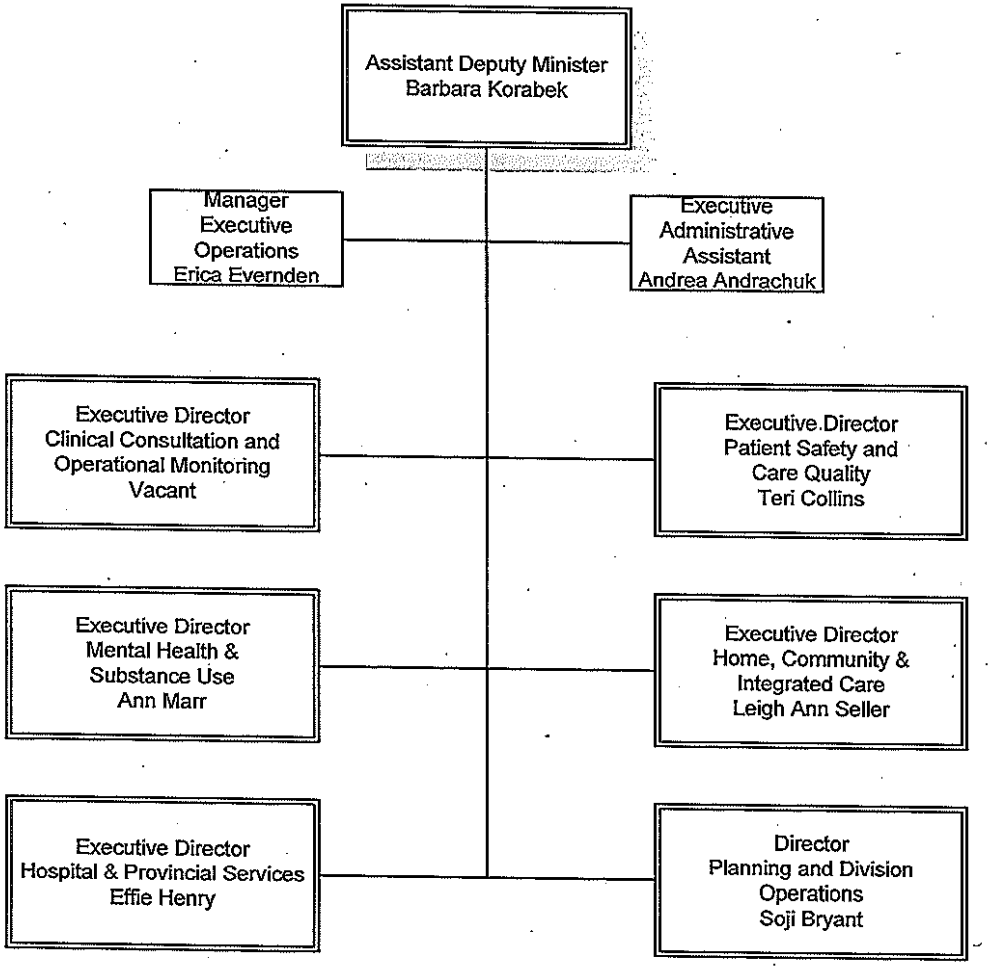
- Prepare Regional Health Sector's 3-year operating budget requirements.
- Communicate to the health authorities and other agencies (i.e. Canadian Blood Services) regarding their annual funding allocations and the impact to budgets including rationale for funding adjustments, and explanation of funding allocation models, and payments.
- Prepare annual spending plan and monthly projections for the Regional Services sub-vote.
- Monitor health authority spending and financial projections.
- Ensure the integrity and reliability of health authority financial information used for decision-making.
- Assist in the preparation and review of financial impact assessments of Cabinet and Treasury Board submissions.
- Develop commitment and monitoring systems to support existing and new initiatives.
- Provide specialized financial analysis and advice to program areas and Ministry executive regarding health authority revenues and expenditures.

Tab 8

Health ıthorities Division

Executive Level Organization Chart

Effective Date: June 4, 2013



Roles and Responsibilities
Health Authorities Division

ASSISTANT DEPUTY MINISTER
BARBARA KORABEK

The Health Authorities Division provides oversight and performance monitoring of the five regional health authorities and one provincial health authority. The Division develops broad provincial policy and strategic planning for Home, Community and Integrated Care; Hospital Care; Mental Health and Substance Use; and Patient Safety and Care Quality. The Division is also responsible for Clinical Care Management and collaborates with academia, health authorities and other health system partners to identify evidence-based innovation and best practices for the purpose of improving health service delivery and patient outcomes. The Division, on behalf of the Executive, provides effective monitoring systems to track, report, review and manage health authority performance.

CLINICAL CONSULTATION AND OPERATIONAL MONITORING BRANCH
VACANT, EXECUTIVE DIRECTOR

Key Functions

Responsible for overall strategic direction and program management of operational monitoring:

- Clinical Consultation and Operational Monitoring provides leadership and strategic advice to the Ministry and other relevant Ministries in the development of government policy and planning approaches to the provision of health care services in BC.
- Clinical care management initiative.
- Operational Monitoring to support program areas in the development and monitoring of policies and programs to improve clients' health outcomes and meet the health care needs of British Columbians.

HOME, COMMUNITY AND INTEGRATED CARE BRANCH
LEIGH ANN SELLER, EXECUTIVE DIRECTOR

Key Functions

Responsible for overall strategic direction and program management of:

- Home, Community and Integrated Care
  - Policy, regulations and operational directives;
  - Primary/Community Care Service Integration; and
  - Priority services redesign projects and implementation strategies.
- Community Care Facilities Licensing (Child Care, Residential Care).
- Registration and Complaint Management for Assisted Living Services.
- Program monitoring and performance management of Home, Community and Integrated Care Services, Licensing Program and Assisted Living Services.
- Key link between the Ministry and Community Living BC.
- Home and Community Care Licensing program monitoring and performance management.
- Implementation of a provincial telehome care monitoring platform to support expanded capacity across home health services.

- Initiative to support and accelerate the implementation of Integrated Primary and Community Care and services through additional investments in enhanced or redesigned community services/and or approaches to expand and link collaborative care with physicians.

HOSPITAL AND PROVINCIAL SERVICES BRANCH
EFFIE HENRY, EXECUTIVE DIRECTOR

Key Functions

Responsible for overall strategic direction to improve access to quality hospital services including:

- Key acute service delivery shifts - cancer screening, primary maternity care, service models for low volume specialised services, rehabilitation model, urgent care facility roles.
- Access to and quality of specific acute service - emergency department strategy, critical care framework, surgical services strategy, diagnostic imaging strategy/Key Result Areas, and seniors hospital care.
- Program review for all hospital capital plan submissions.
- Primary liaison for Ministry with Provincial Health Services Authority.
- Acute care policy development and legislative framework to support health system strategy and to deal with emerging issues.
- Monitoring /investigating health authority performance in key acute care areas – emergency congestion.
- Ensuring denominational facility accountability to the Ministry of Health.

MENTAL HEALTH AND SUBSTANCE USE BRANCH
ANN MARR, EXECUTIVE DIRECTOR

Key Functions

Responsible for overall strategic direction and program management of:

- Mental Health and Substance Use
  - Priority project development and implementation;
  - Policy including standards and guidelines;
  - Cross-government coordination, direction and support for policy, planning and projects involving Mental Health and Substance Use population; and
  - Implementation of the Mental Health and Substance Use 10-year plan.
- First Nations governance / health actions implementation.

PATIENT SAFETY AND CARE QUALITY BRANCH
TERI COLLINS, EXECUTIVE DIRECTOR

Key Functions

Responsible for overall strategic direction and program management of:

- Health authority issues resolution, adverse event management, and risk management.
- Patient Care Quality Program
  - Policy and operational directives;
  - Program monitoring and performance management; and

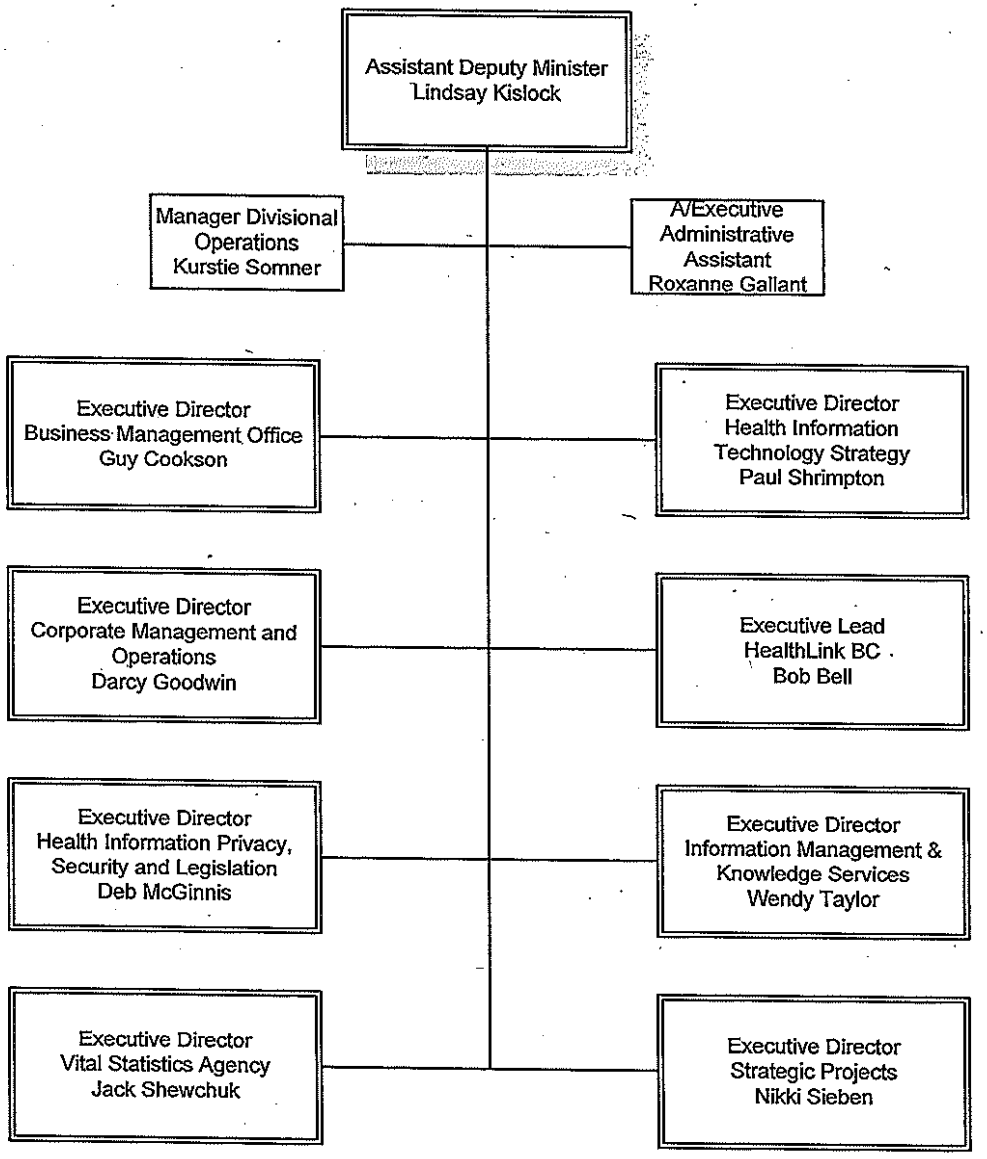
- Patient Care Quality Review Boards.
- Patient and client relations.
- Patient safety (infection prevention and control, device reprocessing, Cells, tissue and organ banks, section 51, whistleblower, disclosure).
- Patient Experience Surveys.
- Accreditation

Tab 9

Healt Sector Information Management / Information Technology Division

Executive Level Organization Chart

Effective Date: June 4, 2013



Revised: June 2013

Roles and Responsibilities
Health Sector Information Management/ Information Technology Division

ASSISTANT DEPUTY MINISTER
LINDSAY KISLOCK

The Health Sector Information Management/Information Technology (HSIMT) Division brings information management and information technology (IM/IT) services and initiatives together under one business portfolio for a coordinated approach across the Ministry of Health and provincial health sector. The Division promotes the integration of health sector data into daily business operations and policy development and provides sector-wide leadership for IM/IT planning and business solutions. The Vital Statistics Agency and HealthLink BC, both within the HSIMT portfolio, provide services directly to BC citizens. The Division is also leading two technology-enabled transformational initiatives: implementation of eHealth solutions across the province and introduction of a new BC Services Card; both are key result areas for the Ministry.

Division Services Unit

The Division Services Unit resides in the Office of the Assistant Deputy Minister (ADM). The Unit plays a critical role in managing the operations of the Office of the ADM and the staff who support the ADM. The Unit is the HSIMT interface with the Office of the Deputy Minister, Health Executive Committee and Minister's Office. The Unit provides:

- Division-wide administrative support processes, including executive action-tracking systems.
- Leads preparation and coordination of executive briefing materials and correspondence.
- Pre-vetting of requests for the Assistant Deputy Minister's attention, resources and calendar.
- Resolution of matters concerning human resources and other topics that span HSIMT branches but do not fit under the responsibility of another HSIMT branch.
- Division-wide Executive Administrative Assistant leadership and training.
- HSIMT Executive SharePoint site management.
- Division-wide records management coordination.
- Cross-division communications and media relations liaison with the Government Communications and Public Engagement Office.
- ADM Office project and contract management.

BUSINESS MANAGEMENT OFFICE
GUY COOKSON, EXECUTIVE DIRECTOR

The Business Management Office manages all aspects of the Ministry's contract with MAXIMUS BC for its provision of Medical Services Plan and PharmaCare operations support (via Health Insurance BC) and for associated programs and systems, including the transformation of major legacy systems. It is also responsible for providing advice and direction for major projects and new corporate government initiatives involving MAXIMUS BC, such as PharmaNet Modernization (a project within the BC eHealth/Electronic Health Record initiative) and the BC Services Card.

Strategic Vendor Management

In addition, the Business Management Office responsible for managing strategic vendor relationships across the Division. In this role, for strategic contracts, the Business Management Office will take the lead in establishing service, quality, cost, and satisfaction goals. As the lead for Strategic Vendor Management the Business Management Office assesses vendor relationships and manages vendor performance. The Business Management Office is the lead in ensuring that vendor activities are consistent with the Ministry's Enterprise Architecture and in ensuring consistency across vendors. The Business Management Office develops and implements best practice in vendor management.

The Business Management Office, where appropriate, takes the lead in managing key strategic vendor contracts and projects including Oracle and the delivery of the Provincial Laboratory Information System and interoperable Electronic Health Record projects.

Key Functions

- Operations support to the Medical Services Plan and PharmaCare.
- Vendor management, including the MAXIMUS BC and Oracle Master Services Agreements.
- Management of the Provincial Laboratory Information System and interoperable Electronic Health Record projects.
- Stakeholder relations with eHealth Operations and the management of the operational transformation of eHealth projects and the ongoing delivery of eHealth Operations.
- Divisional leadership in strategic vendor performance management and relationship management.

CORPORATE MANAGEMENT AND OPERATIONS BRANCH
DARCY GOODWIN, EXECUTIVE DIRECTOR

The Corporate Management Branch provides leadership and coordination of services and activities that support the business administration of the division as well as ministry-wide IM/IT planning and operations support. Through client relationships with program areas, the Branch provides business analysis support and manages IT service provisioning through staff, Shared Services BC and other partners. Common IM/IT services such as application development/ support, web services and infrastructure services are key responsibilities. The Branch also provides leadership in strategic, business and financial planning as well as risk and project management. Other division-wide responsibilities include IM/IT and corporate policy development and administration. The Branch provides infrastructure and service delivery in support of all Divisional strategic goals.

Key Functions

- IM/IT Policy development and analysis, including risk management policy and practice leadership.
- Planning leadership, including Transformation and Technology, HSIMT business operations and business continuity planning.
- Financial oversight, including Ministry information systems capital budget and divisional operating budget.
- Project management oversight, including standard setting and best practice leadership.
- Client relationship management, business analysis and consultation services supporting Ministry program areas.
- Business applications planning, development and operational support.

- Web services.
- Ministry helpdesk services.
- Procurement and support of computer hardware, software and associated network infrastructure and equipment.
- Shared Services BC Service Level Agreement, cost recovery reporting and relationship management.
- Software asset management for servers and desktop computers.
- Mainframe service management, representing Ministry application resource consumption.
- Office of the Chief Information Officer strategic project execution (Server Transformation and Mainframe Services, U3, Oracle reconciliation, etc.).
- Mobility contract management and deployment.
- Freedom of Information requests response coordination.
- Program evaluation, including eHealth benefits evaluation and eHealth risk registry coordination.
- Divisional space planning.

HEALTH INFORMATION PRIVACY, SECURITY AND LEGISLATION BRANCH
DEB McGINNIS, EXECUTIVE DIRECTOR

The Health Information Privacy, Security and Legislation Branch promotes corporate accountability for the protection of information and information systems to support improved decision making throughout the ministry and broader health sector. The Branch provides information privacy and security oversight, leadership, expertise, and advice regarding legislation, regulation, policies, industry standards, and best practices for the health-sector. The Branch has operational responsibility for information privacy and security conformance, compliance monitoring, and audit functions, as well as staff education and awareness.

Key Functions

- Privacy and Security advisory services to the Ministry of Health and the broader health sector (including legislative interpretation and development).
- Privacy and Security compliance program (Privacy Impact Assessments, Security Threat Risk Assessments, conformance standards).
- Privacy and Security education and awareness.
- Information incident management.
- Privacy and Security architecture and standards.
- Information security audit.
- Privacy and Security policy and guideline development.
- Stakeholder engagement (including broader health sector and other jurisdictions through participation on the Pan Canadian Health Information Privacy Forum and Working Group).

HEALTH IT STRATEGY BRANCH
PAUL SHRIMPTON, EXECUTIVE DIRECTOR

The Health IT Strategy branch is responsible for defining IT architecture, standards, strategic planning and managing IT investment proposals for the BC health sector. The Branch leads Strategic Priority 1 for the Division: "We must have an enterprise architecture that is supported and used to guide investment across the health sector."

Key Functions

- IT strategic leadership for the health sector—strategic planning and alignment to Ministry priorities.
- Health Sector Enterprise Architecture, including alignment of all health authority IT architecture and development of investment proposal process.
- Provincial Telehealth Office operations, including developing provincial Telehealth policy, standards and processes; supporting the establishment of common provincial services in the areas of scheduling, bridging and helpdesk; facilitating inter-jurisdictional Telehealth initiatives; and providing project management support to Telehealth projects.
- Liaison with the Physicians Information Technology Office.
- Conformance and health IT integration services.

INFORMATION MANAGEMENT AND KNOWLEDGE SERVICES BRANCH
WENDY TAYLOR, EXECUTIVE DIRECTOR AND CHIEF DATA STEWARD

The Information Management and Knowledge Services Branch promotes information sharing and access to data to improve health outcomes for British Columbians. The Branch provides leadership, and direction for the use of and access to health sector data and information for evidence informed decisions, policy, research and evaluation to support the achievement of health outcomes.

Key Functions

- Information governance, policies and definitions for data to ensure that information is managed as a strategic assets.
- Leads and delivers on a client-focused service for data access requests and information sharing for research, evaluation and decision support for government, the health sector and partners, academics and researchers.
- Provides leadership in the management of health data research with external organizations including leading strategies for future research relationships and priorities with research agencies and centres.
- Responsible for leading and implementing open data strategy for the Ministry to better enable citizens to access health sector information.
- Secretariat services for Data Stewardship Committee.
- Data access monitoring and compliance.
- Data warehousing services (HealthIdeas, VISTA and HNData), including infrastructure capable of quickly supporting new types of analyses, as requirements develop.
- Awareness and education strategies to promote health data access to maximize appropriate use of health information. Facilitates the transfer of knowledge from research projects and programs that access and use health data and information.

STRATEGIC PROJECTS BRANCH
NIKKI SIEBEN, EXECUTIVE DIRECTOR

The Strategic Projects Branch provides strategic leadership, coordination and expertise through the management and execution of large scale transformation projects on behalf of HSIMIT. These projects often cross organizational boundaries and have a broad scope of impact. The Branch drives innovation through delivery of these high profile projects, plays a key role in fostering internal and external relationships, and provides a provincial strategic approach to project delivery in the health sector. The Branch leads collaborative working groups and other stakeholder engagement activities with key clients and partners to ensure that end state operational requirements for transition out of the branch and ongoing project success are part of its delivery model.

Key Functions

- Business transformation and change management.
- Priority project planning, oversight, management, execution and transition.
- Quality assurance functions in delivery of strategic projects.
- Negotiate and manage large-scale contracts for provision of IT service delivery.
- Service Provider/Vendor performance management.
- Advisory Services/Briefings on strategic project portfolio.
- Business and Systems Analysis.
- Stakeholder engagements and relations management.
- Communications planning and management.
- Vendor relations management.
- Develop and implement sustainable models for cross-project common services, including:
    - Collaboration with other branches/organizations for systems integration;
    - Project management and oversight;
    - Development of agreements/contracts between partners, stakeholder and public communications;
    - Change management;
    - Branch project financial management (capital and operations); and
    - Project transition to operations.
- Current portfolio of HSIMT strategic projects consists of:
    - BC Services Card Program;
    - Home Health Monitoring; and
    - eHealth Program
        - Panorama Implementation
        - Provincial Diagnostic Imaging Viewer Implementation
        - PharmaNet Modernization
        - Provincial Lab Information System – Community Lab On-boarding

VITAL STATISTICS AGENCY
JACK SHEWCHUK, CHIEF EXECUTIVE OFFICER

The Vital Statistics Agency provides services directly to citizens, with offices located in Victoria, Vancouver, and Kelowna. The Agency is responsible for registering vital events, such as births, marriages and deaths that occur in BC. There are two primary outputs of its vital events registration activities:

1. Production of accurate, timely and relevant health statistics and information.

2. Issuance of certified documents pertaining to vital events, such as birth certificates.

In addition, the Agency is responsible for maintaining secure health registries, such as the Client and Provider Registries, and for:

- Promoting accessibility of the registries demographic data to Ministry programs and other providers of health services.
- Maintaining the quality and accuracy of data contained within the registries.

Key Functions

- Vital events registration and certification services, including birth, stillbirth, death, and marriage.
- Providing client service throughout BC through various delivery channels.
- Marriage licensing and solemnization.
- Change-of-name administration.
- Genealogical services.
- Statistical publications and reports production, this includes sharing vital event information with numerous provincial and federal stakeholders to assist them in providing services to citizens, program planning, conducting health research, and managing data related to basic health surveillance in BC.
- Identity management policy development.
- Identity security confirmation services.
- Operation and maintenance of registries (clients, providers, adoptions, testator wills, religious organization representatives, and the Enterprise Master Patient Index.)

HEALTHLINK BC

HealthLink BC is an evolving non-emergency health information service that provides BC residents with 24 hour access to medically approved information and advice at anytime and from anywhere in the province. HealthLink BC also supports the broader long-term goal of educating residents on how to become more responsible health care consumers and make healthier lifestyle choices to prevent and minimize potential health complications. In addition to services to the public, HealthLink BC provides services to other organizations and health care professionals to help the health care system operate more effectively.

HealthLink BC is a phone number (8-1-1) and a website (www.HealthLinkBC.ca). It is also a collection of print materials (BC HealthGuide Handbook and HealthLink BC Files) and other telephone resources (including after-hours response for health authority services like Palliative Care), which all serve to place 'health know-how' into the hands and homes of BC residents.

Key Functions

- Provision of 24/7/365 medically approved non-emergency health information and advice to the citizens of BC.
- Leadership and operation of a province-wide telehealth service including clinical support from Registered Nurses, Licensed Pharmacists, and Registered Dietitians.
- Information and referral specialists for health related services and organizations.
- Operation and maintenance of the HealthLinkBC.ca website which provides medically approved information on more than 5,000 health, nutrition and medication related topics; as well as, a navigation directory with search and map functionality to more than 5,600 health services across the province.

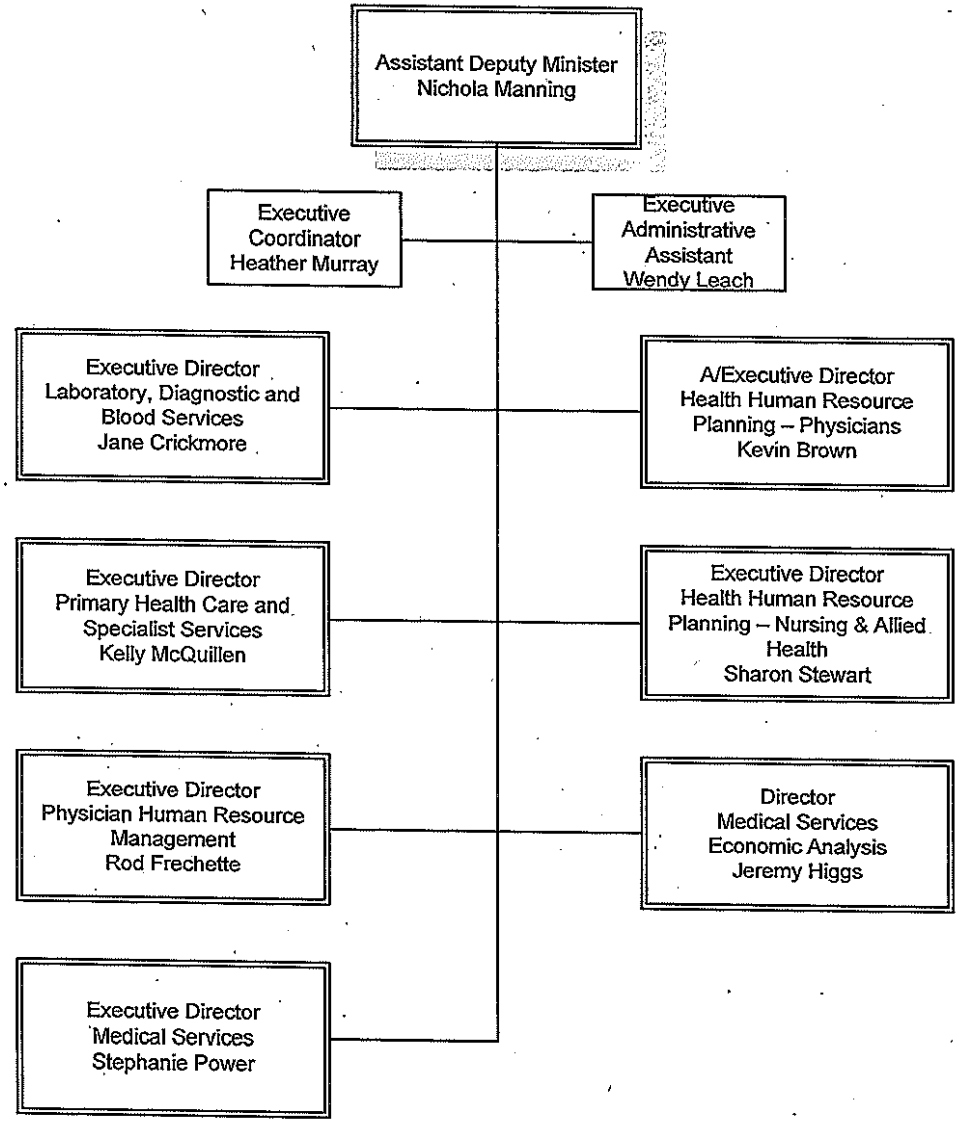
- Provision and maintenance of print materials, including the BC HealthGuide Handbook (a self-care guide with information on how to recognize and manage common health concerns) and almost 200 HealthLink BC Files (fact sheets) on public health and safety topics.
- Operation, maintenance and stewardship of the Community Healthcare and Resource Directory to assist physicians and their office staff in making more efficient and effective patient referrals.
- Registration services for BC residents to register for Nicotine Replacement Therapy products.
- Provides leadership and expertise in research efforts that can be directly applied to support evidence based decision making in telehealth service development and enhancement.
- Strategic telehealth service development.
- Operational support for contact centre's IT and Telecom needs.
- Increase awareness of self-care options and healthier lifestyle choices for the citizens of BC to help reduce the strain on existing acute care services.

Tab 10

Medical Services and Health Human Resources Division

Executive Level Organization Chart

Effective Date: June 4, 2013



Roles and Responsibilities
Medical Services and Health Human Resources Division

ASSISTANT DEPUTY MINISTER
NICHOLA MANNING

The Medical Services and Health Human Resources Division is responsible for managing the provision of physician medical services (fee for service arrangements and alternative payment contracts for primary, specialised and surgical services, rural incentive programs and expenditures, on-call availability program policy and expenditures) as well as supplementary allied health care provider services.

The Division provides leadership and expertise in the creation and implementation of health system workforce planning, policy, performance oversight/reporting.

The Division is the primary link between the Ministry of Health and the health authorities for physician services; physician, nursing and allied health professions planning; policy; performance oversight/reporting; and critical issues management for physician and health human resources in support of system service delivery.

Key Functions

- Prepare and negotiate the provincial and subsidiary agreements with the BC Medical Association and manages the implementation of the agreements.
- Provide strategic direction and implementation of laboratory services reform.
- Support and liaise with the Medical Services Commission which operates under the *Medicare Protection Act* to facilitate reasonable access, throughout BC, to quality medical care, health care and diagnostic facility services through the Medical Services Plan.
- Responsible for developing and implementing primary healthcare reform, guided by the Primary Care Charter and in collaboration with the health authorities and the BC Medical Association.
- Lead the development and implementation of a coordinated provincial Health-Sector Human Resources Planning Framework that aligns with health care priorities by supporting health human resource initiatives in the areas of retention, recruitment, education, service delivery re-design, integrated planning, workplace culture and innovation.
- Prepare and negotiate compensation agreements for supplementary benefit practitioners.
- Responsible for the operationalization of the BC Services Card project.
- Develop policy for the Medical Services Plan and liaise with Health Insurance BC in the operations of the Plan.
- Responsible for the provincial oversight for the provision of blood and blood products by Canadian Blood Services as well as organs and tissues, donation and transplantation.
- Liaise with Ministries of Advanced Education and Labour Market Development, and Jobs, Tourism and Innovation, BC unions, associations, universities, UBC Faculty of Medicine, BC regulatory authorities, Health Canada, and federal/provincial/territorial jurisdictions to ensure that health care system priorities are clear and that health human resources and related educational and workforce strategies are aligned.

- Plays a key role in the eHealth initiative through its involvement in the Physician Information Technology Office, Electronic Health Records, Provincial Laboratory Information Solution, Electronic Medical Records integration, and Diagnostic Imaging initiatives.

HEALTH HUMAN RESOURCE PLANNING BRANCH (NURSING & ALLIED HEALTH PROFESSIONS)
SHARON STEWART, EXECUTIVE DIRECTOR

Key Functions

- Design and/or recommend strategies and identify the need for integrated approaches to support system level human resources strategies aligned with health authority/population specific needs to ensure there are enough and the right mix of allied health and nursing professionals.
- Ensure the post-secondary education sector meets education needs of the health sector for nurses and allied health professionals.
- Contribute to the development and implementation of collaborations with other BC government ministries, as well as unions, regulatory colleges and other professional associations, to support the meeting of BC's health human resources priorities.
- Provide both nursing and allied health perspective to branch and ministry planning processes, issues management, and public communications.
- Monitor and evaluate health sector human resource development, implementation; recommends and implements appropriate incentives and measures.
- Strengthen the linkage of the agreement to strategic directions and innovation for the health human resources sector.
- Liaise with health authorities regarding special projects, key issues, risk management and activities.
- Support health authority health sector strategies and policy through stewardship, monitoring, intervention and evaluation.
- Plan for and support the collection of relevant data related to provincial direction policy for practice, regulation, education and research to enhance understanding of trends and changing needs in health care.
- Inform Health Human Resources Planning for nursing and allied health.
- Act as Committee Chair or represent the Ministry on numerous stakeholder committees and working groups.

HEALTH HUMAN RESOURCE PLANNING BRANCH (PHYSICIANS)
KEVIN BROWN, A/EXECUTIVE DIRECTOR

Key Functions

- Design and/or recommend strategies to support system level health human resources strategies, aligned with health authority specific needs, to ensure there are enough and the right mix of health professionals in BC; identify new provider role, scope, and regulatory framework.
- Contribute to the development and implementation of initiatives with federal, provincial and territorial governments, and other BC government ministries that support the meeting of BC's health human resources priorities, especially with respect to internationally educated health professionals in eight priority professions.

- Provide stewardship for physician human resource planning to address existing and future issues about BC physician supply, in collaboration with Medical Services and Legislation and Professional Regulation.
- Provide direction on changes to the College of Physicians and Surgeons of BC by-laws to align requests for provisional licenses with health authority need.
- Develop forecasting models that are used to assess and monitor the demand and supply of the physician workforce, in collaboration with Planning and Innovation Division and the Medical Human Resources Planning Task Force.
- Enhance physician recruitment and retention to meet current and future population health care needs, in collaboration with Health Match BC.
- Oversee the return-of-service program, policy framework, and related working group.
- Ministry lead with the UBC Faculty of Medicine for the expansion and distribution of postgraduate medical education.
- Oversee the Ministry's postgraduate medical education operating budget.
- Oversee the allocation of residency positions in the Canadian Resident Matching Service, including those for international medical graduates.
- Strengthen the linkage of the agreement to strategic directions and innovation for health delivery and human resources in education, with the BC Academic Health Council and its relevant working groups.
- Liaise with health authorities regarding special projects, key issues, risk management and activities.
- Act as Chair or represents the Ministry/Province on stakeholder committees, task forces, working groups.

LABORATORY, DIAGNOSTIC AND BLOOD SERVICES BRANCH
JANE CRICKMORE, EXECUTIVE DIRECTOR

Key Functions

- Provide strategic direction on laboratory services, and strategic support for the negotiation and implementation of laboratory agreements.
- Monitor laboratory expenditures, in collaboration with the Economic Analysis Branch, and lead issues management on laboratory related issues.
- Provide leadership for the development and deployment of a provincial telepathology network and clinical leadership for the development of Provincial Laboratory Information Solution.
- Provide strategic direction, policy development and manage emergent issues related to diagnostic services.
- Lead the approval process for both public and private diagnostic and laboratory facilities through the Medical Services Commission appointed Advisory Committee on Diagnostic Services, and monitor approved diagnostic facilities for compliance.
- Lead the development and implementation of all diagnostic and laboratory requisitions through the Medical Services Commission appointed Requisition Committee.
- Lead the provincial strategic relationship, including annual budget negotiations, with Canadian Blood Services.
- Lead inter-provincial relationships on blood issues, organ donation and transplantation, and tissue donation and transplantation.
- Lead the strategic direction and develop policy and utilisation management programs, in collaboration with the Provincial Blood Coordinating Office, for the appropriate use of blood and blood products.

MEDICAL SERVICES BRANCH
STEPHANIE POWER, EXECUTIVE DIRECTOR

Key Functions

- Develop and implement policy for fee-for-service physician compensation and supplementary benefits.
- Develop and implement policy for Medical Services Plan beneficiaries.
- Provide policy direction for the administration, operation and overall direction of the Medical Services Plan, including enrolment, eligibility and out of province/country services.
- Oversee requests/claims for coverage of elective medical/surgical procedures outside BC.
- Manage policy and operational components of the Supplementary Benefits and Midwifery programs.
- Lead the development and implementation of clinical practice guidelines through the Guidelines and Protocols Advisory Committee.
- Provide research, analytical and administrative services to the Medical Services Commission.
- Monitor instances of extra-billing by private facilities or physicians in contravention of *Medicare Protection Act*.
- Develop policy and monitor the Travel Assistance Program for non-emergency, physician-referred medical travel assistance for patients.
- Manage emergent issues relating to branch responsibilities.
- Participate in and support related committees and tribunals.
- Manage policy and practice issues arising from the implementation of the BC Medical Association agreements.
- Provide leadership for project management on issues related to medical services.
- Align the Medical Services Plan policies and processes with the Medical and Health Care Services Regulation proposed amendments.
- Responsible for operationalization of BC Services Card.
- Facilitate the transition of current BC beneficiaries of the Medical Services Plan.to the care card replacement.
- Establish the operational and policy requirements for the care card replacement project.

MEDICAL SERVICES ECONOMIC ANALYSIS BRANCH
JEREMY HIGGS, DIRECTOR

Key Functions

- Analytical support and advice for negotiations, agreement implementation and issues management
- Utilization analyses and reporting to groups such as the Medical Services Commission, General Practice Services Committee and Specialist Services Committee.
- Monitor expenditures related to the Available Amount and take action to maximize the benefits received for the amounts paid out.
- Comprehensive analysis and information support that examines and reports on the usage of various Medical Services Plan components.
- Responsible for leading the critical analysis, synthesis and interpretation of data to support business planning and decision-making within the Division.

- Responsible for evaluative research and economic analysis in support of division goals, priorities, plan structures and payment policies.
- Provide direction and oversee the development of reports on medical services and collaborates with other ministry divisions to provide comprehensive analysis of health system performance.

PHYSICIAN HUMAN RESOURCE MANAGEMENT BRANCH
ROD FRECHETTE, EXECUTIVE DIRECTOR

Key Functions

- Provide strategic oversight of the policy framework for physician human resource management including compensation, supply and support programs.
- Lead negotiation preparations and processes for agreements with BC Medical Association, Midwives Association of BC, BC Dental Association, and BC Association of Optometry.
- Provide interpretation for and lead implementation of provider agreements, as well as negotiations with Midwives, Dentists, and Optometrists.
- Facilitate health authority engagement and support to ensure alignment with provincial agreements including appropriate management of physician issues and disputes.
- Facilitate and promote inter-provincial relationships regarding physician compensation strategies.
- Provide strategic direction on issues and disputes resolution within the processes contained in the Physician Master Agreement.
- Lead the Management of Rural Incentive Program, Alternative Payment Program, Medical On-Call Availability Program, and Physician Benefits.

PRIMARY HEALTH CARE AND SPECIALIST SERVICES BRANCH
KELLY McQUILLEN, EXECUTIVE DIRECTOR

Key Functions

- Build upon collaborative relationships and functions of various joint physician/government lead committees, implement strategies, initiatives and programs as instructed by the Physician Master Agreement (eg., General Practice Services Committee, Specialist Services Committee, Shared Care Committee)
- Implement Primary Health Care, including chronic disease management, as the hub and main driver of continuous clinical quality improvement and health system sustainability measured through the Triple Aim Framework.
- Co-lead strategic implementation of Key Result Area 3: Integrated Primary and Community Care which seeks to integrate primary health care, home and community care and mental health services with family physician services to ensure that complex and high needs British Columbians are provided with continuous, comprehensive, accessible and coordinated care.
- Lead and facilitate Patients as Partners initiative - the patient, family and caregiver voice, choice and representation in care, redesign and quality improvement for Integrated Primary and Community Care.
- Lead, facilitate and enable collaborative planning, implementation and evaluation of provincial self-management programs and services.
- Lead and facilitate the Nurse Pracitioners for BC (NPs4BC) initiative.

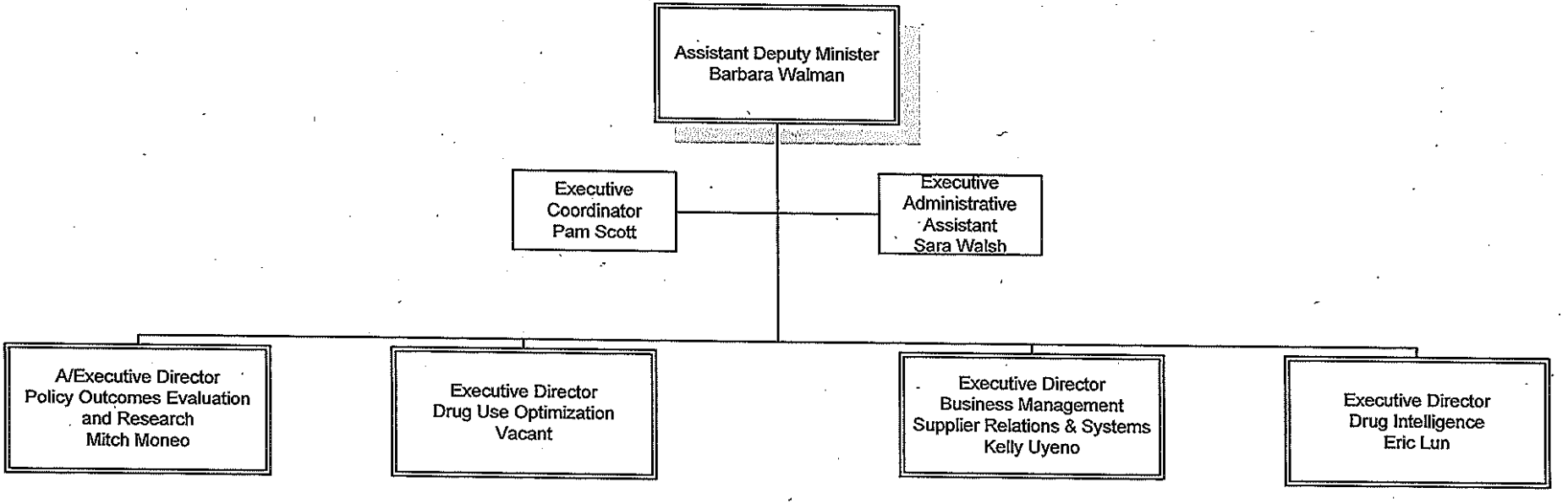
- Implement collaborative partnership between government, BC Medical Association and health authorities to improve full service family practice through the General Practice Services Committee specifically related to the development of Divisions of Family Practice, A GP for Me (patient attachment) Program, chronic disease management, complex care, mental health, maternity prevention, multi disciplinary care and improved access for patients.
- Facilitate collaboration between government, physicians and health authorities on the integrated delivery of services by Specialist Physicians to patients and support the improvement of the specialist care system.
- Enable shared care and appropriate scopes of practice between general practitioners, specialist physicians and other health care professionals.
- Provide leadership and ongoing supports to embed and maintain a quality improvement approach to care and to system redesign activities, as part of all provincial committees.
- Leads primary health care for BC's First Nation Health Council.
- Facilitates General Practice participation in In-Hospital Care services.

Tab 11

Pharmaceutical Services Division

Executive Level Organization Chart

Effective Date: June 4, 2013



Roles and Responsibilities
Pharmaceutical Services Division

ASSISTANT DEPUTY MINISTER
BARBARA WALMAN

The Pharmaceutical Services Division is responsible for the overall coordination, decision making, and performance of the province's publicly-funded drug program. The Division supports a therapeutically oriented pharmaceutical management strategy that will maintain and improve the health of British Columbians by optimizing their use of prescription drugs.

The Division's primary responsibility is BC PharmaCare and the *Pharmaceutical Services Act*, which is the legislative framework that regulates the programs. The PharmaCare program is comprised of ten benefit plans, the largest being the income-based Fair PharmaCare plan which provides universal coverage to BC families for eligible prescription drugs and designated medical supplies. Other plans provide special coverage to target populations like those living in licensed residential care, social assistance recipients, palliative care patients, and people living with mental illnesses. The Division also provides funding for drugs made available through the BC Centre for Excellence in HIV/AIDS. Additionally, drug coverage and policy decisions made by the Division influence the decisions of other public and private payers within the province.

The Pharmaceutical Services Division is also responsible for PharmaNet, a computer system consisting of a network that links various BC health care practitioners to a central database. PharmaNet is used to collect clinical data about prescription medication dispensed in community pharmacies which is then made available to authorized health care practitioners for making decisions about the treatment of patients. Community pharmacies are legislated to connect to PharmaNet and submit prescription medication dispense information.

Additionally, PharmaNet supports the PharmaCare Program by providing real time adjudication of claims for prescription medication dispensed in community pharmacies.

Users of PharmaNet include practitioners in community and hospital pharmacies, hospitals, emergency departments, community medical practices, researchers, and various professional monitoring organizations such as the College of Pharmacists of BC and the College of Physicians & Surgeons of BC.

BUSINESS MANAGEMENT, SUPPLIER RELATIONS AND SYSTEMS BRANCH
KELLY UYENO, EXECUTIVE DIRECTOR

Key Functions

- Primary responsibility for negotiating and administering commercial relationships between the Division and the vendors that provide pharmaceuticals and supplies covered by PharmaCare.
- Responsible for overseeing the outsourced operation of the PharmaNet system.
- Administer the PharmaCare prosthetics and orthotics; Insulin Pumps; and Ostomy Programs.
- Operations management for the Smoking Cessation Program.

The primary operations units are:

Business Management Unit

- Develop and implement cost saving strategies for PharmaCare through negotiated agreements with manufacturers of products that are listed on PharmaCare's formulary or that seek such a listing.
- Find new strategies to help reduce PharmaCare expenditures through mechanisms that relate to reimbursement policies and practices, or that leverage competition amongst pharmaceutical industry players.
- Review new generic drugs submitted for addition to the PharmaCare formulary and manage pricing for generics.

Systems Unit

- Provide leadership and monitoring of major systems initiatives, and liaises with the PharmaNet Modernization Project.
- Coordinate the resolution of operational issues related to the Division's major systems and Programs through the relationship with Health Insurance BC/MAXIMUS BC.
- Lead and support the implementation of policy changes both for major systems and PharmaCare policy through liaising with all key internal/external stakeholders (colleges and professional associations).

Medical Supplies Unit (Prosthetic & Orthotics; Insulin Pumps; and Ostomy Supplies Programs)

- Provide leadership and oversight to effectively manage all eligible medical supplies covered by PharmaCare, and responds to questions/requests regarding non-eligible medical supplies and devices.
- Manage the Prosthetic and Orthotics pre-approval process with Health Insurance BC; policy with assistance from the Expert Advisory Committee on Prosthetics and Orthotics (includes representation from the Prosthetic and Orthotic Association of BC; and liaises regularly with Health Insurance BC and the Prosthetic and Orthotic Association of BC. Addresses concerns/issues/approvals and formally responds to unapproved claims and inquiries. This is often done in collaboration with the Expert Advisory Committee on Prosthetics & Orthotics and/or Health Insurance BC.
- Manage the changes required for policy, regulation, and legislation.
- Coordinate the resolution of operational issues related to PharmaNet and PharmaCare through the relationship with Health Insurance BC/MAXIMUS BC and PharmaCare Audit.

DRUG INTELLIGENCE BRANCH
ERIC LUN, EXECUTIVE DIRECTOR

Key Functions

The Drug Intelligence Branch provides strategic leadership and operational support for the Ministry's PharmaCare program, including determining which and how drugs are funded and adjudicating patient-specific drug funding requests through Special Authority.

The Branch is also responsible for leading the provincial management of drug shortages, health authorities on various drug management issues, and several specialty drug areas, such as the Age-Related Macular Degeneration program, Alzheimer's Drug Therapy Initiative, and Expensive Drugs for Rare Diseases program.

The primary operation units are:

Formulary Management / Drug Review Process Unit

- Lead the Ministry of Health's evidence-informed drug review process to determine formulary benefits.
- The drug review process is conducted in conjunction with the national Common Drug Review and the Ministry's Drug Benefit Council and includes processes to gather relevant information for decision-making including clinical evidence, pharmacoeconomic evidence, clinical practice input and patient input.

Special Authorization Unit

- Support access to drugs designated as limited coverage benefits (those with established use criteria) and exceptional drug coverage (those drugs that are not covered by PharmaCare). Limited coverage drugs are usually second or third line drugs to regular PharmaCare benefit drugs.
- The program receives and adjudicates up to 700 Special Authority requests every day.

Clinical Decision Support Unit

- Provide advanced clinical input and leadership into policy and change initiatives to ensure that decisions are clinically relevant and therapeutically current.
- Collaborate on ongoing clinical surveillance and the drug review process (including therapeutic reviews), and engagement with internal and external stakeholders.
- Provide clinical decision support to policy implementation, evaluation and research activities.
- Alzheimer's Drug Therapy Initiative (ADTI) – coverage and evidence development initiative started in October 2007.

Branch Support and Information Unit

- Provide support for branch activities related to branch planning and reporting, communications and correspondence.
- Manage the patient review process for expensive drugs for rare diseases.

DRUG USE OPTIMIZATION BRANCH
VACANT, EXECUTIVE DIRECTOR

Key Functions

- Educate and engage the province's prescribers, health professionals, patients, and public on the optimal use of medications in order to achieve improved health outcomes in a fiscally responsible manner. Example initiatives include the following:
  - Education for Quality Improvement in Patient Care where personalized prescribing portraits and educational messages using best clinical evidence and cost effectiveness considerations are developed for family physicians to contribute to sustainable quality health care.
  - Provincial Academic Detailing where health care professionals receive one-on-one educational outreach visits from clinical pharmacists that provide objective, balanced, evidence-informed information and tools on selected therapeutic topics.
  - Contributions to BC Guidelines.
  - Educational outreach to patients and public at health fairs and presentations as well as via programs such as "Do Bugs Need Drugs?".

- Perform and support research and evaluation of real world health outcomes and drug use optimization.
- Support pharmacy healthcare professionals to perform to their full scope of practice. Example remunerated clinical pharmacy services towards improving patient outcomes and health human resource utilization include:
    - Medication review services where pharmacists in collaboration with patients and other health care team members, prepare, document, and communicate best possible medication histories for patients.
    - Injection of publicly funded vaccines where specially trained pharmacists are supporting public health care and administering vaccines directly to patients.
    - The BC Medication Management Project that demonstrated how comprehensive medication management can be provided through community pharmacies with service delivery and data collection that spanned September 2010 to January 2012. A qualitative evaluation is currently underway and a quantitative evaluation is planned.

The primary operation units are:

Information Unit

- Responsible for ensuring the accuracy, appropriateness and relevance of the information and messages used in drug therapy decision-making in BC.

Utilization Unit

- Responsible for disseminating drug-therapy information and messages to stakeholders and driving behavioural change to optimize drug use.
- Responsible for facilitating pharmacist uptake of their full scope of practice.

Evaluation Unit

- Responsible for directing the Provincial Academic Detailing service.
- Responsible for evaluating educational initiatives, real world drug utilization and related behaviours to measure impact on prescribing, health outcomes and cost-effectiveness.

POLICY, OUTCOMES EVALUATION AND RESEARCH BRANCH
MITCH MONEO, A/EXECUTIVE DIRECTOR

Key Functions

The Policy, Outcomes Evaluation and Research Branch is responsible for guiding the development, evaluation and research of pharmaceutical policies that support equitable and sustainable patient access to effective drug therapy. The financial support for drug therapy in the province is provided through either the PharmaCare program (various plans) or the health authorities (HIV/AIDS drugs, chemotherapy, acute care institutions). The policies governing the availability, payment and use of drugs are essential to the optimization of patient outcomes.

The primary operation units are:

Policy and Communications Unit

- The work of the policy arm of the Unit is to:
    - Develop and monitor the policy framework for the provincial PharmaCare program and manage policy and practice issues arising from the implementation of the provincial PharmaCare program.
    - Update and support legislation development relating to pharmaceutical services in the province, including the implementation, dissemination and integration of

policies, legislation, and regulations governing the use and accessibility of prescription drugs in the province.
    - Develop regulations under the new Pharmaceutical Services Act.
    - Coordinate the policy components emerging from the work of other Pharmaceutical Services Division branches into a seamless policy and procedural framework.
    - Respond to emergent issues related to pharmaceutical services.
    - Lead critical appraisals of health related literature and technical assessments to support policy development.
    - Participate in the development of business requirements for changes required to support new and revised policies and business processes in PharmaNet.
    - Liaise with other divisions in the Ministry of Health and other ministries on cross program policy initiatives.
- The work of the communications arm of the Unit is to:
    - Develop/coordinate web content, newsletters, bulletins, annual publications, policy and procedure materials, brochures, information sheets, presentations, etc., for the public, physicians, pharmacists and other medical suppliers.
    - Coordinate divisional communications planning and reporting.
    - Support branches that do not have dedicated communications personnel.
    - Research the viability of communications methods and the standards and protocols for use.

Health Outcomes and Economic Analysis Unit

- Use PharmaNet data to conduct evaluative research; forecast and monitor drug plan costs and trends in support of effective PharmaCare policy and management strategies.
- Develop effective cost management strategies that support access to effective pharmaceutical products within a sustainable, affordable public health system.
- Evaluate current and emerging trends in use of pharmaceutical products.
- Provide evaluation of drug listing decisions and industry proposals.
- Support negotiation processes.
- Assess impact of current policies and policy change options.
- Provide budget forecasting and cost driver assessment.
- Develop health services investment and outcomes modeling.
- Lead data and information management and the provision of data to the Division.
- Liaise with other divisions in the Ministry to foster cross program budget impact and outcomes assessment.

Research Unit

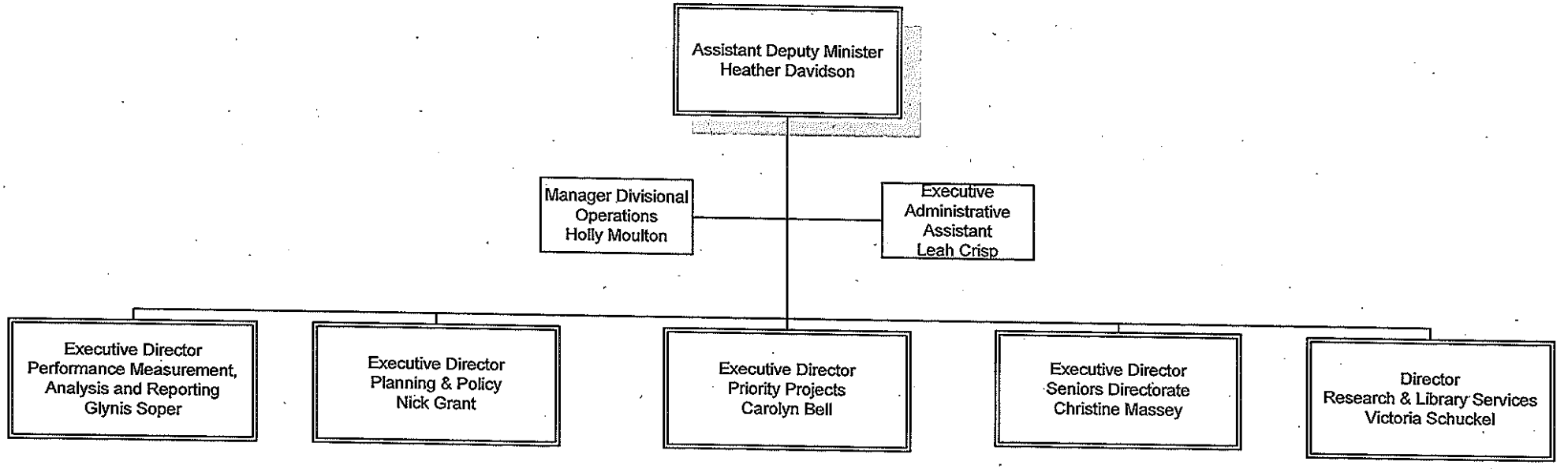
- Lead research and evaluation for Division priority programs and policy changes.
- Support data access for research, including drafting/amending privacy impact assessments and information sharing agreements.
- Participate in the design and implementation of Pharmaceutical Services Division sponsored studies.
- Collaborate with external investigators on grant proposals to research agencies.
- Review methods and results of research in progress.

Tab 12

Planr...g and Innovation Division

Executive Level Organization Chart

Effective Date: June 4, 2013



Roles and Responsibilities
Planning and Innovation Division

ASSISTANT DEPUTY MINISTER
HEATHER DAVIDSON

The Planning and Innovation Division is responsible for system wide strategic planning and reporting, intergovernmental relations, research, policy, legislation, professional regulation, data support and advanced analysis, Emergency Medical Assistants Licensing branches as well as a number of strategic priority projects. The Division is organized by the following branches: Performance Management, Analysis and Reporting; Planning and Policy; Priority Projects and Business Transormation; Research and Library Services; and the Seniors Directorate.

PERFORMANCE MEASUREMENT, ANALYSIS AND REPORTING BRANCH
GLYNIS SOPER, EXECUTIVE DIRECTOR

Key Functions

- Ensure strategic health system planning within the BC Health Sector is supported by the best available evidence-based analytic work.
- Develop evidence-based projections of health and health care needs.
- Support the Health Services Purchasing Organization with data and analysis.
- Support strategic and service line planning activities:
    - Facilitate and standardize modeling, statistical and analytic work to support planning;
    - Explore the strategic and fiscal feasibility of new ideas and opportunities.
- Support innovation in the BC health system planning by undertaking and supporting a portfolio of exploratory analytic projects that have the potential to significantly improve the functioning of the BC health system.
- Establish the health system performance measurement framework that supports the Ministry's performance management conceptual model.
- Develop core indicators and measures that support tracking the health system strategic agenda.
- Lead target development for measures that support tracking the health system strategic agenda, as reflected in Ministry of Health and health authority service plans and government letters of expectations.
- Develop the framework for health system performance reporting, including regular reports to health system executives. Build the framework for performance reporting to the public.
- Support performance monitoring and program analysis of home and community care and mental health and substance use services with data and expert advice and analysis.

PLANNING AND POLICY BRANCH
NICK GRANT, EXECUTIVE DIRECTOR

Key Functions

Intergovernmental Relations Unit

- Advance BC's health system priorities and interests at the federal/provincial/ territorial level and provide the Deputy Minister of Health with support in delivering intergovernmental strategies, plans and projects.

- Build partnerships with other provinces and territories through Pan-Canadian and regional cooperation.
- Support work on shared priorities at the Premiers, Ministers of Health and Deputy Ministers of Health tables.
- Liaise with BC ministries and agencies on issues of overlapping interest to ensure BC priorities are reflected in intergovernmental health and healthy living policies and programs, and provide Ministry of Health input to initiatives led or coordinated by other BC ministries.
- Provide integrated knowledge from an intergovernmental perspective to Ministry program areas.
- Build partnerships with international jurisdictions.

Legislation Unit

- Develop a legislative program/plan that supports the Ministry's strategic agenda.
- Develop legislation and regulations for the delivery of health services by working with program areas within the Ministry of Health, the Ministry of Attorney General and external organizations.
- Provide expert advice and assistance with policy development as it relates to legislation and legal issues.

Policy Unit

- Provide corporate policy expertise and advice to Ministry program areas, and build capacity through delivering knowledge exchange forums and training courses.
- Conduct in depth analysis of specific topics for Ministry program areas.
- Identify emerging issues and trends in health by reviewing research literature, and provide analysis to executive.

Professional Regulation Unit

- Oversee the self-regulating Colleges to ensure they are carrying out their statutory mandate to protect the public interest and operating appropriately.
- Review and approve College bylaw changes and respond to requests for changes in professional scopes of practice.
- Respond to requests for new self-regulating professions.
- Lead Ministry policy development on labour mobility issues arising from interprovincial trade agreements.
- Liaise with the Health Professions Review Board.
- Manage the Regulatory Reform initiative for the Ministry of Health.
- Manage the process for approvals of all Orders in Council and all Ministerial Orders.
- Manage the appointment process for Agencies, Boards and Commissions for the Ministry.
- Manage the evaluation and approval process for all land transactions, corporate documents, corporate share transfers and other legal transactions on behalf of the Ministry of Health with respect to health care corporations.
- Support programs in accessing legal advice from the Ministry of Attorney General as required.

Strategic Management Unit

- Lead the strategic and business planning activities across the Ministry and health authorities to ensure alignment with the strategic direction set by the Ministry and Cabinet.
- Develop the Ministry's strategic plan for the health sector, and lead the annual development of the Ministry's service plan and annual report.

- Lead the annual development of Government Letters of Expectation which set out key relationship and deliverable expectations for the Ministry and each health authority.
- Lead and coordinate the development of health authority service plans.
- Implement a reporting process for key strategic and operational priorities, and provide regular updates and reports to Ministry Executive and central government agencies.
- Develop and implement a quality framework for the health system and be the Ministry lead for the BC Patient Safety and Quality Council.
- Provide communication and engagement with the Ministry, health authorities, and other key stakeholders on current and future strategic plans.

PRIORITY PROJECTS AND BUSINESS TRANSFORMATION BRANCH
CAROLYN BELL, EXECUTIVE DIRECTOR

Key Functions

- Provide project leadership, governance expertise, secretariat support and strategic planning for transformation initiatives that cross organizational boundaries.
- Lead and support time sensitive projects in collaboration with health divisions and the broader health sector.
- Directly support strategic planning, service line planning and evaluation and capacity planning within the BC health system through data access and analysis.
- Provide leadership and guidance to the transformation of data access and data management processes within the Ministry of Health.

Business Transformation Unit

- Provide strategic leadership, planning, and support for the implementation of Lean across the Public Service within the Ministry of Health:
  - Liaise among Ministry Lean event project teams, the Public Service Agency, and external Lean consultants.
  - Participate in and lead Lean events in the Ministry.
  - Work with Organizational Development and Engagement to build a Lean culture within the Ministry.
- Provide strategic planning, secretariat support and project leadership for the provincial Lean KRA and provincial Lean Network:
  - Develop and communicate the Lean annual report for Leadership Council.
  - Lead the planning to integrate Lean into IT and capital planning processes across health authorities.
  - Develop and implement an evaluation framework (including ROI) for Lean at the event and system level.
  - Analyze Lean storyboards for all health authority Lean events.
- Provide strategic planning, secretariat support and leadership for the Health Technology Review process and Health Technology Assessment Committee:
  - Develop Health Technology business case assessment methodology and review and analyze Health Technology business cases.
  - Develop and implement a communications framework for the Health Technology Review, including external communications and a stakeholder engagement strategy.

Emergency Medical Assistants Licensing Unit

- Ensure Emergency Medical Assistants (paramedics and first responders) are competent to practice, and by investigating patient care complaints made involving Emergency Medical Assistants.
- Provide policy and operational support to the Emergency Medical Assistance Licensing Board.
- Maintain a registry of licensed Emergency Medical Assistants in BC.
- Review and approve Emergency Medical Assistant training programs.
- Develop and administer examinations to assess Emergency Medical Assistant license candidates.
- Develop and administer continuing competence requirements.
- Manage process for complaints made against Emergency Medical Assistants.
- Participate in national initiatives to support labour mobility.

Priority Projects Unit

- Responsible for providing strategic planning, secretariat support and project leadership to enable overall Emergency Health Services transformation in BC.
- Facilitate the transfer of the Emergency & Health Services Commission from core government to the Provincial Health Services Authority.
- Lead the development of an enhanced legislative, regulatory and policy framework for Emergency Health Services in BC.
- Provide strategic planning, secretariat support and project leadership for the Physician Quality Assurance portfolio of projects.
- Provide leadership and guidance to the development of a provincial framework for physician performance review.
- Lead public reporting on progress against Cochrane report recommendations.
- Conduct analysis and develops recommendations for amendments to information sharing requirements to support Patient Quality Assurance project success.

Quality Data and Reporting Unit

- Provide leadership and guidance for the transformation of data reporting, standards and linkages; data management and integration processes for more complete, accurate and timely data and information within the Ministry of Health.
- Acquire data and perform research and analysis to support tracking of core indicators and measures for the health system strategic agenda.
- Provide access to high quality system data from Ministry held and external data sources and perform expert analysis of selected data while ensuring that confidentiality and personal privacy are protected.
- Coordinate data access and recommend analysis approach to support Ministry, health authority and other health sector organizations initiatives.
- Identify and address DAD, MSP, NACRS, MIS and surgical waitlist database and data quality issues.
- Provide regular/ad hoc reports and data extracts to organizations that include Ministry of Health divisions, other ministries, health authorities, CIHI, the BCMA and Health Canada.
- Provide subject matter expertise on Ministry data holdings.

RESEARCH AND LIBRARY SERVICES BRANCH
VICTORIA SCHUCKEL, DIRECTOR

Key Functions

- Advise decision-makers on research issues.
- Support research management within the Ministry of Health to increase accountability and impact of Ministry and government investments in health research.
- Manage the Ministry of Health relationship with the Michael Smith Foundation for Health Research and other key research funders, and build links to the research community.
- Build the evidence-informed policy capacity of the Ministry through the Knowledge Exchange forums.
- Manage the Health and Human Services Library.
- Support Ministry's planning for provincial genetic testing and related services.
- Support the development of the Provincial Health Research Strategy.
- Coordinate necessary Ministry activities and processes required to support the effective development and implementation of a provincial evaluation platform (the monitoring, evaluation and learning system [MELS]).

SENIORS DIRECTORATE
CHRISTINE MASSEY, EXECUTIVE DIRECTOR

Seniors Action Plan Team

- Oversee and lead the implementation of *Improving Care for BC Seniors: An Action Plan.*
- Provide regular progress reports and information to the Seniors Action Plan Project Board on all matters pertaining to the management of the scope, cost, schedule and communications for the project.
- Collaborate with other areas of the Ministry who are responsible for specific action plan deliverables or have a key role in supporting the implementation of plan commitments.
- Provide overall project management, corporate communications, engagement and policy activities for all Seniors Action Plan deliverables.
- Lead the completion of several specific plan deliverables, including:
    - Implement a new Seniors' Advocate;
    - Redesign of SeniorsBC.ca and Home & Community Care websites;
    - Launch 10th edition of BC Seniors Guide in multiple languages;
    - Develop a cross-government elder abuse prevention strategy;
    - Deliver a plan to standardize benefits and protections in residential care, across both "Community Care and Assisted Living Act" and "Hospital Act" facilities;
    - Measurable standards for home support, assisted living and residential care services; and
    - Modernization of home and community care.
- Manage regular public reporting out on Action Plan Progress.
- Primary Ministry contact with the Office of the Ombudsperson on *The Best of Care: Getting it Right for Seniors in British Columbia (Parts 1 and 2)* reports.

Seniors' Healthy Living Secretariat

- Create opportunities and environments that support healthy, active and independent aging for British Columbians.
- Develop and implement policies and programs that foster seniors' independence and inclusion, supports the creation of age-friendly communities, raises awareness of healthy lifestyle choices for seniors, and promotes healthy, active aging and positive images of aging that reflect BC's diverse population.

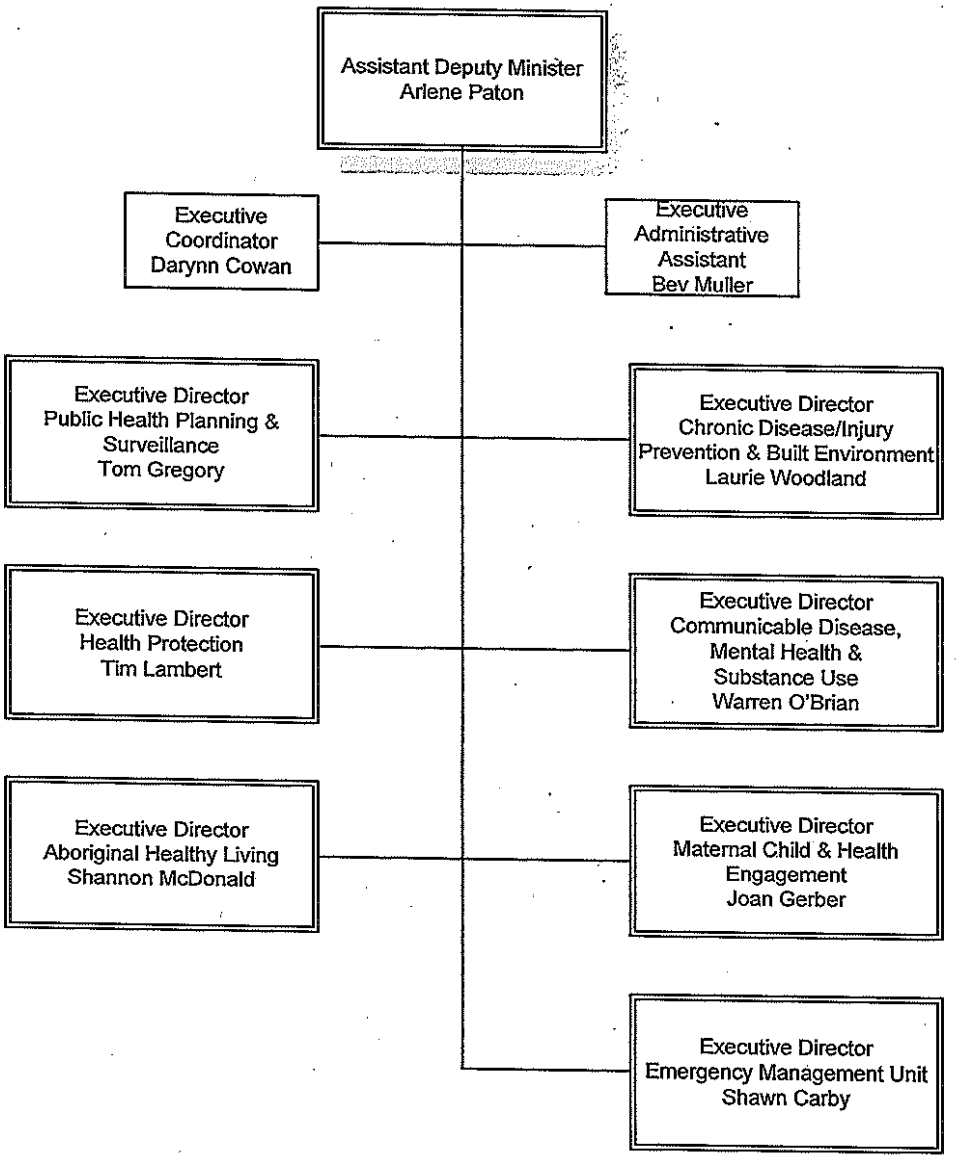
- Support the creation of age-friendly communities through Age-friendly BC, which includes a provincial grant and recognition program, and tools and resources for local governments, business and other community partners.
- Support British Columbians to take action to prepare for their future through providing tools and information to help them plan for healthy aging.
- Support the delivery of the Seniors' Action Plan:
    - Continue to work in partnership with the United Way of the Lower Mainland to support the implementation of non-medical home support services in up to 65 communities over the next three years.
    - Work in partnership with the BC Association of Community Response Networks to expand the operation of Community Response Networks across the province over the next three years
- Ensure that older British Columbians are aware of programs, services and supports available to enable them to enjoy healthy, active and independent lives.
- Provincial representative on the federal/provincial/territoria Table of Ministers Responsible for Seniors:
    - current focus on elder abuse prevention;
    - promoting active participation of seniors;
    - aging in place; and
    - improving access to government services and benefits.

Tab 13

Populat..n and Public Health Division

Executive Level Organization Chart

Effective Date: June 4, 2013



Roles and Responsibilities
Population and Public Health Division

ASSISTANT DEPUTY MINISTER
ARLENE PATON

The Population and Public Health Division focuses on improving people's overall health and well-being by promoting health; preventing disease, disability, and injury; protecting them from harm; and assisting them to acquire the self-care and self-management skills they need. The intent of these actions is to promote a healthier population, and reduce current and future demands on the health care system.

The Division exercises stewardship for public health services and invests resources strategically, based on the best available research, data, and evidence of best outcomes. All of the Division's business areas fulfill their work through stewardship, including planning, directing and evaluating programs, policies, and legislation; providing leadership and expert advice based on best practices and evidence in relation to their program-specific issues; and building partnerships with program-specific stakeholders.

Key Functions

- Provide strategic outcomes expertise to the Ministry of Health on the development of core public health function delivery expectations, supported by evidence-based research.
- Influence other sectors of the health care system, other government Ministries, and other sectors whose actions have an impact on the health of the population.
- Lead and participate on key Federal/Provincial/Territorial population health and wellness initiatives on behalf of BC.
- Lead improvement to the health and well-being of Aboriginal peoples, women and seniors.

ABORIGINAL HEALTHY LIVING BRANCH
DR. SHANNON McDONALD, EXECUTIVE DIRECTOR

The mandate of the Aboriginal Healthy Living Branch is to improve the health and well-being of Aboriginal peoples in BC (including First Nations, Métis, and Inuit peoples), who currently do not enjoy the same level of good health as other British Columbians. To assist in achieving this mandate, the Branch serves as the Aboriginal lens for policy and planning to the Ministry of Health. The Branch leads the implementation of the Tripartite First Nations Health Plan, provides guidance and support regarding Aboriginal health issues to health authorities and other Ministries, such as the Ministry of Aboriginal Relations and Reconciliation. The Branch also maintains formal relationships with key Aboriginal stakeholders and political organizations.

Key Functions

- Work with tripartite partners (First Nations Health Authority, First Nations Health Council and Health Canada) to implement the BC Tripartite Framework Agreement on First Nation Health Governance.
- Work with tripartite partners in developing the role of the new First Nations Health Authority for the delivery of health services, and promotion of integration and coordination of federally and provincially funded health services.

- Implement, in partnership with the tripartite partners and health authorities, strategies outlined in the 10-Year Tripartite First Nations Health Plan and its 39 health action items through a concerted Health Actions Implementation Approach.
- Lead in the implementation of a Cultural Competency Framework that aims to improve the cultural competency of staff in the Ministry of Health and regional health authorities in relation to Aboriginal and First Nations communities.
- Manage agreements and engage with the BC Association of Aboriginal Friendship Centres and Métis Nation BC to ensure urban Aboriginal and Métis perspectives and influence are incorporated into Aboriginal health policies and programs.
- Partner with Ministry of Aboriginal Relations and Reconciliation on treaty related health issues as requested.
- Support the Health Services Integration Fund (administered through Health Canada).
- Support the work of the health authorities' Aboriginal health leads in the implementation of their Aboriginal health plans and partnership accords with regional First Nations caucuses.
- Work closely with the Office of the Provincial Health Officer and the Aboriginal Health Physician Advisor, on a variety of issues relating to Aboriginal health.

CHRONIC DISEASE/INJURY PREVENTION AND BUILT ENVIRONMENT BRANCH
LAURIE WOODLAND, EXECUTIVE DIRECTOR

The Chronic Disease/Injury Prevention and Built Environment Branch works to reduce the incidence of preventable chronic disease and injury by addressing common risk factors and supporting the creation of health-promoting environments. Staff work with partners (across all sectors and including other governments, non-government offices, industry, stakeholders and professional groups) to develop programs, policies, regulations and legislation based on evidence and best practice; monitor the effect and impact of initiatives; ensure decision makers have the information they need to support government's healthy living agenda; and provide British Columbians with the resources and support they need to make healthy lifestyle choices.

Key Functions

Support the creation of health-promoting environments that enable British Columbians to:

- be more physically active;
- eat healthier foods;
- live tobacco-free;
- maintain a healthy weight
- make healthy choices at school;
- prevent illness and injury – including seniors falls; and
- live in sustainable, health-promoting communities.

COMMUNICABLE DISEASE PREVENTION, HARM REDUCTION AND MENTAL HEALTH PROMOTION BRANCH
WARREN O'BRIAIN, EXECUTIVE DIRECTOR

The Communicable Disease Prevention, Harm Reduction and Mental Health Promotion Branch formulates and oversees implementation of strategic policy, and monitors and reports on achievement of intended outcomes in mental health, substance use and communicable disease. The Branch is guided by systems thinking, evidence-based decision making, social justice,

population health, health promotion, healthy sexuality, illness prevention and harm reduction, to support integrated responses by public systems, the private sector and civil society.

Key Functions

- Promote informed public discourse about mental health, healthy sexuality, safer substance use and communicable disease prevention.
- Promote a culture of moderation in alcohol consumption.
- Protect against vaccine-preventable disease, tuberculosis, viral hepatitis and HIV.
- Ensure those with HIV, tuberculosis and hepatitis are linked to appropriate services and those with hepatitis are protected from the progressions to serious liver disease.
- Reduce developmental, health and social harms from mental health problems, substance use problems and communicable diseases.

EMERGENCY MANAGEMENT UNIT
SHAWN CARBY, EXECUTIVE DIRECTOR

The Emergency Management Unit leads the development and delivery of a comprehensive provincial health emergency and business continuity management program which includes policy development, setting accountability standards and monitoring progress. The Unit works with a diverse group of health and non health stakeholders at the local, regional, provincial, national and international levels to ensure consistency, and appropriate integration.

The Unit leads a process with the Health Emergency Management Council to establish, implement, and review ongoing strategic and operational priorities for the health sector. In addition, through the Provincial Health Emergency Coordination Centre, the Unit ensures integrated response coordination and leadership to the health sector and within the multi-agency provincial integrated response structure.

Key Functions

- Maintain situational awareness and ensures operational readiness through the operation of the Provincial Health Duty Officer program.
- Manage the establishment, staffing and operation of the Ministry's Health Emergency Coordination Centre.
- Establish accountability standards and support programs and readiness across the BC health system.
- Lead health sector wide provincial emergency and business continuity initiatives with health and non-health stakeholders by directly providing oversight for the development of planning and response procedures for a range of hazards, including communicable disease, flooding, earthquake, hazardous substance, migrant vessel, nuclear, and mass casualty events.
- Enable broad integrated provincial emergency management planning and operational initiatives through leadership and participation on a wide range of cross provincial government committees and councils.
- Ensure a strong integrated approach to managing complex emergencies and disasters through appropriate participation in Federal, Provincial, Territorial and International initiatives including leading and participating in the development of Memorandum's of Agreement and plans for cross jurisdictional collaboration.

HEALTH PROTECTION BRANCH
TIM LAMBERT, EXECUTIVE DIRECTOR

The Health Protection Branch provides leadership and expertise to develop programs and policies that promote community environmental health in order to prevent disease and to protect people from harm. Resilient communities are able to address environmental issues related to drinking water, food safety, onsite sewage, and other environmental factors that affect human health in order to improve their well being and reduce their current and future demands on the health care system.

Key Functions

Protect Health

- Ensure comprehensive and appropriate legislation is in place to protect human health from environmental hazards.
- Implement and enforce existing legislation that protects human health from environmental hazards.
- Consider impact to community health in other agencies' legislation, regulations and policies.

Prevent Harm

- Develop and implement effective tools and resources to support the evaluation and management of risks to human health.
- Integrate environmental health concerns into planning and permitting processes.

Promote Resilient Communities

- Research, analyze and incorporate local information about environmental risks and health trends into public health initiatives.
- Maximize opportunities for shared stewardship of food and water.
- Anticipate the future community environmental health risks in planning processes.

MATERNAL, CHILD AND HEALTH ENGAGEMENT BRANCH
JOAN GEBER, EXECUTIVE DIRECTOR

The Maternal, Child and Health Engagement Branch supports and advances the health and well-being of women, children and youth in BC through policy and program development by working in collaboration with other government ministries, organizations and stakeholders.

Key Functions

Women's Health and Well-being

- Advance women's health in such areas as sexual health, mental health, healthy lifestyle and disease prevention, intimate partner violence and other forms of violence against women.
- Contribute to the FPT Status of Women Forum to ensure that the interests of BC women are represented and advanced at the national level, particularly in the priority areas of prevention of violence against women and Aboriginal women.

Maternal and Infant Health

- Support healthy pregnancy initiatives including nutrition and healthy weight, alcohol and tobacco avoidance, Perinatal mental health, and intimate partner violence to improve women's health and pregnancy outcomes.
- Prevent and reduce harms, specifically Foetal Alcohol Spectrum Disorder, associated with alcohol use in pregnancy.
- Provide health information resources including Baby's Best Chance Parent Handbook of Pregnancy and Baby Care, Toddler's First Steps, Child Health Passport and the Best Chance website.

- Work to ensure that infants be breastfed exclusively for the first six months of life.
- Help lead the First Nations/Aboriginal maternal child actions identified in the Transformative Change Accord First Nations Health Plan.
- Contribute to positive maternal and child mental and physical outcomes through the delivery of "Healthy Start," and the Healthy Connections Project a component of which is the Nurse-Family Partnership program.

Early Childhood and Children and Youth Health

- Support the delivery and evaluation of early childhood healthy development initiatives and early childhood screening programs for vision, dental and hearing; and the World Health Organization growth standards.
- Work with partners to prevent injuries in infants and children through initiatives such as shaken baby syndrome prevention and infant safe sleep guidelines.
- Develop and support youth health literacy initiatives.
- Work with the office of the Provincial Health Officer to develop child and youth health indicators to monitor the health of children and youth in BC.

The Health Engagement Unit is committed to providing strategic advice, planning and resourcing for social marketing, promotion and public engagement activities to support key programs and initiatives. By providing targeted support and advice for citizen engagement to the Division, the Ministry and across government, the Unit operates as a centre of excellence for social marketing and prevention focused initiatives.

The Unit develops and executes comprehensive social marketing and engagement strategies incorporating both best-practice and leading-edge methods and media to reach key target audiences. Through these planned and targeted interventions, the Unit works to raise awareness and support behaviour changes among British Columbians towards a reduction in the incidence of chronic disease and a more sustainable health system.

Centre of Excellence for Social Marketing and Citizen Engagement

- Provide expertise and leadership for citizen engagement including social marketing and social media strategy, execution and management within both the Ministry of Health and across government.
- Promote all levels of engagement both on and offline across all platforms using grassroots and leading edge marketing activations.
- Facilitate and enable a collaborative and innovative culture between the Ministry and provincial health authorities.
- Establish a collaborative approach across Federal Provincial Territorial working groups throughout the province, with a focus on direct population interaction within the health authorities.

Digital Social Marketing and Online Strategy Management

- Provide strategic oversight and best-practice recommendations for the development and evaluation of online social marketing executions and cutting-edge digital strategies.
- Lead the Province's digital and social media activities to educate, build awareness and encourage discussion and the sharing of ideas on health related topics, innovation and the health system.
- Manage and maintain a growing online community for British Columbians to participate in dialogue about health care, find information, view multi-media content and use innovative tools to help support citizen health and behaviour change.
- Think Health BC (www.thinkhealthbc.ca) and Healthy Families BC (www.healthyfamiliesbc.ca) represent two key Ministry digital assets (websites and social media channels included) with a citizen engagement focus.

- With the goal of prevention, influencing behaviour and engaging British Columbians about the Province's vast and changing health care system, ThinkHealthBC and Healthy Families BC's online communities support public appeal through unique platforms and branding that take advantage of best practices in online marketing.

Stakeholder Relations Management

- Work as a liaison with the Government Communication and Public Engagement group to ensure that Ministry social marketing and engagement strategies are coordinated and consistent and support all other public engagement opportunities.
- Work as a key function alongside the policy analysts and health promotion subject matter experts in support of divisional and ministry priorities.
- Provide leadership and advice on behalf of Federal Provincial Territorial social marketing and public engagement working groups and national campaigns.

PUBLIC HEALTH PLANNING AND SURVEILLANCE BRANCH
TOM GREGORY, EXECUTIVE DIRECTOR

The Public Health Planning and Surveillance Branch ensures a strategic and integrated approach to population and public health corporate policy and planning issues. The Branch leads the coordination, development, implementation and evaluation of public health system renewal and specific program strategies to ensure alignment with government, Ministry and divisional priorities and consistent performance indicators, standards and business case rationales. The Branch leads the development of public health core function guidelines, standards, and other public and population health initiatives to ensure health authority accountability for population public health outcomes.

Key Functions

Public Health Planning & Policy

- Core Public Health Functions
- Public Health Plan
- Policy Development/Performance Measurement for Healthy Families BC and Next Wave Prevention Initiatives
- Public Health Human Resources
- Health Authority Accountability
- Public Health Governance
- Cross-Government Action Plan for Chronic Disease Prevention

Public Health and Preventive Medicine Specialists

- Public Health Act and Regulations
- Public Health and Preventive Medicine Consultation
- Support for Provincial Health Officer

Epidemiology, Surveillance and Informatics

- Epidemiology Services
- Surveillance Services
- Public Health Informatics

Divisional Support

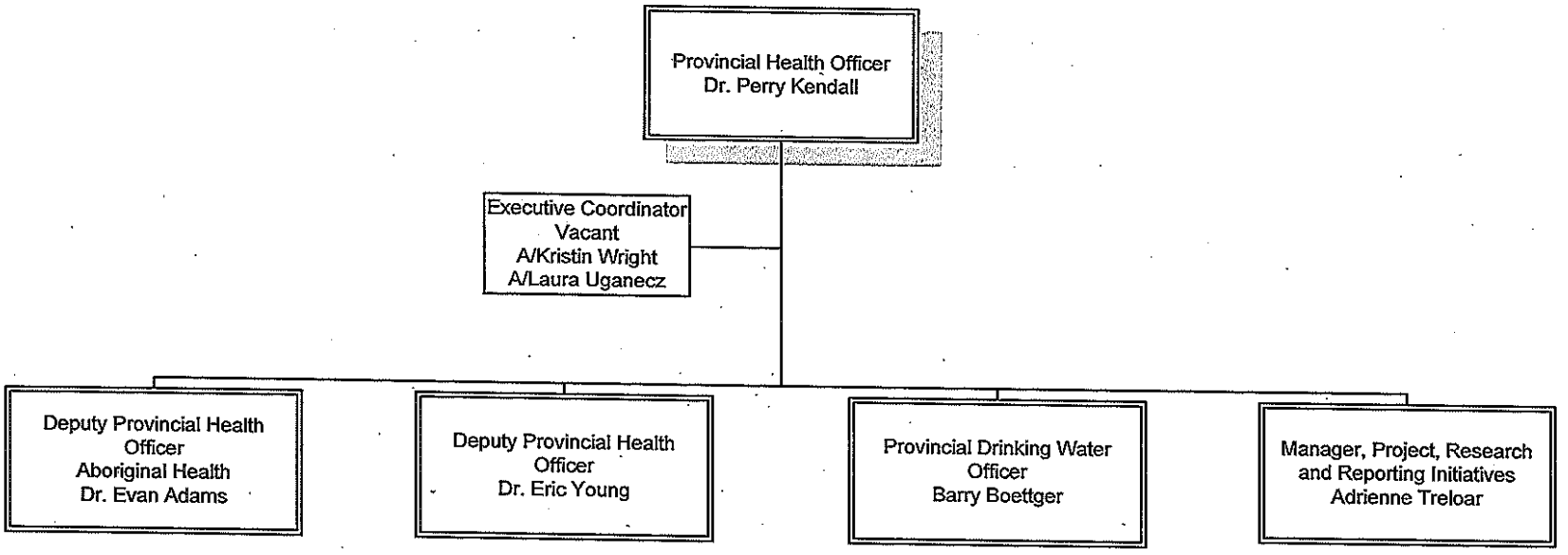
- Strategic Financial Oversight
- Project Management and Coordination Support
- Divisional Administrative Support

Tab 14

Office of the Provincial Health Officer

Executive Level Organization Chart

Effective Date: June 4, 2013



Revised: September 2012

Roles and Responsibilities
Provincial Health Officer

PROVINCIAL HEALTH OFFICER
DR. PERRY KENDALL

The Provincial Health Officer is the senior medical health officer for British Columbia and provides independent advice to the Ministry of Health and the public on public health issues and population health. Each year, the Provincial Health Officer must report publicly, through the Ministry, to the Legislature on the health of the population.

Key Functions

- Monitor and report on the health status of the population.
- Speak out publicly on health issues and actions that can be taken to improve the health of British Columbians.
- Work with regional medical health officers and the BC Centre for Disease Control to carry out health protection and disease control mandates required by the *Public Health Act* and Regulations.
- Establish and monitor professional standards for medical health officers.
- Maintain intergovernmental liaison for public health issues.
- Provide leadership in emergency and disaster preparation.
- Provide leadership and coordination of pandemic influenza planning and preparation in the Ministry of Health and regional health authorities.
- Provide oversight for water quality in BC and produce an annual report to provide recommendations to guide planning and future initiatives as mandated under the *Drinking Water Protection Act*.

Tab 16

List of Health Authority Board Chairs & CEOs – April 2013

FRASER HEALTH AUTHORITY

Suite 400, Central City Tower, 13450 – 102nd Avenue, Surrey, BC V3T 0H1
Website: www.fraserhealth.ca
Facsimile: 604-587-4666

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	David Mitchell	S22	david.mitchell@fraserhealth.ca
President & Chief Executive Officer	Dr. Nigel Murray	604-587-4625	nigel.murray@fraserhealth.ca
Executive Assistant	Tracey Schroeder	604)-587-4624	tracey.schroeder@fraserhealth.ca

INTERIOR HEALTH AUTHORITY

220 – 1815 Kirschner Road, Kelowna, BC V1Y 4N7
Website: www.interiorhealth.ca
Facsimile: 250-862-4201

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	Norman Embree	250-804-0099	nembree@shaw.ca
President & Chief Executive Officer	Dr. Robert Halpenny	250-862-4264	Robert.Halpenny@interiorhealth.ca
Executive Assistant	Val Millsap	250-862-4205	Val.millsap@interiorhealth.ca

NORTHERN HEALTH AUTHORITY

600 – 299 Victoria Street, Prince George, BC V2L 5B8
Website: www.northernhealth.ca
Facsimile: 250-565-2640

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	Dr. Charles Jago		jago@unbc.ca
President & Chief Executive Officer	Cathy Ulrich	250-565-2155	cathy.ulrich@northernhealth.ca
Executive Assistant	Desa Chipman	250-565-2922	desa.chipman@northernhealth.ca

List of Health Authority Board Chairs & CEOs – April 2013

PROVINCIAL HEALTH SERVICES AUTHORITY
700 – 1380 Burrard Street, Vancouver, BC V6Z 2H3
Website: www.phsa.ca
Phone: 604-675-7400 Facsimile: 604-708-2700

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	Wynne Powell	604-675-7496	S22
President & Chief Executive Officer	Lynda Cranston	604-675-7497	lcranston@phsa.ca
Executive Assistant	Janet Dailly		jdailly@phsa.ca

VANCOUVER COASTAL HEALTH AUTHORITY
11th Floor, 601 West Broadway, Vancouver, BC V5Z 4C2
Website: www.vch.ca
Facsimile: 604-875-4750

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	Kip Woodward	604-682-7661	S22
President & Chief Executive Officer	Dr. David Ostrow	604-875-4721	david.ostrow@vch.ca
Executive Assistant	Krystyna Kolodynski		krystyna.kolodynski@vch.ca

VANCOUVER ISLAND HEALTH AUTHORITY
2101 Richmond Avenue, Victoria, BC
Mailing Address: 1952 Bay Street, Victoria, BC V8R 1J8
Website: www.viha.ca
Facsimile: 250-370-8750

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	Don Hubbard	250-370-8693	S22
A/President & Chief Executive Officer	Dr. Brendan Carr	250-370-8692	brendan.carr@viha.ca
Executive Assistant	Maia Garland		maia.garland@viha.ca

Tab 17

BRITISH COLUMBIA

Health Authority Directory

May 8, 2013

Page 108
HTH-2013-00164 (PHASE 1 - OVERVIEW BINDER)

FRASER HEALTH AUTHORITY
Suite 400 Central City Tower – 13450 – 102 Ave Surrey BC V3T 0H1
Website: www.fraserhealth.ca
Phone: 1-877-935-5669 or 604 587-4600 Facsimile: 604 587-4666

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	David Mitchell	604 587-4639	dmitchell@knv.com
Board Executive Assistant	Cheryl Palazoff	604-587-4639	cheryl.palazoff@fraserhealth.ca
President and Chief Executive Officer	Dr. Nigel Murray	604 587-4625	nigel.murray@fraserhealth.ca
Executive Assistant (to Nigel Murray)	Tracey Schroeder	604 587-4624	tracey.schroeder@fraserhealth.ca
Chief Financial Officer	Martin Pochurko	604 587-4421	martin.pochurko@fraserhealth.ca
VP Public Health and Chief Medical Health Officer	Dr. Paul Van Buynder	604-587-7621	paul.vanbuynder@fraserhealth.ca
Vice President Clinical Operations	Vivian Giglio	604-587-7854	vivian.giglio@fraserhealth.ca
Vice President Clinical Operations and Strategic Planning	Marc Pelletier	604 587-4653	marc.pelletier@fraserhealth.ca
Vice President Clinical Operations	Lois Dixon	604 587-4416	Lois.dixon@fraserhealth.ca
A/ Vice President People and Organization Development	Wendy Strugnell	604 587-4670	wendy.strugnell @fraserhealth.ca
Vice President Corporate Services Integration	Brian Woods	604 587-4651	brian.woods@fraserhealth.ca
Vice President Informatics and Transformation Support	Philip Barker	604 587-4660	philip.barker@fraserhealth.ca
Vice President, Capital Projects, Real Estate and Facilities	Peter Goldthorpe	604-875-4775	peter.goldthorpe@fraserhealth.ca
Vice President, Clinical Operations and Professional Practice	Colleen Hart	604 587-7868	colleen.hart@fraserhealth.ca
Vice President Medicine	Dr. Andrew Webb	604-587-4658	andrew.webb@fraserhealth.ca

INTERIOR HEALTH AUTHORITY
#220 – 1815 Kirschner Rd Kelowna BC V1Y 4N7
Website: www.interiorhealth.ca Facsimile: 250 862-4201
Health Service Delivery Areas: Okanagan, East Kootenay, Kootenay Boundary, Thompson Cariboo Shuswap

TITLE	NAME	TELEPHONE	EMAIL
Board Chair	Norman Embree	250 804-0099	nembree@shaw.ca
Board Resource Officer	Lynn Takeshita	250 862-4005	Lynn.takeshita@interiorhealth.ca
President and Chief Executive Officer	Dr. Robert Halpenny	250 862-4264	Robert.halpenny@interiorhealth.ca
Executive Assistant	Val Millsap	250 862-4205	Val.millsap@interiorhealth.ca
Coordinator, Strategic Initiatives	Jamie Braman	250-870-4781	jamie.braman@interiorhealth.ca
Vice President Community Integration	Andrew Neuner	250 314-2577	Andrew.neuner@interiorhealth.ca
Vice President Acute Services	Susan Brown	250 862-4303	Susan.brownvp@interiorhealth.ca
Vice President People / Clinical Services	John Johnston	250 862-4301	john.johnston@interiorhealth.ca
Vice President Residential Services and Chief Financial Officer	Donna Lommer	250 862-4025	Donna.lommer@interiorhealth.ca
Vice President Allied Health Planning and Strategic Services	Martin McMahon	250 870-4746	martin.mcmahon@interiorhealth.ca
Vice President Medicine / Quality	Dr. Jeremy Etherington	250 862-4010	Jeremy.etherington@interiorhealth.ca
Vice President Communications / Public Affairs	Cathy Renkas	250 870-4799	cathy.renkas@interiorhealth.ca
Senior Medical Health Officer	Dr. Andrew Larder	250 868-7867	Andrew.larder@interiorhealth.ca

NORTHERN HEALTH AUTHORITY
600 – 299 Victoria St Prince George BC V2L 5B8
Website: www.northernhealth.ca
Facsimile: 250 565-2640
Health Service Delivery Areas: Northeast, Northwest, Northern Interior

TITLE	NAME	TELEPHONE	EMAIL
Chair	Dr. Charles Jago		jago@unbc.ca charles.jago@northernhealth.ca
President and Chief Executive Officer	Cathy Ulrich	250 565-2155	cathy.ulrich@northernhealth.ca
Executive Assistant to CEO	Desa Chipman	250 565-2922	desa.chipman@northernhealth.ca
Regional Director, Board and Administration Services/Chief Privacy Officer	Michael Leisinger	250 565-2012	Michael.leisinger@northernhealth.ca
Vice President Clinical Programs and Chief Nursing Officer	Suzanne Johnston	250 649-7684	Suzanne.johnston@northernhealth.ca
Vice President Human Resources and Corporate Services	Jane Lindstrom	250 565-2116	jane.lindstrom@northernhealth.ca
Vice President, Medicine	Dr. Ronald Chapman	250 649-7653	ronald.chapman@northernhealth.ca
Executive Assistant	Marites Kavanagh		marites.kavanagh@northernhealth.ca
Vice President, Financial and Corporate Services/Chief Financial Officer	Mark De Croos	250 565-2840	mark.decroos@northernhealth.ca
Regional Director Capital Planning and Support Services	Michael Hoefer	250 565-2303	michael.hoefer@northernhealth.ca
Chief Medical Health Officer	Dr. David Bowering	250 565-7424 250 631-4261	david.bowering@northernhealth.ca
VP Planning, Quality and Information Management	Fraser Bell	250 565-2724	fraser.bell@northernhealth.ca
Regional Director Aboriginal Health	Agnes Snow	250 649-4812	agnes.snow@northernhealth.ca
Director Communications	Steve Raper	250 565-2694	steve.raper@northernhealth.ca
Communications Officer	Eryn Collins	250 649-7542	eryn.collins@northernhealth.ca
Communications Officer	Anne Scott	250 649-4803	Anne.scott@northernhealth.ca
Lead, Mental Health & Addictions	Jim Campbell	250-565-7405	jim.campbell@northernhealth.ca
Lead, Surgical Services	Shelley Hatcher	(250) 645-6406	shelley.hatcher @northernhealth.ca
Lead, Maternal/Child	Rose Perrin	250-649-7511	rose.perrin@northernhealth.ca

Northeast Health Services Delivery Area 9636 – 100th Ave Fort St. John BC V1J 1Y3 Facsimile: 250 262-5294			
TITLE	NAME	TELEPHONE	EMAIL
Chief Operating Officer	Betty Morris	250 262-5297	betty.morris@northernhealth.ca
Executive Assistant	Jocelyn Eisert	250 262-5204	jocelyn.eisert@northernhealth.ca

Northwest Health Services Delivery Area 211-3228 Kallum Street, Terrace, BC V8G 2N1 Facsimile: 250 635-7794			
TITLE	NAME	TELEPHONE	EMAIL
Chief Operating Officer	Penny Anguish	250 631-4151	penny.anguish@northernhealth.ca
Executive Assistant	Colleen Davis	250 631-4150	colleen.davis@northernhealth.ca

Northern Interior Health Services Delivery Area 510-1488 4th Avenue, Prince George, BC, V2M 1S2 Facsimile: 250 562-0308			
TITLE	NAME	TELEPHONE	EMAIL
Chief Operating Officer	Michael McMillan	250 565-2345	michael.mcmillan@northernhealth.ca
Executive Assistant	Marlene Apolczer	(250) 565-2806	marlene.apolczer @northernhealth.ca

NISGA'A VALLEY HEALTH BOARD
4920 Tait Ave New Aiyansh BC V0J 1A0
Mailing Address: PO Box 234 New Aiyansh BC V0J 1A0
FACSIMILE: 250 633-2512 TELEPHONE: 250 633-5000

TITLE	NAME	TELEPHONE	EMAIL
A/Chief Executive Officer	Julia Adams	250 633-5032	saitzuwin@nisgaahealth.bc.ca
Chief Financial Officer	Orest Wakaruk	250 633-5035	owakaruk@nisgaahealth.bc.ca
COO	George Robinson		grobinson@nisgaaheatlh.bc.ca
Non-Insured Health Benefits Manager	Denise Eli	250 633-5078	deli@nisgaahealth.bc.ca
Community cultural Health Representatives Manager, A/Mental Health Manager	Julia Adams	250 633-2611	S22
Finance Manager	Harold Olson	250 633-5051	holson@nisgaahealth.bc.ca

PROVINCIAL HEALTH SERVICES AUTHORITY

700-1380 Burrard St, Vancouver, B.C. V6Z 2H3
Website: www.phsa.ca
Phone: 604 675-7400 Facsimile: 604 708-2700

TITLE	NAME	TELEPHONE	EMAIL
Chair	Wynne Powell	604 675-7496	S22
Executive Assistant (Board & Office Manager)	Julie Ryan		julie.ryan@phsa.ca
President and Chief Executive Officer	Lynda Cranston	604 675-7497	lcranston@phsa.ca
Executive Assistant to CEO	Janet Dailly		jdailly@phsa.ca
Executive Vice President and President, Emergency and Health Services Commission	Michael MacDougall	604 675-7410	michael.macdougall@phsa.ca
Executive Vice President and Chief Administrative Officer	Carl Roy	604 675-7489	croy@phsa.ca
Executive Assistant to Carl Roy	Robyn Post	604 675-7457	Robyn.post@phsa.ca
Vice President, Quality, Safety & Outcome Improvement *(Children & Women's Health Centre of BC 4500 Oak St., Vancouver BC, V6H 3N1)*	Georgene Miller	604 875-2679	gmiller@phsa.ca
Vice President, Physician Compensation and Planning 301 - 931 Fort St. Victoria V8V 3K3	Dr. Steve Gray	250 519-5728 FAX:250 384-0447	Sgray3@phsa.ca
Executive Vice President and Chief Operating Officer	Arden Krystal (EA: Jennifer Schouten)	Cell: S17 604 675-7427 Fax: 604 708-2739 EA: 604-875-7398	Arden.krystal@phsa.ca Jennifer.schouten@phsa.ca
VP, Lower Mainland Pathology & Laboratory Medicine	John Andruschak	604 675-7447	john.andruschak@phsa.ca
VP Strategic Planning, Transformation, Support & Innovation	Jennifer MacKenzie	604 675-7418	Jennifer.mackenzie@phsa.ca
Chief Nursing & Liaison Officer	Sherry Hamilton	604 675-7445	shamilton@phsa.ca
Executive Assistant to Barry Rivelis and Sherry Hamilton	Anne-Marie Landry	604 675-7451	Anne.Marie.Landry@phsa.ca
Chief Administrative Officer - Research	Ellen Chesney	604 675-7474	echesney@phsa.ca
Chief Information Officer	Barry Rivelis	604 675-7404	Barry.rivelis@phsa.ca
Interim Chief Human Resources Officer	Tony Arimare	604 675-7403	tony.arimare@phsa.ca
Chief Financial Officer	Thomas Chan	604 875-7117	thomaschan@phsa.ca
Provincial Executive Director, Cardiac Services BC	David Babiuk	604 675-7420 fax: 604 708-2720	dbabiuk@phsa.ca
Provincial Executive Director Perinatal Services BC	Kim Williams	604-877-2121 Extension: 223768	kim.william@phsa.ca
Executive Director, Population Health Strategic Planning and Provincial Initiatives	Lydia Drasic	604 675-7425	ldrasic@phsa.ca
President, BC Children's Hospital and Sunny Hill Health Centre for Children	Larry Gold	604 875-2688	lgold@cw.bc.ca

President, BC Women's Hospital and Health Centre	Dr. Jan Christilaw	604 875-3566	jchristilaw@cw.bc.ca
President, BC Mental Health and Addiction Services 4500 Oak Street P2-315 Mental Health Building Vancouver, BC V6H 3N1	Leslie Arnold	604-875-2643 *Fax: 604 524-7692*	larnold@bcmhs.bc.ca
President, BC Cancer Agency Room 400 – 600 West 10th Ave Vancouver BC V5Z 4E6	Max J. Coppes	604 877-6118	mcoppes@bccancer.bc.ca
Provincial Executive Director **Scientific Director** **BC Centre for Disease Control** 2nd Fl - 655 West 12th Ave Vancouver BC V5Z 4R4	Dr. Robert Brunham	604 707-2409 Fax: 604 707-2401	Robert.brunham@bccdc.ca
Provincial Executive Director **BC Transplant** West Tower, 3rd Fl 555 West 12th Ave Vancouver BC V5Z 3X7	Dr. Greg Grant	604-877-2131	gagrant@@bcts.hnet.bc.ca
Provincial Executive Director, **BC Renal Agency**	Dr. Adeera Levin	604-875-7340	alevin@providencehealth..bc.ca
Chief Operating Officer **Health Shared Services BC** 1795 Willingdon Avenue, Burnaby, BC V5C 6E3	Jim Eckler	604 – 297-8114 Fax: 604 675-7233	Jim.eckler@hssbc.ca

VANCOUVER COASTAL HEALTH AUTHORITY
11th Fl 601 West Broadway Vancouver BC V5Z 4C2
Website: www.vch.ca
Facsimile: 604 875-4750

Health Service Delivery Areas: North Shore/Coast Garibaldi, Richmond, Vancouver

TITLE	NAME	TELEPHONE	EMAIL
VCH Board Chair	Kip Woodward	S22	S22
Board Office	Louise Kokotailo	604 875-4719	louise.kokotailo@vch.ca
President and Chief Executive Officer	Dr. David Ostrow	604 875-4721	david.ostrow@vch.ca
Executive Assistant	Krystyna Kolodynski		krystyna.kolodynski@vch.ca
Chief Financial Officer and VP Systems Development & Performance	S22	604 875-4454 Fax 604 875-4750	S22
Chief Medical Health Officer *(8th Floor, 601 West Broadway Vancouver, BC V5Z 4C2)*	Dr. Patricia Daly	604 675-3924	patty.daly@vch.ca
Vice President Medicine, Quality and Safety	Dr. Patrick O'Connor	604 875-4948	Patrick.oconnor@vch.ca
Vice President, Communications *(4th Floor, 520 West 6th Avenue Vancouver, BC V5Z 4H5)*	Clay Adams	604 708-5280	Clay.adams@vch.ca
Vice President Employee Engagement *(10th Floor, 601 West Broadway Vancouver BC V5Z 4C2)*	Anne Harvey	S17	anne.harvey@vch.ca
Vice President Regional Programs and Service Integration	Dr. Jeff Coleman	604 875-5269	jeff.coleman@vch.ca
Vice President, Clinical and Systems Transformation, and Chief Nursing Officer and Executive Lead for Professional Practice	Susan Wannamaker	604 875-4974	Susan.wannamaker@vch.ca
Executive Assistant	Unita Hans		Unita.Hans@vch.ca
Regional Director, Client Relations and Risk Management	Darren Kopetsky	604 875-4557	darren.kopetsky@vch.ca

Vancouver
CP 117 - 855 West 12th Ave Vancouver BC V5Z 1M9
Facsimile: 604 875-4964

TITLE	NAME	TELEPHONE	EMAIL
Chief Operating Officer	Mary Ackenhusen	604 875-4285	mary.ackenhusen@vch.ca
Executive Assistant	Winnie Price		winnie.price@vch.ca
Senior Medical Director	Dr. Dean Chittock	604 875-5465	dean.chittock@vch.ca

Executive Assistant	Cindy Chilton		cindy.chilton@vch.ca

Richmond
7000 Westminster Hwy Richmond BC V6X 1A2
Facsimile: 604 244-5536

TITLE	NAME	TELEPHONE	EMAIL
Chief Operating Officer	Mike Nader	604 244-5537	Mike.Nader@vch.ca
Executive Assistant	Susan Geddes		susan.geddes@vch.ca

Coastal Health Services
231 East 15th St North Vancouver BC V7L 2L7
Facsimile: 604 984-5788

TITLE	NAME	TELEPHONE	EMAIL
Chief Operating Officer	Wendy Hansson	604 904-3594	Wendy.hansson@vch.ca
Executive Assistant	Suzanne Fryer		Suzanne.fryer@vch.ca

Providence Health Care
Room 582 – 1081 Burrard St Vancouver BC V6Z 1Y6
Facsimile: 604 806-8811

TITLE	NAME	TELEPHONE	EMAIL
President and Chief Executive Officer	Dianne Doyle	604 806-8020	ddoyle@providencehealth.bc.ca
Executive Assistant	Colleen Narang		officeoftheceo@providencehealth.bc.ca

Page 117
2013-00164 (PHASE 1 - OVERVIEW BINDER)

VANCOUVER ISLAND HEALTH AUTHORITY
2101 Richmond Ave Victoria BC
Mailing Address: 1952 Bay St Victoria BC V8R 1J8
Website: www.viha.ca
Facsimile: 250 370-8750

Health Service Delivery Areas: South, Central, and Northern Vancouver Island (parts of the Central Coast)

TITLE	NAME	TELEPHONE	EMAIL
VIHA Board Chair	Don Hubbard	250 370-8693	janet.shute@viha.ca
Board Liaison Officer	Janet Shute		
President and CEO			
A/ Chief Executive Officer	Dr. Brendan Carr	250 370-8692	Brendan.Carr @viha.ca
Executive Assistant to the President and CEO	Maia Garland	250 370-8692	Maia.Garland@viha.ca
Director Office of the President and CEO	Ann Bozoian	250 519-1575	ann.bozoian@viha.ca
Executive Vice President and Chief Medical Officer	Dr. Brendan Carr	250 370-1867	brendan.carr@viha.ca
Executive Vice President and Chief Operating Officer	Catherine Mackay	250 370-8690	Catherine.Mackay@viha.ca
Vice President and Chief Financial Officer	Bill Boomer	250 370-8906	bill.boomer@viha.ca
Vice President Operations and Support Services	Joe Murphy	250 370-8338	joe.murphy@viha.ca
Vice President Planning	Georgina MacDonald	250 370-8807	georgina.macdonald@viha.ca
Vice President People, Organizational Development, Practice and Chief Nurse Executive	Dr. Lynn Stevenson	250 370-8944	lynn.stevenson@viha.ca
Acting VP and Chief Communications and External Relations	Antoinette O'Keeffe	250 370-8770	antoinette.okeeffe@viha.ca
Chief Medical Health Officer	Dr. Richard Stanwick	250 519-7066	richard.stanwick@viha.ca
Executive Vice President & Chief Information Officer	Catherine Claiter-Larsen	250 370-8428	catherine.claiterlarsen@viha.ca
HAMAC Chair	Dr. Dorothy (Sam) Williams	250 370-8509	dorothy.williams@viha.ca

Tab 18

Leadership Council
Terms of Reference

MANDATE

The Deputy Minister for the Ministry of Health has established the Leadership Council to provide advice on the provision of health services in British Columbia. The Leadership Council will develop common strategies, philosophies and principles on a wide-range of major provincial issues relating to the strategic direction, management and accountability of the regionalized health care system.

Under the direction of the Deputy Minister, the Leadership Council will take a leadership role in the strategic shifts required to move to a planned and well-managed health system which is responsive to patient and population needs, managed within the fiscal realities and accountable to the public for results.

FUNCTIONS

The Leadership Council will:

1. Provide advice to the Deputy Minister on:
   - strategic planning for the delivery of quality health care in a regionalized system;
   - implementing an accountability framework, which incorporates clear performance measures and outcomes, to facilitate the delivery of quality care;
   - actions required to address provincial priorities; and
   - streamlining the system and gaining efficiencies in the delivery of programs and services.
2. Review performance of the system on an ongoing basis from the perspective of quality patient care, financial management and efficiencies.
3. Provide the opportunity for the Ministry and the health authorities to address issues of common interest and to share information.

MEMBERSHIP

The Leadership Council will include health authority Chief Executive Officers and senior Ministry officials. The Council will be chaired by the Deputy Minister of Health.

Alternates are not permitted. Assistant Deputy Ministers of the Ministry of Health will attend as agenda items pertinent to their portfolios arise.

ACCOUNTABILITY

The Leadership Council will provide advice and make recommendations to the Deputy Minister of Health. The Ministry of Health has the ultimate decision making authority. Accountability will lie with the Ministry, the health authorities or the Leadership Council depending upon the issue.

Leadership Council
Terms of Reference

Standing Committees

Standing Committees may be created to focus on key priorities and tasks determined by the Leadership Council. Standing Committees shall table a formal report on its activities and work plan for the next year, as well as provide a verbal briefing to Members once a year. In addition status reports shall be provided for Members on an as needed basis.

Annual Assessment

Each fiscal year, the Leadership Council will undertake an evaluation of the quality of its performance during the preceding year. Following its evaluation the Chair may implement changes deemed necessary or desirable to improve its effectiveness.

In addition, the Leadership Council will undertake an annual review of standing committee effectiveness and following its evaluation may implement changes deemed necessary or desirable to improve the effectiveness of any committee.

Date developed: May 8, 2002
Date revised: May 28, 2012

Leadership Council
Terms of Reference

LEADERSHIP COUNCIL MEMBERS

Ministry of Health

Stephen Brown (Chair)
Deputy Minister

Heather Davidson
Assistant Deputy Minister
Planning & Innovation Division

Elaine McKnight
Chief Administrative Officer

Nichola Manning
Assistant Deputy Minister
Medical Services and Health
Human Resources Division

Barbara Korabek
Assistant Deputy Minister
Health Authorities Division

Grace Foran
(Secretariat)

Health Authority - Chief Executive Officers

Dr. Nigel Murray
Fraser Health Authority

Lynda Cranston
Provincial Health Services Authority

Dr. Robert Halpenny
Interior Health Authority Dr.

David Ostrow
Vancouver Coastal Health Authority

Cathy Ulrich
Northern Health Authority

Dr. Brendan Carr (Acting)
Vancouver Island Health Authority

Tab 19

APPOINTMENTS
AGENCIES/BOARDS/COMMISSIONS

Expiry Date	Current Term Began	MO/OIC	1st Appointed	Name	Agency/Board/Commission	Status/Action
Jun 30/13	May 26/11	OIC 194/11	Jun 30/07	Mackenzie, Isobel (Beneficiaries)	Medical Services Commission	Request for Appointment Package to reappoint Isobel Mackenzie to Board Resourcing and Development Office Feb 26/13
Jun 30/13	May 7/13	Ministerial letter	Apr 13/10	Thompson, David A.	British Columbia Health Services Purchasing Organization	
Jun 30/13	May 7/13	Ministerial letter	Apr 13/10	G. Wynne Powell	British Columbia Health Services Purchasing Organization	
Jul 31/13	Jul 31/11	MO 139/11	Mar 31/11	Ritchie, Allan G.	British Columbia Emergency Health Services	Reminder of Expiry to appoint one new member to fill the vacancy left by Allan G. Ritchie sent April 23/13
Jul 31/13	Jul 31/11	MO 187/11	Jul 28/10	Blais, Pauline	Midwives	Request for Appointment package to reappoint Pauline Blais with Board Resourcing and Development Office April 17/13
Sep 1/13	Sep 1/11	MO 245/11	Sep 15/10	Corfield, Michelle	Physicians and Surgeons	Request for Appointment package to reappoint Michelle Corfield with Board Resourcing and Development Office April 26/13
Sep 1/13	Sep 1/11	MO 245/11	Jun 4/09	Jenkinson, Valerie	Physicians and Surgeons	Request for Appointment package to reappoint Valerie Jenkinson with Board Resourcing and Development Office April 26/13
Sep 1/13	Sep 14/11	MO 259/11	Sep 7/10	Egli, Cameron - College of Pharmacists of BC	Data Stewardship Committee	Reminder of Expiry to reappoint Cameron Egli sent March 22/13
Sep 1/13	Sep 14/11	MO 259/11	Sep 14/11	Kislock, Lindsay - Ministry representative / Chief Data Steward	Data Stewardship Committee	Reminder of Expiry to reappoint Lindsay Kislock sent March 22/13
Sep 19/13	Feb 2/08	MO 039/08	Sep 11/03	Brindle, Derek Q.C. (Chair)	Hospital Appeal Board	Reminder of Expiry to appoint one new member to fill the vacancy left by Derek Brindle sent March 22/13
Sep 30/13	Oct 18/10	MO 291/10	Sep 6/07	Spina, Margaret	Licensed Practical Nurses	Reminder of Expiry to appoint one new public member to fill the vacancy that will be left by Margaret Spina sent April 24/13

Expiry Date	Current Term Began	MO/OIC	1st Appointed	Name	Agency/Board/Commission	Status/Action
Sep 30/13	Sep 9/10	OIC 568/10	Sep 9/10	Baloo, Dr. Moezin (Chiropractic)	Health Care Practitioners Special Committee for Audit	Stephanie Monteiro advised on May 1/13 that they will not require chiropractor representative positions at this time. When Dr. Moezin Baloo's term expires, a thank you letter will be sent and his name will come off the list.
Sep 30/13	Sep 9/10	OIC 568/10	Sep 9/10	Mickelson, Dr. Lidia (Chiropractic)	Health Care Practitioners Special Committee for Audit	Stephanie Monteiro advised on May 1/13 that they will not require chiropractor representative positions at this time. When Dr. Lidia Mickelson's term expires, a thank you letter will be sent and her name will come off the list.
Sep 30/13	Sep 9/10	OIC 568/10	Sep 9/10	Tancock, Dr. Jeffrey A. (Chiropractic)	Health Care Practitioners Special Committee for Audit	Stephanie Monteiro advised on May 1/13 that they will not require chiropractor representative positions at this time. When Dr. Jeffrey A. Tancock's term expires, a thank you letter will be sent and his name will come off the list.
Sep 30/13	May 16/10	MO 085/10	May 16/07	Minichiello, Diane	Dental Technicians	Reminder of Expiry to appoint one new public member to fill the vacancy that will be left by Diane Minichiello sent April 24/13.
Sep 30/13	Mar 31/10	MO 088/10	Mar 31/07	Gardner, Pamela	Denturists	Request for Appointment package to appoint one new public member to fill the vacancy that will be left by Pamela Gardner with Board Resourcing and Development Office May 22/13
Sep 30/13	Oct 18/10	MO 295/10	Mar 5/08	Roberts, David P. Q.C.	Hospital Appeal Board	Reminder of Expiry to reapoint David P. Roberts sent March 22/13
Sep 30/13	Dec 2/11	MO 329/11	Mar 22/10	Bechard, Gary	Naturopathic Physicians	S13

APPOINTMENTS
HEALTH AUTHORITY BOARDS

Expiry Date	Current Term Began	MO/OIC	1st Appointed	Name	Agency/Board/Commission	Status/Action
Jun 30/13	Mar 31/12	MO 026/12	Mar 21/08	McLeod, George M.	Fraser Health Authority	S22 S22 Reminder of Expiry to appoint one new member to fill the vacancy left by George McLeod sent May 9/13
Jul 31/13	Jul 31/11	MO 138/11	Jul 26/05	Ritchie, Allan G.	Provincial Health Services Authority	Reminder of Expiry to appoint one new member to fill the vacancy left by Allan G. Ritchie sent April 23/13
Jul 31/13	Jul 11/11	MO 182/11	Jun 17/10	Hartwell, Sharon	Northern Health Authority	RFA package to reappoint Sharon Hartwell with Board Resourcing and Development Office Mar 15/13.
Sep 30/13	Sep 28/10	MO 248/10	Sep 28/07	Heath, Sandra L.	Vancouver Coastal Health Authority	Request for Appointment Package to reappoint Sandra Heath with Board Resourcing and Development Office April 26/13

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

BC Health Services Purchasing Organization

The British Columbia Health Services Purchasing Organization (BCHSPO) was incorporated under the *Society Act* in January 2010. The BCHSPO was registered to oversee the implementation of patient-focused funding. The organization builds on the successes of the $75-million Lower Mainland Innovation and Integration Fund. Under a patient-focused funding approach, hospitals receive financial incentives for delivering acute-care services for a competitive, set price.

The Board...

...Composition

Bylaw 4.5 of the BCHSPO requires that Directors be appointed by the Minister immediately following the incorporation of the society.

In addition, for the board of directors, Bylaw 4.1 states that the board shall consist of the representatives as follows: (a) the Deputy Minister of Health Services or their delegates, (b) Ministry of Health Services Representatives, (c) a Chair, and (d)other Directors at the discretion of the Minister or such other number, configuration or representation as determined by the Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Carroll, Sandra	Ministerial Letter 937267/12, September 25, 2012	Ministry Representative	September 25, 2014
Korabek, Barbara	Ministerial Letter ML 927293, May 18, 2012	Ministry Representative	March 29, 2014
Ramsden, Murray G.	Ministerial Letter 931401, June 29, 2012	Director	June 30, 2014

3 current members.

...Mandate

The BCHSPO's purpose is to make decisions for the procurement of health care services using a funding model that will encourage improvement and create a competitive environment.

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

BC Patient Safety and Quality Council

The purpose of the British Columbia Patient Safety and Quality Council is to provide advice and make recommendations to the Minister on matters related to patient safety and quality of care, and to bring health system stakeholders together in a collaborative partnership to promote and inform a provincially coordinated, innovative, and patient-centered approach to patient safety and quality improvement in British Columbia.

The Board...

...Composition

The council will consist of not more than six members selected for their personal credibility, expertise and experience as it relates to patient safety and quality improvement.

The Minister shall appoint one member to the position of Chair. This individual will assume full responsibility for the management of Council operations, and will be accountable in this role to the Minister through the Deputy Minister (or delegate thereof). All other Council members shall be appointed by the Deputy Minister on the advice of the Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Bradshaw, Jean Ellen	Minister 289/12, December 17, 2012	Member	December 17, 2014
Carroll, Evelyn D.	Minister 247/12, October 31, 2012	Member	October 31, 2015
Cochrane, D. Douglas	Minister 103/11, April 24, 2011	Chair	April 30, 2014
Stamp, Brian A.	Minister 247/12, November 12, 2012	Member	October 31, 2015
Taylor, John G.	Minister 32/12, February 1, 2012	Member	April 30, 2014

5 current members.

...Mandate

The Council will:

- Bring a provincial perspective to patient safety and quality improvement activities;

- Facilitate the building of capacity and expertise for patient safety and quality improvement;
- Support health authorities and other service delivery partners in their continuous effort to improve the safety and quality care; and,
- Improve health system transparency and accountability to patients and the public for the safety and quality of care provided in British Columbia.

What's Involved

The timing and frequency of the meetings will be determined by the tasks the Council is required to fulfill and as part of its work plan approved by the Minsiter.

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Drug Benefit Council

The Drug Benefit Council (DBC), an integral part of the drug review process, is an independent advisory body that makes evidence-based recommendations to the Pharmaceutical Services regarding the listing of drugs on the PharmaCare program formulary.

The Drug Benefit Council also recommends the nature of the listing, i.e. whether a drug should be listed as a full benefit, listed as a limited coverage drug with special coverage criteria, listed as a partial benefit, or not listed.

The Board...

...Composition

The Drug Benefit Council is composed of 12 members including a Chair and Vice Chair appointed by the Minister Responsible. There will be nine professional members with expertise in critical appraisal, medicine, ethics, pharmacy and health economics, and three public members.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Barnsley, Roger H.	Minister 303/10, December 31, 2010	Public Member	December 31, 2013
Brown, Colin G.	Minister 101/13, April 11, 2013	Public Member	December 31, 2015
Crossland, Robert W.	Minister 303/10, December 31, 2010	Professional Member	December 31, 2013
D'Agincourt-Canning, Lori	Minister 43/13, February 14, 2013	Professional Member	December 31, 2015
Holizki, Q.C., Theresa A.	Minister 303/10, December 31, 2010	Public Member	December 31, 2013
Kassam, Firoz M.	Minister 101/13, April 11, 2013	Public/Lay Member	December 31, 2015
Loewen, Peter	Minister 11/12, January 10, 2012	Professional Member	December 31, 2014
Mail, Walter John	Minister 11/12, January 10, 2012	Professional Member	December 31, 2014
Marra, Carlo A.	Minister 11/12, January 10,	Professional	December 31,

	2012	Member	2014
Miyata, Mitsuho (Mits)	Minister 303/10, December 31, 2010	Professional Member	December 31, 2013
O'Connor, M. Peter	Minister 11/12, January 10, 2012	Professional Member	December 31, 2014
Slavik, Richard S.	Minister 274/12, December 31, 2012	Chair	December 31, 2015
Weinberg, Harold (Hal)	Minister 58/13, February 26; 2013	Public Member	December 31, 2015

13 current members.

...Mandate

The Drug Benefit Council's approach is evidence-based and recommendations of the DBC aim to improve and maintain the health and well-being of British Columbians by advancing optimal drug therapy.

What's Involved

For More Information...

Pharmaceutical Services Division
BC Ministry of Health Services
3-2, 1515 Blanshard Street
Victoria, BC V8W 3C8

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Emergency and Health Services Commission

The Emergency and Health Services Commission (EHSC) provides emergency health and ambulance services and assists hospitals, municipalities and others to provide emergency health services.

The Emergency and Health Services Commission is cross-appointed to the **Provincial Health Services Authority**.

The Board...

...Composition

The EHSC consists of one or more persons appointed by the Minister. The Minister may designate a member of the Commission as Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Armitage, James E.	Minister 243/11, March 31, 2012	Member	March 31, 2014
Brooks, Donald E.	Minister 221/12, December 31, 2012	Member	December 31, 2015
Gibbons, Elizabeth (Betsy) E.	Minister 221/12, February 6, 2013	Member	February 6, 2015
Manning, Tim F.	Minister 221/12, October 4, 2012	Member	December 31, 2015
McGrath, Lorraine	Minister 222/12, October 4, 2012	Member	December 31, 2013
Peary, George W.	Minister 154/12, December 15, 2012	Member	December 15, 2014
Powell, G. Wynne	Minister 221/12, December 31, 2012	Chair	December 31, 2014
Rafferty, Pauline	Minister 293/12, December 18, 2012	Member	December 31, 2014
Ritchie, Allan G.	Minister 139/11, July 31, 2011	Member	July 31, 2013
Sadler, Q.C., W. Murray	Minister 84/11, April 1, 2011	Member	October 31, 2013

Sidhu, Charanjeet (CJ) S.	Minister 84/11, April 1, 2011	Member	December 31, 2013

11 current members.

...Mandate

The EHSC has the legislated mandate to ensure the provision of high quality and consistent levels of pre-hospital emergency health care services throughout the province. The BC Ambulance Service (BCAS) is the service delivery vehicle for the EHSC and provides direct pre-hospital emergency care, inter-facility transfers, standby at public events and disaster preparedness. The EHSC also recruits and trains emergency medical assistants.

What's Involved

The Commission meets on a bi-monthly basis.

For more Information...

700 - 1380 Burrard Street
Vancouver, BC V6Z 2H3

Tel: 604 675-7400
Fax: 604 708-2700

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Authority - Fraser

In December 2001, authority for the governance and management of most health services was transferred to five regional health authorities. In addition, there is one Provincial Health Services Authority.

The Board...

...Composition

The Fraser Health Authority (FHA) has a governing board appointed by the Minister of Health Services, who also designates the Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Forrest, Robert E.	Minister 069/10, March 21, 2010	Member	December 31, 2013
Gill, Gurpreet K.	Minister 288/12, December 31, 2012	Member	December 31, 2014
Grinnell, Marlene M.	Minister 26/12, March 31, 2012	Member	March 31, 2014
Kolybabi, Deanie L.	Minister 288/12, December 31, 2012	Member	December 31, 2013
Matty, Karen	Minister 142/12, August 1, 2012	Member	March 31, 2014
McLeod, George M.	Minister 26/12, March 31, 2012	Member	March 31, 2014
Mitchell, David W.	Minister 288/12, December 31, 2012	Chair	December 31, 2014
Sumal, Inde	Minister 354/11, December 31, 2011	Member	December 31, 2013

8 current members.

...Mandate

The Fraser Health Authority is primarily responsible for:

- identifying regional health needs and planning appropriate programs and services;
- ensuring that programs and services are properly funded and managed;
- managing the delivery of health services in their respective areas;
- meeting performance objectives set by their regions, and;
- ensuring community input into health service planning and evaluation for their areas.

What's Involved

Members of Health Authorities should be prepared to meet once per month. Health Authorities may also strike subcommittees on particular issues and members should be prepared to participate.

For More Information...

Fraser Health Authority
300 - 10334 152A Street
Surrey, BC V3R 7P8

Tel: 604 587-4600
Fax: 604 587-4666

Or

British Columbia Health Authorities

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Authority - Interior

In December 2001, authority for the governance and management of most health services was transferred to five regional health authorities. In addition, there is one Provincial Health Services Authority.

The Board...

...Composition

The Interior Health Authority has a governing board appointed by the Minister of Health Services, who also designates the Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Burrows, Kenneth W.	Minister 351/11, December 31, 2011	Member	December 31, 2013
Embree, Norman	Minister 27/12, March 31, 2012	Chair	December 31, 2014
Gillespie, David W.	Minister 27/12, March 31, 2012	Member	March 31, 2014
Goldsmith, David W.	Minister 27/12, March 31, 2012	Member	March 31, 2014
Goodings, Virginia J.	Minister 27/12, March 31, 2012	Member	March 31, 2014
Malzer, Erwin J.	Minister 070/10, March 21, 2010	Member	December 31, 2013
McGregor, Rosanna	Minister 212/12, October 9, 2012	Member	December 31, 2013
Quinn, Findlay (Frank) J.	Minister 351/11, December 31, 2011	Member	December 31, 2013
Sutherland, Glenn	Minister 27/12, March 31, 2012	Member	December 31, 2014

9 current members.

...Mandate

The Interior Health Authority is primarily responsible for:

- identifying regional health needs and planning appropriate programs and services;
- ensuring that programs and services are properly funded and managed;
- managing the delivery of health services in their respective areas;
- meeting performance objectives set by their regions, and;
- ensuring community input into health service planning and evaluation for their areas.

What's Involved

Members of Health Authorities should be prepared to meet once per month. Health Authorities may also strike subcommittees on particular issues and members should be prepared to participate.

For More Information...

Interior Health Authority
#220 Â¿ 1815 Kirschner Road
Kelowna, BC V1Y 4N7

Tel: 250 862-4005
Fax: 250 862-4201

OR

British Columbia Health Authorities

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Authority - Northern

In December 2001, authority for the governance and management of most health services was transferred to five regional health authorities. In addition, there is one Provincial Health Services Authority.

The Board...

...Composition

The Northern Health Authority has a governing board appointed by the Minister of Health Services, who also designates the Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Caldwell, Barbara Y.	Minister 28/12, March 31, 2012	Member	March 31, 2014
Hartwell, Sharon L.	Minister 182/11, July 11, 2011	Member	July 31, 2013
Jago, Charles (Chuck)	Minister 071/10, August 31, 2010	Chair	December 31, 2013
McIntyre, Cameron D.	Minister 071/10, March 21, 2010	Member	December 31, 2013
Milne, Gordon	Minister 28/12, March 31, 2012	Member	March 31, 2014
O'Neil, Kathleen (Kate)	Minister 28/12, March 31, 2012	Member	March 31, 2014
Sander, Ben A.	Minister 292/12, December 18, 2012	Member	December 31, 2015
Shannon, Deborah Lynn	Minister 28/12, March 31, 2012	Member	March 31, 2014
Squires, Maurice	Minister 292/12, December 18, 2012	Member	December 31, 2015
Townsend, Gary William	Minister 15/12, January 12, 2012	Member	December 31, 2014

10 current members.

...Mandate

The Northern Health Authority is primarily responsible for:

- identifying regional health needs and planning appropriate programs and services;
- ensuring that programs and services are properly funded and managed;
- managing the delivery of health services in their respective areas;
- meeting performance objectives set by their regions, and;
- ensuring community input into health service planning and evaluation for their areas.

What's Involved

Members of Health Authorities should be prepared to meet regularly, usually once per month. Health Authorities may also strike subcommittees on particular issues and members should be prepared to participate.

For More Information...

Northern Health Authority
Suite 300 - 299 Victoria Street
Prince George, BC

Tel: 250 565-2649
Fax: 250 565-2640

Or

British Columbia Health Authorities

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Authority - Provincial Health Services Authority

In December 2001, authority for the governance and management of most health services was transferred to five regional health authorities. In addition, there is one Provincial Health Services Authority (PHSA).

The Provincial Health Services Authority is cross-appointed to the **Emergency and Health Services Commission**.

The Board...

...Composition

The Provincial Health Services Authority has a governing board appointed by the Minister of Health Services, who also designates the Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Armitage, James E.	Minister 247/11, March 31, 2012	Member	March 31, 2014
Brooks, Donald E.	Minister 220/12, December 31, 2012	Member	December 31, 2015
Gibbons, Elizabeth (Betsy) E.	Minister 220/12, February 6, 2013	Member	February 6, 2015
Manning, Tim F.	Minister M220/12, October 4, 2012	Member	December 31, 2015
McGrath, Lorraine	Minister 223/12, October 4, 2012	Member	December 31, 2013
Peary, George W.	Minister 160/12, December 15, 2012	Member	December 15, 2014
Powell, G. Wynne	Minister 220/12, December 31, 2012	Chair	December 31, 2014
Rafferty, Pauline	Minister 297/12, December 18, 2012	Member	December 31, 2014
Ritchie, Allan G.	Minister 138/11, July 31, 2011	Member	July 31, 2013
Sadler, Q.C., W. Murray	Minister 304/10, October 11,	Member	October 31,

	2010		2013
Sidhu, Charanjeet (CJ) S.	Minister 304/10, December 1, 2010	Member	December 31, 2013

11 current members.

...Mandate

The Provincial Health Services Authority is responsible for:

- working with the five health authorities to plan and co-ordinate the delivery of provincial programs and highly-specialized services, and;
- ensuring that access and issues for these services are equitably addressed.

What's Involved

Members of Health Authorities should be prepared to meet once per month. Health Authorities may also strike subcommittees on particular issues and members should be prepared to participate.

For More Information...

Provincial Health Services Authority
700 - 1380 Burrard Street
Vancouver, BC V6Z 2H3

Tel: 604 675-7400
Fax: 604 708-2700

Or

British Columbia Health Authorities

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Authority - Vancouver Coastal

In December 2001, authority for the governance and management of most health services was transferred to five regional health authorities. In addition, there is one Provincial Health Services Authority.

The Board...

...Composition

The Vancouver Coastal Health Authority has a governing board appointed by the Minister of Health Services, who also designates the Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Gibson, Carol A.L.	Minister 290/12, December 18, 2012	Member	December 31, 2014
Heath, Sandra L.	Minister 248/10, September 28, 2010	Member	September 30, 2013
Hsieh, James C.	Minister 29/12, March 31, 2012	Member	March 31, 2014
Nocente, Daniel L.	Minister 143/12, June 29, 2012	Member	March 31, 2015
Rehkatsch, Axel F.	Minister 143/12, October 18, 2012	Member	December 31, 2013
Spitz, Grant	Minister 230/12, October 18, 2012	Member	March 31, 2014
Withers, Victoria L.	Minister 232/12, November 15, 2012	Member	November 15, 2015
Woodward, C.C. (Kip)	Minister 29/12, April 13, 2012	Chair	March 31, 2014

8 current members.

...Mandate

The Vancouver Coastal Health Authority is primarily responsible for:

- identifying regional health needs and planning appropriate programs and services;

- ensuring that programs and services are properly funded and managed;
- managing the delivery of health services in their respective areas;
- meeting performance objectives set by their regions, and;
- ensuring community input into health service planning and evaluation for their areas.

What's Involved

Members of Health Authorities should be prepared to meet regularly, usually once per month. Health Authorities may also strike subcommittees on particular issues and members should be prepared to participate.

For More Information...

Vancouver Coastal Health Authority
Suite 200, 520 West 6th Avenue
Vancouver, BC V5Z 4H5

Tel: 604 736-2033
Fax: 604 874-7661

Or

British Columbia Health Authorities

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Authority - Vancouver Island

In December 2001, authority for the governance and management of most health services was transferred to five regional health authorities. In addition, there is one Provincial Health Services Authority.

The Board...

...Composition

The Vancouver Island Health Authority has a governing board appointed by the Minister of Health Services, who also designates the Chair.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Carson, S. Frank B.	Minister 149/12, December 31, 2012	Member	December 31, 2015
Garside, Shelley E.	Minister 31/12, March 21, 2012	Member	March 31, 2014
Hubbard, Don	Minister 149/12, December 31, 2012	Chair	December 31, 2015
Kruyt, David C.	Minister 31/12, March 21, 2012	Member	March 31, 2014
Slaney, Vernard (Vern) G.	Minister 149/12, March 31, 2013	Member	December 31, 2013
Thomas, Robina A.	Minister 172/12, December 31, 2012	Member	December 31, 2014
Watson, Matthew G.	Minister 30/12, February 1, 2012	Member	March 31, 2014
Wheeler, Jean T.	Minister 30/12, February 1, 2012	Member	March 31, 2014
van de Sande, Johan (Hans)	Minister 31/12, March 21, 2012	Member	March 31, 2014

9 current members.

...Mandate

The Vancouver Island Health Authority is primarily responsible for:

- identifying regional health needs and planning appropriate programs and services;
- ensuring that programs and services are properly funded and managed;
- managing the delivery of health services in their respective areas;
- meeting performance objectives set by their regions, and;
- ensuring community input into health service planning and evaluation for their areas.

What's Involved

Members of Health Authorities should be prepared to meet once per month. Health Authorities may also strike subcommittees on particular issues and members should be prepared to participate.

For More Information...

Vancouver Island Health Authority
1952 Bay Street
Victoria, BC V8R 1J8

Tel: 250 370-8699
Fax: 250 370-8750

Or

British Columbia Health Authorities

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Professions Review Board

The Health Professions Review Board is an independent, quasi-judicial, administrative tribunal established under Part 4.2 of the *Health Professions Act*. The Review Board has the following powers and duties under section 50.53 of the Act: to review certain registration decisions of a college of a designated health profession; to review the failure, by the inquiry committee of a college, to dispose of a complaint or an investigation within the time required; to review certain dispositions of complaints made by the inquiry committee of a college, and to develop and publish guidelines and recommendations for the purpose of assisting colleges to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.

The Board...

...Composition

The board consists of one Chair and 15 - 25 members appointed by the Lieutenant Governor in Council.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Alexandor, Michael J.B.	OIC 749/12, December 31, 2012	Member	December 31, 2013
Bennett, Lorianna	OIC 740/10, December 31, 2010	Member	December 31, 2013
Berg, Judith J.	OIC 749/12, December 31, 2012	Member	December 31, 2013
Blane, Rex D.	OIC 138/12, March 8, 2012	Member	December 31, 2014
Borgal, Lorne R.	OIC 748/12, November 8, 2012	Member	December 31, 2015
Clark, D. Marilyn	OIC 749/12, December 31, 2012	Member	December 31, 2014
English, Q.C., John Thomas	OIC 747/12, December 31, 2012	Chair	December 31, 2014
Hobbs, David Arthur	OIC 740/10, December 31, 2010	Member	December 31, 2013
Kuhl, Victoria (Vicki)	OIC 749/12, December 31, 2012	Member	December 31, 2013

Mark, Michael R.	OIC 748/12, November 8, 2012	Member	December 31, 2015
McCallum, Sandra Kathleen	OIC 748/12, November 8, 2012	Member	December 31, 2015
McDowell, Lori	OIC 749/12, December 31, 2012	Member	December 31, 2015
Morris, Michael J.	OIC 740/10, December 31, 2010	Member	December 31, 2013
Mourton, Maurice R.	OIC 740/10, December 31, 2010	Member	December 31, 2013
O'Fee, John H.	OIC 187/12, March 29, 2012	Member	December 31, 2014
Scott, W. Laurence	OIC 139/12, March 8, 2012	Member	December 31, 2014
Silber, Herbert (Herb) S.	OIC 138/12, March 8, 2012	Member	December 31, 2014
Silversides, Q.C., Donald A.	OIC 740/10, December 31, 2010	Member	December 31, 2013
del Val, Helen Ray	OIC 740/10, December 31, 2010	Member	December 31, 2013

19 current members.

...Mandate

The purpose of the HPRB is to provide a fair, impartial, accountable and transparent mechanism to review certain complaint dispositions made by the inquiry committee of a college.

What's Involved

For More Information...

www.hprb.gov.bc.ca

Health Professions Review Board
Suite 900, 747 Fort Street
Victoria BC V8W 2E9

Mailing Address
PO Box 9429 Stn Prov Govt
Victoria BC V8W 9V1

Telephone: 250-953-4956
Facsimile: 250-953-3195
Toll-free telephone number (within BC): 1-888-953-4986

E-mail: hprbinfo@gov.bc.ca

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Health Shared Services BC

Health Shared Services BC finds opportunities for health authorities across the province to improve cost effectiveness and enhance service quality. By working collaboratively on common services, Health Shared Services BC ensures health authorities get the most value for every dollar spent.

The number one priority of our health care system is making sure that patients get the best care possible. Health Shared Services BC is committed to consistently seeking ways to get the most out of every health care dollar in order to maximize resources going to direct patient care.

Health Shared Services BC is a unique initiative for the province. The organization has been designed in a way that enables health authorities to achieve more collectively together than they could independently.

Health Shared Services BC contributes to the Ministry of Health Services' goal of sustaining high quality patient care through more efficient and cost-effective services. Together, ensuring a sustainable, publicly funded health care system.

The Board...

...Composition

The HSSBC Management Board shall be composed of the following individuals and no substitutes or alternates shall be permitted:

(a) the President and CEO from time to time of the Provincial Health Services Authority;
(b) the Chief Executive Officers, from time to time, of each customer;
(c) one Ministry representative designated from time to time by the Minister:
(d) up to two independent individuals recommended by the HSSBC Management Board and designated from time to time by the Minister; and
(e) the Chief Executive Officer of Providence Health Care Society, for as long as that entity remains an affiliate of Vancouver Coastal Health Authority, to have non-voting observer status only.

Click here for biographies of all Members

Current Members			

Name:	By order:	Position:	Expiry:
Leighton, Peter R.	Ministerial Letter Letter, February 1, 2011	Independent Director	January 31, 2014
Longworth, Thomas J.	Ministerial Letter ML 924100, April 24, 2012	Member	April 24, 2015
McKnight, Elaine	Ministerial Letter 919210/919221, February 15, 2012	Ministry Representative	At Pleasure

3 current members.

...Mandate

To establish a province-wide Health Authority Shared Services Organization that will create enhanced value to the health system through the effective and efficient delivery of agreed upon support services.

What's Involved

For More Information...

Health Shared Services BC
700-1380 Burrard Street
VANCOUVER BCÂ Â Â V6Z 2H3

Tel: 604 875-7381

E-mail: contact@hssbc.ca

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Medical Services Commission

Medicare is the cornerstone of Canada's health care system, ensuring that all Canadians, regardless of their financial status, have reasonable access to adequate health care and diagnostic facility services.

In British Columbia, the Medical Services Plan, which covers the cost of care delivered by fee-for-service health care practitioners in the province, is administered by the Medical Services Commission.

The majority of these costs is apportioned to medical doctors by the Medical Services Commission which is composed of representatives of the BC Medical Association, the Government of British Columbia and the beneficiaries of the Medical Services Plan (most citizens of the province).

The Board...

...Composition

The Commission consists of up to nine persons (and their alternates) appointed by the Lieutenant-Governor in Council. Three of these members are nominated by the BC Medical Association; three are nominated on the joint recommendation of the Minister of Health and the BC Medical Association to represent beneficiaries; and three are public servants who represent the Government of British Columbia.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Collins, Carol A.	OIC 72/12, February 16, 2012	Beneficiary Rep	June 30, 2014
Cunningham, William J.	OIC 655/12, October 1, 2012	2nd Alternate BCMA	October 1, 2013
Davidson, Heather Anne	OIC 74/12, February 16, 2012	2nd Alternative Government	At Pleasure
Gregory, Brian W.	OIC 655/12, October 1, 2012	BCMA Rep	October 1, 2013
Halpenny, Robert	OIC 22/05, January 14, 2005	Government Rep	At Pleasure
Jetha, Nasir	OIC 655/12, October 1, 2012	1st Alternate	October 1, 2013

		BCMA	
Mackenzie, Isobel	OIC 194/11, June 30, 2011	Beneficiary Rep	June 30, 2013
Manning, Nichola S. M.	OIC 74/12, February 16, 2012	1st Alternate Government	At Pleasure
McKenzie, Melanie L.	OIC 194/11, June 30, 2011	Beneficiary Rep	June 30, 2014
Norton, Bryan R.	OIC 655/12, October 1, 2012	BCMA Rep	October 1, 2013
Power, Stephanie A.	OIC 74/12, February 16, 2012	3rd Alternate Government	At Pleasure
Rife, William J.	OIC 655/12, October 1, 2012	BCMA Rep	October 1, 2013
Seckel, Allan P.	OIC 73/12, April 1, 2012	3rd Alternate Member	June 30, 2014
Taylor, Sheila A.	OIC 74/12, February 16, 2012	Government Rep - Deputy Chair	At Pleasure
Vincent, Thomas E.	OIC 240/12, April 19, 2012	Government Rep - Chair	At Pleasure

15 current members.

...Mandate

The Mandate of the Commission is to facilitate the reasonable access, throughout British Columbia, to quality medical care, health care and diagnostic facilities, under the Medical Services Plan (MSP). The commission is responsible for the administration and operation of the Medical Services Plan, a health insurance policy for residents of the province, and establishes a schedule for the payment of insured services.

What's Involved

Members are asked to be available for monthly meetings.

For More Information...

Medical Services Commission
Ministry of Health Services
3-1, 1515 Blanshard Street
Victoria, BC V8W 3C8

Tel: 250 952-3073
Fax: 250 952-3131

Back

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Mental Health Review Board

The Mental Health Review Board is an independent, quasi-judicial administrative tribunal established in April 2005 to conduct review panel hearings under the *Mental Health Act*. It is made up of a chair and members appointed by the Minister under the *Act*. The Board conducts hearings to review and decide whether persons detained in or through any designated mental health facility in the Province should continue to be detained based on criteria in the *Act*.

The Board...

...Composition

Under the *Act*, the Minister appoints the Chair of the Board and all legal, medical and community members authorized to sit as review panel members and conduct hearings throughout the Province. The Chair of the Board serves full time and the members serve part time.

Click here for biographies of all Members

Current Members			
Name:	By order:	Position:	Expiry:
Ali, Naved A.	Minister 77/11, April 3, 2011	Member	April 30, 2014
Baird, Maureen E.	Minister 273/11, October 4, 2011	Member	December 31, 2013
Beattie, Craig W.	Minister 105/13, April 11, 2013	Member	April 30, 2015
Bilsbarrow, Jennifer	Minister 105/13, April 30, 2013	Member	April 30, 2015
Boon, John	Minister 77/11, April 3, 2011	Member	April 30, 2014
Borowicz, QC, Frank S.	Minister 353/11, December 31, 2011	Member	December 31, 2013
Bubbs, Joan	Minister 273/11, October 4, 2011	Member	December 31, 2013
Buckley, L. Ralph	Minister 105/13, April 30, 2013	Member	April 30, 2015
Cardinal, Roger J.A.	Minister 39/13, February 8, 2013	Member	December 31, 2014
Carey, Marilyn L.	Minister 105/13, April 11, 2013	Member	April 30, 2015
Cheema, Q.C., Pinder K.	Minister 77/11, April 3, 2011	Member	April 30, 2014

Cherneski, Heather M.	Minister 189/11, July 15, 2011	Member	December 31, 2014
Chow, Kenmau	Minister 189/11, July 15, 2011	Member	December 31, 2014
Cochran, Douglas Scott	Minister 105/13, April 11, 2013	Member	April 30, 2015
Daroux, Danielle K.	Minister 39/13, February 8, 2013	Member	December 31, 2014
Dellyannides, Alexandra	Minister 273/11, October 4, 2011	Member	December 31, 2014
Dionne, Michael D.	Minister 59/12, February 29, 2012	Member	December 31, 2014
Dirksen van Schalkwyk, Reinette	Minister 39/13, February 8, 2013	Member	December 31, 2014
Doll, Arlene M.	Minister 273/11, October 4, 2011	Member	December 31, 2013
Dowey, Michael	Minister 77/11, April 3, 2011	Member	April 30, 2014
Duffy, Helen P.	Minister 189/11, July 15, 2011	Member	December 31, 2013
Eaman, Stanley G.	Minister 103/13, April 11, 2013	Member	April 30, 2015
Eaves, Derek	Minister 77/11, April 3, 2011	Member	April 30, 2014
Fabriel-Leclerc, Christin	Minister 273/11, October 4, 2011	Member	December 31, 2014
Fairweather, Tanya M.	Minister 59/12, February 29, 2012	Member	December 31, 2015
Gowans, Helen M.	Minister 273/11, October 4, 2011	Member	December 31, 2013
Grant, Karen M.	Minister 105/13, April 11, 2013	Member	April 30, 2015
Graves, Carl	Minister 77/11, April 3, 2011	Member	April 30, 2014
Gray, Elizabeth R.	Minister 77/11, April 3, 2011	Member	April 30, 2014
Griffiths, Robert A.	Minister 59/12, February 29, 2012	Member	December 31, 2015
Grigg, Harvey M.	Minister 273/11, October 4, 2011	Member	December 31, 2013
Hargreaves, Bob	Minister 105/13, April 30, 2013	Member	April 30, 2015
Hebert, Natalie L.	Minister 105/13, April 11, 2013	Member	April 30, 2015
Higgins, Roger S.	Minister 278/10, October 5, 2010	Member	December 31, 2013
Hodge, Gillian M.	Minister 54/12, February 29, 2012	Member	December 31, 2015
Holan, Jan	Minister 55/11, February 22, 2011	Member	December 31, 2013
Hyatt, Stan L.	Minister 273/11, October 4, 2011	Member	December 31, 2013

Ingram, Marie	Minister 105/13, April 30, 2013	Member	April 30, 2015
Jackson, Nora	Minister 59/12, February 29, 2012	Member	December 31, 2014
Jiwa, Abdulkarim M.	Minister 77/11, April 3, 2011	Member	April 30, 2014
John, Lal	Minister 105/13, April 11, 2013	Member	April 30, 2015
Joly, Guy C.	Minister 59/12, February 29, 2012	Member	December 31, 2015
Kolsteren, Ingrid A.	Minister 59/12, February 29, 2012	Member	December 31, 2014
Lamb, Diane M.	Minister 105/13, April 30, 2013	Member	April 30, 2015
LeRose, Kenneth B.	Minister 55/11, February 22, 2011	Member	December 31, 2013
Lee, Edward K.	Minister 105/13, April 11, 2013	Member	April 30, 2015
Lee, Loraine	Minister 105/13, April 11, 2013	Member	April 30, 2015
Leong, Judith M.	Minister 77/11, April 3, 2011	Member	April 30, 2014
Lewis, Thomas G.	Minister 189/11, July 15, 2011	Member	December 31, 2013
Martin, Joseph B.	Minister 39/13, February 8, 2013	Member	December 31, 2014
Maurice, William (Bill)	Minister 77/11, April 3, 2011	Member	April 30, 2014
May, David	Minister 77/11, April 3, 2011	Member	April 30, 2014
McFadyen, Renee Y.	Minister 105/13, April 11, 2013	Member	April 30, 2015
McPherson, Kathleen E.	Minister 273/11, October 4, 2011	Member	December 31, 2014
Murray, Alistair Stuart	Minister 77/11, April 3, 2011	Member	April 30, 2014
Naccarato, Saverio (Sam)	Minister 77/11, April 3, 2011	Member	April 30, 2014
Ngan, Elton T.C.	Minister 77/11, April 3, 2011	Member	April 30, 2014
Ostrowski, Q.C., Margaret	Minister 285/09, December 10, 2009	Chair	December 31, 2013
Parfitt, Hugh	Minister 77/11, April 3, 2011	Member	April 30, 2014
Parnell, Peter	Minister 105/13, April 30, 2013	Member	April 30, 2015
Perehudoff, Alex	Minister 103/13, April 11, 2013	Member	April 30, 2015
Peters, Irene G.	Minister 105/13, April 11, 2013	Mayor	April 30, 2015
Pfeifer, Mary-Ann A.	Minister 105/13, April 30, 2013	Member	April 30, 2015
Pfliger, Jennifer	Minister 105/13, April 30, 2013	Member	April 30, 2015
Plenert, Wayne N.	Minister 273/11, October 4,	Member	December 31,

	2011		2013
Pope, Q.C., Dale B.	Minister 59/12, February 29, 2012	Member	December 31, 2014
Preston, June C.	Minister 59/12, February 29, 2012	Member	December 31, 2014
Richardson, J.A. (Gus)	Minister 105/13, April 30, 2013	Member	April 30, 2015
Rogers-Rainey, Tanya	Minister 105/13, April 30, 2013	Member	April 30, 2015
Sahota, Manmohan	Minister 273/11, October 4, 2011	Member	December 31, 2014
Schieldrop, Peter	Minister 77/11, April 3, 2011	Member	April 30, 2014
Shewchuk, Daria O.	Minister 105/13, April 11, 2013	Member	April 30, 2015
Smerychynski, Linda J.	Minister 105/13, April 30, 2013	Member	April 30, 2015
Soroka, Allen H.	Minister 273/11, October 4, 2011	Member	December 31, 2013
Symonds, Vance Brian	Minister 189/11, July 15, 2011	Member	December 31, 2013
Tapper, Christopher Mark	Minister 77/11, April 3, 2011	Member	April 30, 2014
Tomchenko, Oleg H.	Minister 278/10, October 5, 2010	Member	December 31, 2013
Uhlmann, Ralph P.	Minister 189/11, July 15, 2011	Member	December 31, 2014
Waddington, Sandra J.	Minister 54/12, February 29, 2012	Member	December 31, 2014
Walters, Sandra	Minister 189/11, July 15, 2011	Member	December 31, 2013
Warner, Q.C., Peter D.	Minister 39/13, February 8, 2013	Member	December 31, 2014
Westwood, Kevin Ralph	Minister 273/11, October 4, 2011	Member	December 31, 2013
Williams, Laurie	Minister 105/13, April 30, 2013	Member	April 30, 2015
Williams, Tiina P.	Minister 189/11, July 15, 2011	Member	December 31, 2013
Wong, Kum C.	Minister 273/11, October 4, 2011	Member	December 31, 2014
Wong, Lisa M.	Minister 55/11, February 22, 2011	Member	December 31, 2013

86 current members.

...Mandate

The Board has jurisdiction to conduct hearings and decide whether persons detained in or through any designated mental health facility in the Province should continue to be detained based on criteria in the *Mental Health Act*.

What's Involved

Board members are scheduled for review panel hearings within statutory time limits of either 14 or 28 days from when applications are received. They typically need to set aside a half-day or full day to conduct one or two hearings at a nearby mental health facility. They may sometimes be asked to travel or accept a case assignment on exceptionally short notice where necessary to provide a hearing within the statutory time limit.

For More Information...

Mental Health Review Board
#302 - 960 Quayside Drive
New Westminster, BC V3M 6G2

Tel: 604 660-2325
Fax: 604 660-2403

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Patient Care Quality Review Board - Fraser

The *Patient Care Quality Review Board Act* requires the Minister to establish Patient Care Quality Review Boards in each health authority region and the Provincial Health Services Authority.

The Fraser Patient Care Quality Review Board is cross-appointed to the **Vancouver Coastal Patient Care Quality Review Board**, and the **Provincial Health Services Patient Care Quality Review Board**.

The Board...

...Composition

Each Patient Care Quality Review Board will consist of a member appointed by the Minister and designated by the Minister as the Chair, and other members appointed by the Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Chritchley, John (Jack) H.	Minister 256/11, October 15, 2011	Chair	October 15, 2014
Gilbert, John H.V.	Minister 256/11, October 15, 2011	Member	October 15, 2013
Harrison, Richard Hoops	Minister 275/12, December 7, 2012	Member	October 15, 2015
Holmes, Robert D.	Minister 275/12, December 7, 2012	Member	October 15, 2015
Virji-Babul, Naznin	Minister 256/11, October 15, 2011	Member	October 15, 2013
Volker, Janis A.	Minister 256/11, October 15, 2011	Member	October 15, 2013
Wilking, N. Sandra	Minister 275/12, December 7, 2012	Member	October 15, 2015

7 current members.

...Mandate

The purposes of the Patient Care Quality Review Boards are to serve as an independent appeal mechanism for care quality complaints with a process that is clear, consistent, transparent and

accountable, and to identify trends related to patient complaints and make recommendations to improve patient care quality.

For More Information...

Patient Care Quality Review Board
PO Box 9643
Victoria, BC Â V8W 9V1

Tel: 1-866-952-2448
Fax: 250 952-2428

E-mail: contact@patientcarequalityreviewboard.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Patient Care Quality Review Board - Interior

The *Patient Care Quality Review Board Act* requires the Minister to establish Patient Care Quality Review Boards in each health authority region and the Provincial Health Services Authority.

The Board...

...Composition

Each Patient Care Quality Review Board will consist of a member appointed by the Minister and designated by the Minister as the Chair, and other members appointed by the Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Fairey, Randall N.	Minister 279/12, December 7, 2012	Member	October 15, 2015
Horning, Donna A.	Minister 70/12, March 12, 2012	Member	March 31, 2014
Humphries, Thomas R.	Minister 257/11, October 15, 2011	Member	October 15, 2013
Morgan, Gloria A.	Minister 279/12, December 7, 2012	Member	October 15, 2015
Ross, Robert J.	Minister 83/12, March 25, 2012	Member	March 31, 2014
Sharman, Roger C.	Minister 257/11, October 15, 2011	Chair	October 15, 2014

6 current members.

...Mandate

The purposes of the Patient Care Quality Review Boards are to serve as an independent appeal mechanism for care quality complaints with a process that is clear, consistent, transparent and accountable, and to identify trends related to patient complaints and make recommendations to improve patient care quality.

For More Information...

Patient Care Quality Review Board

PO Box 9643
Victoria, BC V8W 9V1

Tel: 1-866-952-2448
Fax: 250 952-2428

E-mail: contact@patientcarequalityreviewboard.ca

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Patient Care Quality Review Board - Northern

The *Patient Care Quality Review Board Act* requires the Minister to establish Patient Care Quality Review Boards in each health authority region and the Provincial Health Services Authority.

The Board...

...Composition

Each Patient Care Quality Review Board will consist of a member appointed by the Minister and designated by the Minister as the Chair, and other members appointed by the Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Chritchley, John (Jack) H.	Minister 50/12, February 20, 2012	Member	March 31, 2014
Dittmar, Lorna E.	Minister 239/12, October 30, 2012	Member	October 15, 2015
MacRitchie, W. Elizabeth	Minister 239/12, October 30, 2012	Member	October 15, 2015
Norton, William E.	Minister 261/11, October 15, 2011	Chair	October 15, 2014
Read, Allison A.	Minister 239/12, November 1, 2012	Member	October 15, 2015

5 current members.

...Mandate

The purposes of the Patient Care Quality Review Boards are to serve as an independent appeal mechanism for care quality complaints with a process that is clear, consistent, transparent and accountable, and to identify trends related to patient complaints and make recommendations to improve patient care quality.

For More Information...

Patient Care Quality Review Board
PO Box 9643
Victoria, BC V8W 9V1

Tel: 1-866-952-2448
Fax: 250 952-2428

E-mail: contact@patientcarequalityreviewboard.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Patient Care Quality Review Board - Provincial Health Services

The *Patient Care Quality Review Board Act* requires the Minister to establish Patient Care Quality Review Boards in each health authority region and the Provincial Health Services Authority.

The Provincial Health Services Patient Care Quality Review Board is cross-appointed to the **Vancouver Coastal Patient Care Quality Review Board**, and the **Fraser Patient Care Quality Review Board**.

The Board...

...Composition

Each Patient Care Quality Review Board will consist of a member appointed by the Minister and designated by the Minister as the Chair, and other members appointed by the Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Chritchley, John (Jack) H.	Minister 255/11, October 15, 2011	Chair	October 15, 2014
Gilbert, John H.V.	Minister 255/11, October 15, 2011	Member	October 15, 2013
Harrison, Richard Hoops	Minister 277/12, December 7, 2012	Member	October 15, 2015
Holmes, Robert D.	Minister 277/12, December 7, 2012	Member	October 15, 2015
Virji-Babul, Naznin	Minister 255/11, October 15, 2011	Member	October 15, 2013
Volker, Janis A.	Minister 255/11, October 15, 2011	Member	October 15, 2013
Wilking, N. Sandra	Minister 277/12, December 7, 2012	Member	October 15, 2015

7 current members.

...Mandate

The purposes of the Patient Care Quality Review Boards are to serve as an independent appeal

mechanism for care quality complaints with a process that is clear, consistent, transparent and accountable, and to identify trends related to patient complaints and make recommendations to improve patient care quality.

For More Information...

Patient Care Quality Review Board
PO Box 9643
Victoria, BC V8W 9V1

Tel: 1-866-952-2448
Fax: 250 952-2428

E-mail: contact@patientcarequalityreviewboard.ca

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Patient Care Quality Review Board - Vancouver Coastal

The *Patient Care Quality Review Board Act* requires the Minister to establish Patient Care Quality Review Boards in each health authority region and the Provincial Health Services Authority.

The Vancouver Coastal Patient Care Quality Review Board is cross-appointed to the **Fraser Patient Care Quality Review Board**, and the **Provincial Health Services Patient Care Quality Review Board**.

The Board...

...Composition

Each Patient Care Quality Review Board will consist of a member appointed by the Minister and designated by the Minister as the Chair, and other members appointed by the Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Chritchley, John (Jack) H.	Minister 254/11, October 15, 2011	Chair	October 15, 2014
Gilbert, John H.V.	Minister 254/11, October 15, 2011	Member	October 15, 2013
Harrison, Richard Hoops	Minister 276/12, December 6, 2012	Member	October 15, 2015
Holmes, Robert D.	Minister 276/12, December 6, 2012	Member	October 15, 2015
Virji-Babul, Naznin	Minister 254/11, October 15, 2011	Member	October 15, 2013
Volker, Janis A.	Minister 254/11, October 15, 2011	Member	October 15, 2013
Wilking, N. Sandra	Minister 276/12, December 6, 2012	Member	October 15, 2015

7 current members.

...Mandate

The purposes of the Patient Care Quality Review Boards are to serve as an independent appeal mechanism for care quality complaints with a process that is clear, consistent, transparent and

accountable, and to identify trends related to patient complaints and make recommendations to improve patient care quality.

For More Information...

Patient Care Quality Review Board
PO Box 9643
Victoria, BC V8W 9V1

Tel: 1-866-952-2448
Fax: 250 952-2428

E-mail: contact@patientcarequalityreviewboard.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Patient Care Quality Review Board - Vancouver Island

The *Patient Care Quality Review Board Act* requires the Minister to establish Patient Care Quality Review Boards in each health authority region and the Provincial Health Services Authority.

The Board...

...Composition

Each Patient Care Quality Review Board will consist of a member appointed by the Minister and designated by the Minister as the Chair, and other members appointed by the Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Beamish, R. Ann	Minister 288/11, October 20, 2011	Member	October 15, 2013
Ellis, George (Henry) M.	Minister 278/12, December 7, 2012	Member	October 15, 2015
Patterson, Michael F.	Minister 280/12, December 7, 2012	Member	October 15, 2015
Swift, Q.C., Richard J.	Minister 258/11, October 15, 2011	Chair	October 15, 2014
Thomson, Linda J.A.	Minister 258/11, October 15, 2011	Member	October 15, 2014

5 current members.

...Mandate

The purposes of the Patient Care Quality Review Boards are to serve as an independent appeal mechanism for care quality complaints with a process that is clear, consistent, transparent and accountable, and to identify trends related to patient complaints and make recommendations to improve patient care quality.

For More Information...

Patient Care Quality Review Board
PO Box 9643
Victoria, BC V8W 9V1

Tel: 1-866-952-2448
Fax: 250 952-2428

E-mail: contact@patientcarequalityreviewboard.ca

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Chiropractors of British Columbia

Chiropractic is the branch of the healing arts concerned with the restoration and maintenance of health through adjustment by hand of the human body's skeletal articulations, especially the spinal column.

The College of Chiropractors of BC is the professional body responsible for the registration of practitioners of chiropractic in the Province.

The Board...

...Composition

The Minister Responsible will appoint all members of the first board which will consist of eight professional representatives and four public representatives who will hold office until the first election is held under the *Health Professions Act*.

Following the first election, no fewer than two persons and not less than one-third of the total number of board members must be public representatives appointed by the Minister. The other members must be elected from the registrants of the College.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Bucher, Robert B.	Minister 289/10, December 31, 2010	Public/Lay Member	December 31, 2013
Hall, Derek A.	Minister 159/12, September 1, 2012	Public/Lay Member	September 1, 2015
Kellner, Douglas K.	Minister 159/12, September 1, 2012	Public/Lay Member	September 1, 2015
Kesteloo, Karen L.	Minister 42/12, February 20, 2012	Public/Lay Member	March 31, 2014

4 current members.

...Mandate

The Board governs the affairs of the College and establishes the qualifications of persons to be admitted to and registered with the College of Chiropractors of BC. It makes rules for the discipline and control of chiropractors, providing for the imposition of sanctions, including suspension or cancellation of registration. It makes rules regarding examinations and registration, including fees and the

appointment of the examining board, and may make rules regarding continuing education and liability insurance.

What's Involved

For More Information...

College of Chiropractors of British Columbia
#125-3751 Shell Road
RICHMOND BC V6X 2W7

Tel: 604 270-1332
Fax: 604 278-0093

E-mail: registrar@bcchiro.com

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Dental Hygienists of British Columbia

Dental hygienists are the providers of primary dental care such as cleaning, fluoride treatments and preventative maintenance measures. They may be employed by clinics or by dental practitioners in private practice as part of a dental health care team.

The College of Dental Hygienists is responsible for the registration of professional dental hygienists practising in British Columbia.

The Board...

...Composition

The board consists of nine members, six of whom are registrants of the college and are elected by registrants of the college (non-BRDO), and three of whom are appointed by the Minister Responsible (BRDO).

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Logan, Kim J. C.	Minister 55/12, February 23, 2012	Public/Lay Member	March 31, 2014
McPhail, Tara	Minister 55/12, February 28, 2012	Public/Lay Member	February 28, 2015
Smith, Paul W.	Minister 55/12, February 28, 2012	Public/Lay Member	February 28, 2015

3 current members.

...Mandate

The purpose of the Board is to regulate the standards of practice for the profession of dental hygiene.

What's Involved

Board members must attend three meetings per year, with each meeting lasting up to two days. Members will also be asked to serve on committees or panels of the board and can expect to spend an additional five to seven days per year on committee work.

For More Information...

College of Dental Hygienists of BC
219 Yarrow Building - 645 Fort Street
Victoria, BC V8W 1G2

Tel: 250 383-4101
Fax: 250 383-4144

E-mail: cdhbc@cdhbc.com

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Dental Surgeons of British Columbia

The College of Dental Surgeons of BC assures British Columbians of professional standards of oral health care, ethics and competence by regulating dentistry in a fair and reasonable manner.

We fulfill our mission statement by setting requirements to practice; establishing, monitoring and enforcing standards of conduct and care; and where necessary disciplining registrants; as well as monitoring the continuing education of more than 3,170 dentists and over 6,500 CDAs working in BC.

The Board...

...Composition

The Minister Responsible will appoint all members of the first board which will consist of 12 professional representatives and six public representatives who will hold office until the first election is held under the *Health Professions Act*.

Following the first election, no fewer than two persons and not less than one-third of the total number of board members must be public representatives appointed by the Minister. The other members must be elected from the registrants of the College.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Crombie, Melanie M.	Minister 157/12, October 1, 2012	Public/Lay Member	October 1, 2014
De Vita, Dan C.	Minister 157/12, October 1, 2012	Public/Lay Member	October 1, 2015
Johal, Julie J.	Minister 330/11, November 30, 2011	Public/Lay Member	November 30, 2013
Lemon, Richard	Minister 157/12, October 1, 2012	Public/Lay Member	October 1, 2015
Pusey, David	Minister 330/11, November 30, 2011	Public/Lay Member	November 30, 2013
Soda, Anthony L.	Minister 330/11, October 19, 2011	Public/Lay Member	October 1, 2013

6 current members.

...Mandate

The College of Dental Surgeons of British Columbia registers, licenses and regulates dentists and certified dental assistants in the public interest.

What's Involved

For More Information...

Professional College - College of Dental Surgeons of British Columbia
500 - 1765 8th Avenue West
VANCOUVER BC V6J 5C6

Tel: 604 736-3621
Fax: 604 734-9448

E-mail: info@cdsbc.org

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Dental Technicians of British Columbia

Dental technicians work on the referral of dentists in the construction of crowns, bridges dentures and other oral appliances.

The College of Dental Technicians is the professional body responsible for the accreditation of dental technicians in British Columbia.

The Board...

...Composition

The College's board is made up of five elected Dental Technicians (non-BRDO), one elected Dental Technician Assistant (non-BRDO), and three government appointed public members (BRDO).

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Grigg, Harvey M.	Minister 82/12, May 1, 2012	Public/Lay Member	May 30, 2014
Minichiello, Diane B.	Minister 085/10, May 16, 2010	Public/Lay Member	September 30, 2013
Thiara, Kultarjit S.	Minister 099/13, April 11, 2013	Public/Lay Member	December 31, 2014

3 current members.

...Mandate

The Council's mandate is to serve and protect the public, and to exercise its powers and discharge its responsibilities under all enactments in the public interest. The Council supervises the education of dental technicians and may appoint an examining committee. The Council registers qualified applicants, issues certificates of registration, holds disciplinary hearings and may impose sanctions including suspension or cancellation of registration. The Council may also make rules respecting registration, continuing education, examinations, fees, specialization and advertising.

What's Involved

The Council meets at least six times per year. Members will be asked to sit on committees or panels of

the Council, with varying degrees of time-commitment.

For More Information...

College of Dental Technicians of BC
400 - 1727 West Broadway
Vancouver, BC V6J 4W6

Tel: 604 736-4776
Fax: 604 734-4779

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Denturists of British Columbia

Denturists work with patients without referrals from a dentist for the construction of dentures.

The College of Denturists is the body responsible for the regulation of the profession and for governing the licensing and accreditation of denturists in British Columbia.

The Board...

...Composition

The board consists of six elected registrants (non-BRDO) and three lay members appointed by the Minister Responsible to represent the public interest.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Gardner, Pamela J.	Minister 088/10, March 31, 2010	Public/Lay Member	September 30, 2013
Harden, Deborah J.	Minister 112/11, April 27, 2011	Public/Lay Member	March 31, 2014
McKivett, Paul	Minister 269/12, December 31, 2012	Public Member	December 31, 2015

3 current members.

...Mandate

The Council supervises the education of denturists and may appoint an examining committee. The Council registers qualified applicants, issues certificates of registration, holds disciplinary hearings and may impose sanctions including suspension or cancellation of registration. The Council may also make rules respecting registration, continuing education, examinations, fees, specialization and advertising.

What's Involved

The Council five times per year. Members will be asked to sit on committees or panels of the board, with varying degrees of time-commitment.

For More Information...

College of Denturists of British Columbia
305 - 321 Sixth St.
New Westminster, BC V3L 3A7

Tel: 604 515-0533
Fax: 604 515-0534

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Dietitians of British Columbia

The College of Dietitians of British Columbia is the regulatory body established to superintend the practice of dietetics. The College's primary function will be to register dietitians to practise in BC, establish standards of practice and deal with complaints about Dietitians.

The Board...

...Composition

The board consists of six elected registrants (non-BRDO) and three lay members appointed by the Minister Responsible to represent the public interest.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Kershaw, Adrian	Minister 246/12, November 12, 2012	Public/Lay Member	March 31, 2014
Stephenson, Diana L.	Minister 111/11, March 31, 2013	Public/Lay Member	March 31, 2016

2 current members.

...Mandate

The College's mandate is to protect the public interest under the *Health Professions Act* and to fully administer the regulation of dietitians in the Province.

What's Involved

Members will be expected to sit on the Council's committees. The workload and meeting times of the committees will vary.

For More Information...
The College of Dietitians of British Columbia
103 - 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Tel: 604 736-2016
Fax: 604 736-2018

E-mail: info@collegeofdietitiansbc.org

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Licensed Practical Nurses of British Columbia

The College of Licensed Practical Nurses of British Columbia (CLPNBC) is the regulatory body established to govern the practice of licensed practical nursing.

The Board...

...Composition

CLPNBC's Board is comprised of both elected and appointed members.

- Eight directors (non-BRDO) represent the five electoral districts of the CLPNBC and are elected by the registrants in their districts.
- Four public representatives (BRDO) are appointed by the provincial government. The *Health Professions Act* requires that one-third of all board members be public representatives.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Bennett, Colin W.	Minister 104/13, April 11, 2013	Public/Lay Member	December 31, 2015
Gibault, George	Minister 262/12, December 11, 2012	Public Member	December 31, 2015
Khakzad, Pirouz	Minister 171/12, September 30, 2012	Public/Lay Member	September 30, 2014
Spina, Margaret L.	Minister 291/10, October 18, 2010	Public/Lay Member	September 30, 2013

4 current members.

...Mandate

CLPNBC is responsible for the licensing of licensed practical nurses in British Columbia. Additionally, CLPNBC has the authority of general supervision of the examinations and schools for training practical nurses throughout the Province.

What's Involved

Members should be prepared to meet at least four times in each fiscal year. Additional meetings may be scheduled as required. Members are also asked to sit on Board subcommittees or panels.

For More Information...

College of Licensed Practical Nurses of British Columbia
260-3480 Gilmore Way
Burnaby, BC V5G 4Y1

Tel: 778 373-3101
Toll Free: 1 877 373-2201
Fax: 778 373-3102

E-mail: info@clpnbc.org

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Massage Therapists of British Columbia

The College of Massage Therapists of British Columbia is the regulatory body for massage therapy in British Columbia.

It is the duty of the College at all times:

- To serve and protect the public.
- To exercise its powers and discharge its responsibilities under all enactments in the public interest.

The Board...

...Composition

At least one-third of the Council consists of public representatives appointed by the Minister Responsible to represent the public interest. The Board shall be composed of six elected board members (non-BRDO) and no less than three public representatives (BRDO).

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Crawford, W. David	Minister 92/12, March 30, 2012	Public/Lay Member	December 31, 2014
Gulamhusein, Naseem L.	Minister 44/12, February 20, 2012	Public/Lay Member	March 31, 2014
Harris, B. Lynne	Minister 166/12, August 1, 2012	Public/Lay Member	August 1, 2014
Pawluk, Lorna A.	Minister 41/13, February 6, 2013	Public/Lay Member	December 31, 2015
Waithman, Marilynne	Minister 25/12, February 1, 2012	Public/Lay Member	March 31, 2014

5 current members.

...Mandate

The College of Massage Therapists of BC serves and protects the public by regulating the profession

of massage therapy in BC in accordance with the duties and objects set out in the *Health Professions Act*. We believe in personal integrity, administrative fairness and professional accountability.

What's Involved

Council members are required to attend ten meetings per year. In addition, all members will be asked to served on committees with varying degrees of time-commitment.

For More Information...

College of Massage Therapists of British Columbia
304 - 1212 Broadway West
Vancouver, BC V6H 3V1

Tel: 604 736-3404
Fax: 604 736-6500

E-mail office@cmtbc.bc.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Midwives of British Columbia

Registered midwives in British Columbia provide primary care to healthy pregnant women and their newborn babies from early pregnancy, throughout labour and birth, and up to six weeks postpartum. Individuals who wish to practice midwifery in BC must have appropriate education and training and pass examinations for registration with the College, which was established as the regulatory body for midwives under the *Health Professions Act*.

The Board...

...Composition

The College is comprised of six elected registered midwife members (non-BRDO) and three appointed public members.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Blais, Pauline	Minister 187/11, July 31, 2011	Public/Lay Member	July 31, 2013.
Masini Pieralli, Laura S.	Minister 187/11, July 31, 2011	Public/Lay Member	July 31, 2014
McGrath, Maureen S.	Minister 265/12, December 7, 2012	Member	December 31, 2015

3 current members.

...Mandate

The College's mandate is to serve and protect the public interest by regulating midwifery practice in accordance with the *Health Professions Act* and the College's bylaws. The goal of the College is to register qualified, competent midwives to provide safe, high-quality care to women and their families in the province of British Columbia.

The College has the following duties and objectives:

- to set the standards of education and qualifications for registration;
- to examine candidates for registration, assess competency and register qualified candidates;
- to set the standards of practice, and to monitor and enforce them;

- to monitor the continuing competency of registrants, and;
- to establish a program to prevent professional misconduct of a sexual nature.

What's Involved

Council members are required to attend four board meeting per year on a quarterly basis, and to serve on at least two committees. Committee work involves a time commitment of up to one day each month.

For More Information...

College of Midwives of BC
Suite 210 - 1789 West 7th Ave
Vancouver, BC V6J 4S6

Tel: 604 742-2234
Fax: 604 730-8908

E-mail: admin@cmbc.bc.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Naturopathic Physicians of British Columbia

Naturopathic medicine is medicine that treats the underlying nature or cause of a disease. It is the art of healing by supporting the natural healing processes of the patient and removing any impediment to the healing process; the prevention, diagnosis and treatment of physical and mental diseases, disorders and conditions; and the promotion of good health using not only natural methods but methods which support or enhance the patient's overall health.

The Board...

...Composition

The Council consists of eight members. Four of these are elected by members of the College of Naturopathic Physicians of British Columbia (non-BRDO) and the remainder are appointed by the Minister Responsible to represent the public interest.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Barnaby, Wesley L.	Minister 158/12, July 31, 2012	Public/Lay Member	July 31, 2015
Bechard, Gary M.	Minister 329/11, December 2, 2011	Public/Lay Member	September 30, 2013
Long, Barry L.	Minister 240/12, November 5, 2012	Public Member	July 31, 2015
Manning, Mary Doris	Minister 158/12, July 31, 2012	Public/Lay Member	July 31, 2015

4 current members.

...Mandate

The Council makes rules governing the education, licensing and conduct of naturopathic physicians practising in British Columbia and administers the affairs of the Association of Naturopathic Physicians of British Columbia.

What's Involved

The Council meets once per month. Members must be available for an additional one day per month to participate in board conference calls.

Members will be expected to attend the annual general meeting and to appear at special events and conferences as they relate to the profession.

For More Information...

College of Naturopathic Physicians of BC
1698 West 6th Avenue
Vancouver, BC V6J 5G4

Tel: 604 688-8236
Fax: 604 688-8476

E-mail: office@cnpbc.bc.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Occupational Therapists of British Columbia

The College of Occupational Therapists is the professional regulatory body, designated under the *Health Professions Act*, overseeing professional Occupational Therapists in BC.

The Board...

...Composition

The Council consists of nine persons, including three lay members appointed by the Responsible Minister to represent the public interest. The remaining members are elected by and from the professional registrants of the College (non-BRDO).

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Apsey, Sharon K.	Minister 55/13, February 26, 2013	Member	January 31, 2015
Baker, Sherry	Minister 017/11, January 31, 2011	Public/Lay Member	January 31, 2014
Carvalho, Vila Nova	Minister 017/11, January 31, 2011	Public/Lay Member	January 31, 2014

3 current members.

...Mandate

The College of Occupational Therapists is the regulatory body responsible for the registration and licensing of occupational therapy practitioners in British Columbia.

The Council makes rules respecting:

- the management of the business and property of the College;
- the maintenance of a register of occupational therapists;
- the holding of examinations; and,
- fees.

What's Involved

Members should be prepared to attend at least four meetings per year, including the Annual General Meeting. Members may be asked to sit on disciplinary committees or other panels of the Council.

For More Information...

College of Occupational Therapists of BC
219 Yarrow Building
645 Fort Street
Victoria, BC V8W 1G2

Tel: 250 386-6822
Fax: 250 383-4144

E-mail: info@cotbc.org

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Opticians of British Columbia

Opticians are professionals skilled in the precision grinding of eyeglasses and the fitting of contact lenses to persons requiring optical prescriptions. The College of Opticians (COBC) is the professional organization responsible for the registration of opticians and contact lens-fitters in BC.

The Board...

...Composition

As a self-regulating profession, the COBC is governed by a Board of Directors comprised of elected and appointed members. Of the 9 board members, six are elected from the profession (non-BRDO) and three are appointed by the Minister Responsible (BRDO).

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Prihar, Amrik A.	Minister 264/12, December 7, 2012	Public Member	December 31, 2015
Virk, Dalminder (Del) S.	Minister 145/12, June 29, 2012	Public/Lay Member	June 30, 2014
Wood Bernbaum, Lesley	Minister 264/12, January 31, 2013	Public/Lay Member	January 31, 2016

3 current members.

...Mandate

The College is charged, under the *Health Professions Act*, with the duty to serve and protect the public while superintending the profession. The College is also responsible for the registration and licensing of professional opticians and contact lens-fitters practising in British Columbia.

What's Involved

Council meetings are held no less than four times per year. In addition, members will be asked to serve on committees with varying degrees of time-commitment. Board and committee meetings are usually held on weekends and evenings, to accommodate members' work schedules.

For More Information...

College of Opticians of BC
420 - 2025 West Broadway
Vancouver, BC V6J 1Z6

Tel: 604 278-7510
Fax: 604 278-7594

E-mail: reception@cobc.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Optometrists of British Columbia

Under the *Health Professions Act*, the College of Optometrists of British Columbia is committed to serving and protecting the public interest by guiding the profession of optometry in British Columbia.

The Board...

...Composition

The Minister Responsible will appoint all members of the first board which will consist of six professional representatives and three public representatives who will hold office until the first election is held under the *Health Professions Act*.

Following the first election, no fewer than two persons and not less than one-third of the total number of board members must be public representatives appointed by the Minister. The other members must be elected from the registrants of the College.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Buchanan, Barbara E.	Minister 155/12, September 1, 2012	Public/Lay Member	September 1, 2015
Dion, Tina L.	Minister 100/13, April 11, 2013	Public/Lay Member	September 1, 2015
MacPherson, David	Minister 155/12, September 1, 2012	Public/Lay Member	September 1, 2015

3 current members.

...Mandate

The Board regulates the practice of optometry in the province through registration of practitioners, investigation of complaints, and maintenance of a hearing and disciplinary process. The Board may make rules concerning the practice of optometry, including the discipline of practitioners and the use of drugs for diagnostic purposes. The Board issues and revokes permits to optometric corporations.

What's Involved

For More Information...

College of Optometrists of British Columbia
1204 - 700 West Pender Street
VANCOUVER BC V6C 1G8

Tel: 604 623-3464
Fax: 604 623-3465

E-mail: optometry_board@telus.net

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Pharmacists of British Columbia

The College of Pharmacists of BC is the regulatory body for pharmacy in British Columbia and is responsible for registering pharmacists and licensing pharmacies throughout the province.

The Board...

...Composition

The Minister Responsible will appoint all members of the first board which will consist of seven professional representatives and four public representatives who will hold office until the first election is held under the *Health Professions Act*.

Following the first election, no fewer than two persons and not less than one-third of the total number of board members must be public representatives appointed by the Minister. The other members must be elected from the registrants of the College.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Gustavson, Kris J.	Minister 235/12, October 19, 2012	Public/Lay Member	October 1, 2015
Hoag, Ryan A.	Minister 235/12, October 19, 2012	Member	December 31, 2014
Slater, Jeff	Minister 305/11, November 17, 2011	Public/Lay Member	October 1, 2013
Walden, Jeremy M.	Minister 235/12, October 19, 2012	Member	December 31, 2015

4 current members.

...Mandate

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

What's Involved

For More Information...

Professional College - College of Pharmacists of British Columbia
200 - 1765 8th Avenue West
VANCOUVER BC V6J 5C6

Tel: 604 733-2440
Fax: 604 733-2493

E-mail: Marshall.Moleschi@bcpharmacists.org

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Physical Therapists of British Columbia

The College of Physical Therapists of British Columbia (CPTBC) is a not-for-profit organization responsible for regulating the practice of physical therapists in the public interest.

CPTBC is a regulatory organization that operates within the legislative framework provided by the *Health Professions Act*.

The College sets standards for entry into the profession, registers physical therapists, sets and enforces a set of rules that registrants must follow and develops programs to promote the highest standards of physical therapy practice.

The CPTBC also investigates complaints and disciplines physical therapists who have been found guilty of professional misconduct or incompetence.

The Board...

...Composition

The College consists of nine members. Six members (non-BRDO) are elected physical therapists and three members are public representatives appointed by the Responsible Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Carter, Wendy L.	Minister 45/12, February 20, 2012	Public/Lay Member	May 31, 2014
Lam, Michael Chi Chiu	Minister 118/11, May 31, 2011	Public/Lay Member	May 31, 2014
Tevington, Marilyn J.	Minister 57/13, March 31, 2013	Public/Lay Member	March 31, 2016

3 current members.

...Mandate

CPTBC is mandated by the *Health Professions Act* of British Columbia. This mandate includes:

- the regulation of the practice of the profession;

- the establishment of the entry-to-practice requirements and the registration;
- the assurance of the quality of professional practice;
- the promotion of continuing competence;
- the setting of ethical standards; and,
- the investigation of complaints against its registrants.

What's Involved

The Council meets approximately once every two months. Members will be asked to participate in committees, panels, or both, each of which may have varying degrees of additional time commitment.

For More Information...

College of Physical Therapists of BC
407 - 1755 West Broadway
Vancouver, BC V6J 4S5

Tel: 604 730-9193
Fax: 604 737-6809

E-mail: info@cptbc.org

Back

Print and Close | Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Physicians and Surgeons of British Columbia

The College of Physicians and Surgeons of British Columbia protects the public by establishing and endorsing high standards of medical practice by licensed physicians.

The Board...

...Composition

The Minister Responsible will appoint all members of the first board which will consist of 10 professional representatives and six public representatives who will hold office until the first election is held under the *Health Professions Act*.

Following the first election, no fewer than two persons and not less than one-third of the total number of board members must be public representatives appointed by the Minister. The other members must be elected from the registrants of the College.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Charvat, Lori	Minister 118/12, September 1, 2012	Public/Lay Member	September 1, 2014
Corfield, Michelle M. A.	Minister 245/11, September 1, 2011	Public/Lay Member	September 1, 2013
Creed, Walter M.	Minister 245/11, September 1, 2011	Public/Lay Member	September 1, 2014
Gill, Satvir S.	Minister 118/12, May 8, 2012	Public/Lay Member	May 30, 2014
Jenkinson, Valerie	Minister 245/11, September 1, 2011	Public/Lay Member	September 1, 2013

5 current members.

...Mandate

The College of Physicians and Surgeons of British Columbia (the "College") was established by the Provincial Legislature in 1886 as the licensing and regulatory body for all physicians and surgeons in the province. The College is entrusted with the responsibility to establish, monitor and enforce high standards of qualification and medical practice across the province.

What's Involved

For More Information...

Professional College - College of Physicians and Surgeons of British Columbia
400 - 858 Beatty Street
VANCOUVER BC V6B 1C1

Tel: 604 733-7758
Fax: 604 733-3503

E-mail: droetter@cpsbc.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Podiatric Surgeons of BC

The College of Podiatric Surgeons is working through a transitional implementation period and will assume responsibility for regulating the profession when the current *Podiatrists Act* is repealed on February 1, 2011. Until then, the BC Association of Podiatrists and the Board of Examiners in Podiatry will continue to regulate the profession.

The Board...

...Composition

The Minister Responsible will appoint all members of the first board which will consist of professional representatives and twopublic representatives who will hold office until the first election is held under the *Health Professions Act* which must be held by February 1, 2012.

Following the first election, no fewer than two persons and not less than one-third of the total number of board members must be public representatives appointed by the Minister. The other members must be elected from the registrants of the College.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Awan, Mahmood A.	Minister 144/12, June 29, 2012	Public/Lay Member	June 30, 2014
Shergill, Jagdeep S.	Minister 144/12, June 29, 2012	Public/Lay Member	June 30, 2014

2 current members.

...Mandate

The College of Podiatric Surgeons was established under the *Health Professions Act* on July 1, 2010, to regulate the profession of podiatric medicine.

What's Involved

For More Information...

Professional College - College of Podiatric Surgeons of BC
#617 - 938 Howe Street
VANCOUVER BCÂ Â Â V6Z 1N9

Tel: 604 602-0400
Fax: 604 602-0399

E-mail: bcap@foothealth.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Psychologists of British Columbia

Psychology is the scientific study of the brain, mind and behaviour, which is useful in treating mental illness and behavioural problems. In order to practice in British Columbia, professional psychologists must be licensed by the BC College of Psychologists.

The Board...

...Composition

Under the *Health Professions Act*, the Board of the college consists of six elected registrants (non-BRDO) of the College and three government appointed public members.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Hynes, Jenelle M.	Minister 263/12, January 31, 2013	Public/Lay Member	January 31, 2016
Readman, J. Dean	Minister 46/12, February 20, 2012	Public/Lay Member	March 31, 2014
Seed, Lisa S.	Minister 102/13, April 11, 2013	Public/Lay Member	December 31, 2015

3 current members.

...Mandate

The BC College of Psychologists is the regulatory body responsible for the accreditation and licensing of psychology practitioners in British Columbia.

The Council makes rules respecting:

- the management of the business and property of the College;
- the maintenance of a register of psychologists;
- the holding of examinations, and;
- fees.

The Council also determines the bylaws regarding registration, qualifications, discipline, ethics, and

other matters. The Council may, if necessary, take disciplinary action against a registered psychologist.

What's Involved

There is one meeting each month, of approximately five hours in duration. There is also some preparation time involved. Members will be asked to sit on disciplinary committees or other panels of the Board.

For More Information...

College of Psychologists of BC
404 - 1755 West Broadway
Vancouver, BC V6J 4S5

Tel: 604 736-6164
Fax: 604 736-6133

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Registered Nurses of British Columbia

Nursing in British Columbia has been a self-regulating profession since 1918. Under the *Health Professions Act*, it is the duty of College of Registered Nurses of British Columbia (CRNBC) to protect the public through the regulation of registered nurses, nurse practitioners and licensed graduate nurses.

The Board...

...Composition

The Council consists of 12 members elected by and from registrants of the College (non-BRDO) and six public members appointed by the Responsible Minister.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Anderson, Catherine I.	Minister 156/12, August 31, 2012	Public/Lay Member	August 31, 2014
Cheng, Chilwin C.	Minister 242/12, January 31, 2013	Public/Lay Member	January 31, 2015
Grant, Lorraine	Minister 242/12, October 30, 2012	Public/Lay Member	December 31, 2014
Hobrough, Ana-Maria	Minister 156/12, August 31, 2012	Public/Lay Member	August 31, 2015
Loewen, Marilyn S.	Minister 242/12, October 30, 2012	Member	December 31, 2015

5 current members.

...Mandate

The mandate of the College is to ensure that registered nurses in British Columbia practice in a manner that serves and protects the public.

What's Involved

Regular meetings are held five times per year. Members are also expected to attend the College's two day Conference for Leaders in late fall and the two day Annual General Meeting in the spring. Members

will be asked to sit on committees or panels of the board, with varying degrees of time-commitment.

For More Information...
College of Registered Nurses of BC
2855 Arbutus Street
Vancouver, BC V6J 3Y8

Tel: 604 736-7331
Fax: 604 738-2272

E-mail: info@crnbc.ca

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - College of Registered Psychiatric Nurses of BC

The College of Registered Psychiatric Nurses of BC is the regulatory body for professional psychiatric nurses in British Columbia.

The Board...

...Composition

The Council consists of nine members. One-third of the Council members are lay members appointed by the Responsible Minister to represent the public interest. The remaining two-thirds are registered psychiatric nurses elected by members of the profession (non-BRDO).

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Dion, Tina L.	Minister 56/13, February 26, 2013	Public Member	December 31, 2015
Gunn, George T.	Minister 56/13, February 26, 2013	Public Member	December 31, 2014
Robinson, Carol E.	Minister 266/12, November 30, 2012	Public/Lay Member	November 30, 2015

3 current members.

...Mandate

The Council may make rules respecting ethics, discipline, duties and the procedure for investigating a complaint against a member of the association. The Council may make bylaws regarding its procedure and the registration of psychiatric nurses.

What's Involved

Regular meetings are held once every three months. Members may also be required to serve on external committees or disciplinary hearings which could intermittently require a greater time commitment. Public members may also be required to serve on the executive committee, which meets more frequently.

For More Information...

College of Registered Psychiatric Nurses of BC
307 - 2502 St John's Street
Port Moody, BC V3H 2B4

Tel: 604 931-5200
Fax: 604 931-5277

Back

Print and Close Cancel

BRITISH COLUMBIA

Print and Close | Cancel

Board Resourcing and Development Office

Directory of Agencies

Professional College - Traditional Chinese Medicine Pract and Acupuncturists

The College of Traditional Chinese Medicine Practitioners and Acupuncturists (CTCMA) of British Columbia is the regulatory body established under the *Health Professions Act* to oversee the practice of Traditional Chinese Medicine and Acupuncture in British Columbia.

The Board...

...Composition

The Council consists of six members elected by and from the registrants of the College (non-BRDO) and three lay members appointed by the Minister to represent the general public.

Click here for biographies of all Members

Current Members			
Name:	**By order:**	**Position:**	**Expiry:**
Lee, Bar-Chya	OIC 153/12, June 30, 2012	Public/Lay Member	June 30, 2014
MacLeod, William (Bill) D.	Minister 268/12, December 31, 2012	Public/Lay Member	December 31, 2014
Stewart, Vivienne H.	Minister 268/12, December 31, 2012	Public/Lay Member	December 31, 2014

3 current members.

...Mandate

The Council is charged with regulating standards of practice for the professions of Traditional Chinese Medicine and Acupuncture; it is also responsible for the registration and licensing of professional acupuncturists and practitioners of Traditional Chinese Medicine in British Columbia.

What's Involved

Members should be prepared to meet at least once per month, as well as for additional and subcommittee meetings as required.

For More Information...

College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC
1664 West 8th Avenue

Vancouver, BC V6J 1V4

Tel: 604 738-7100
Fax: 604 738-7171

E-mail: info@ctcma.bc.ca

Back

Print and Close | Cancel

Tab 20

CONTACT LIST FOR MINISTRY OF HEALTH

Deputy Minister's Office – 5th Floor, Pandora Wing			
Tamara Casanova	250-952-1908	A/Executive Coordinator	▪ Primary Contact for all Minister's meetings and briefings. ▪ Primary contact for all MLA requests. ▪ Primary contact for meetings on behalf of Minister.
Grace Foran	250-952-1410	Director Executive Operations	▪ Directs the strategic management of corporate issues: o Ensures that the immediate priorities are managed, o Information is available from sectors as needed, o Emerging issues are anticipated and communicated for the Deputy Minister and Minister's consideration ▪ Primary Liaison to Cabinet Operations
Joanne Boomer	250-952-1590	Senior Executive Assistant to the DM	▪ Primary contact to speak to DM. ▪ Primary cont6act for booking meetings/briefings with DM.
Jo Tyson	250-952-1912	Manager Information Management Unit	▪ Primary contact for Minister's Correspondence Unit. ▪ Manages Ministry generic email.
Facilities Management and Support Services – 1st Floor			
Fiona Miyoshi	250-952-1198	Facilities Manager Program Integration	▪ Facilities Management and Support Services
Ministry of Health Security Desk – 1st Floor			
250-952-1212			
Health and Human Services Library – 1st Floor			
250-952-2196			

Tab 21

MINISTRY OF HEALTH / HEALTH AUTHORITY EXECUTIVE CONTACT PHONE LIST

(as of May 30, 2013)

MINISTER'S OFFICE

OFFICE	NAME	TITLE	OFFICE #	BB / CELL #
MO		Minister of Health	250-953-3547	
	Lindsay Coburn	Ministerial Assistant	250-356-5803	
	Taylor Briggs	Executive Assistant	250-387-1247	S17
	Kellie O'Brien	Executive Assistant	250-387-2545	
	Nicole Normand	Administrative Coordinator	250-387-1243	
	Debbie Wade	Administrative Coordinator (Wed/Thur/Fri)	250-356-6802	
	Lynette Butcher	Administrative Assistant	250-953-3547	

MoH EXECUTIVE*

OFFICE	NAME	TITLE	OFFICE #	BB / CELL #
DMO	Graham Whitmarsh	Deputy Minister	250-952-1911	
	Grace Foran	Director of Executive Operations	250-952-1410	
CAO	Elaine McKnight	Chief Administrative Officer	250-952-1766	
	Sandy Maxson	Director, Strategic Initiatives & Corporate Services	250-952-1685	
	Dale Samsonoff	ED, Organizational Development & Engagement	250-952-1175	
COO	Sandra Carroll	Chief Operating Officer	250-952-2404	
	Sandy Maxson	Director, Strategic Initiatives & Corporate Services	250-952-1685	
FCS	Manjit Sidhu	ADM, Financial & Corporate Services	250-952-2066	
	Kevin Brewster	ED, Capital Services Branch	250-952-1102	
	Gordon Cross	ED, Regional Grants & Decision Support	250-952-1120	
	David Fairbotham	ED, Billing Audit & Investigation Branch	250-952-2965	
	Daryl Conner	ED and CFO, Finance & Decision Support	250-952-2016	
HAD	Barbara Korabiak	ADM, Health Authorities Division	250-952-1997	
	Teri Collins	ED, Patient Safety & Care Quality	250-952-2871	
	Effie Henry	ED, Hospital and Provincial Services	250-952-1514	
	Ann Marr	ED, Mental Health and Substance Use	250-952-3519	
	Leigh Ann Seller	ED, Home, Community and Integrated Care	250-952-1274	
HSIM/IT	Lindsay Kislock	ADM, Health Sector IM/IT Division	250-952-2459	
	Bob Bell	Executive Lead, HealthLink BC	250-356-0685	
	Nikki Sieben	ED, Strategic Projects	250-952-6202	S17
	Guy Cookson	ED, Business Management Office	250-356-2405	
	Darcy Goodwin	ED, Corporate Management & Operations	250-952-1432	
	Deb McGinnis	ED, Health Privacy, Security & Legislation	250-387-1268	
	Kelly Moran	ED, Health Sector IM/IT	250-952-1541	
	Jack Shewchuk	Chief Executive Officer, BC Vital Stats Agency	250-952-9039	
	Paul Shrimpton	ED, Health IT Strategy	250-356-2401	
	Wendy Taylor	ED, Information Management & Knowledge Services	250-952-3652	
MSHHR	Nichola Manning	ADM, Medical Services & HHR Division	250-952-3463	
	Jane Crickmore	ED, Laboratory, Diagnostic & Blood Services	250-356-1713	
	Rod Frechette	ED, Physician Human Resource Management	250-952-3454	
	Kelly McQuillen	ED, Primary Health Care & Specialist Services	250-952-1204	
	Libby Posgate	ED, Physician Quality Assurance & Special Projects	250-952-1107	
	Stephanie Power	ED, Medical Services Branch	250-952-2912	
	Kevin Brown	A/ED, Health Human Resource Planning – Physicians	250-952-2682	
	Sharon Stewart	ED, Health Human Resource Planning – Nursing & Allied Health Professions	250-952-3656	

OFFICE	NAME	TITLE	OFFICE #	BB / CELL #
PHD	Heather Davidson	ADM, Planning & Innovation	250-952-2369	
	Nick Grant	ED, Planning & Policy Branch	250-952-1343	
	Christine Massey	ED, Seniors Directorate	250-387-9602	
	Carolyn Bell	ED, Priority Projects Branch	250-952-1170	
	Glynis Soper	ED, Performance Measurement Analysis & Reporting Branch	250-952-1116	
PHO	Perry Kendall	Provincial Health Officer	250-952-1318	
	Eric Young	Deputy Provincial Health Officer	250-952-1351	
	Evan Adams	Deputy Provincial Health Officer	250-952-1886	
PPH	Arlene Paton	ADM, Population & Public Health Division	250-952-1448	
	Joan Geber	ED, Maternal, Child & Health Engagement	250-952-3678	
	Tom Gregory	ED, Public Health Planning & Surveillance	250-952-1467	
	Tim Lambert	ED, Health Protection	250-952-1987	
	Shannon McDonald	ED, Aboriginal Healthy Living	250-952-2811	S17
	Warren O'Briain	ED, Communicable Disease Prevention, Harm Reduction & Mental Health Promotion	250-952-2481	
	Shawn Carby	ED, Emergency Management Unit	250-952-1700	
	Laurie Woodland	ED, Chronic Disease/Injury Prevention & Built Environment	250-952-2847	
PSD	Barbara Wallman	ADM, Pharmaceutical Services Division	250-952-1705	
	Eric Lun	ED, Drug Intelligence	250-952-2272	
	Kelly Uyeno	ED, Business Management & Supplier Relations	604-660-1303	
	Vacant	ED, Drug Use Optimization	604-660-1217	
	Mitch Moneo	A/ED, Policy, Outcomes Evaluation & Research	250-952-2642	
GCPE	Shannon Hagerman	Director, Government Communications & Public Engagement	250-952-1889	
	Ryan Jabs	Media Relations Manager	250-952-3387	
	Rodney Porter	Communications Manager	250-952-1644	

MOH EXECUTIVE EMERGENCY CONTACTS

OFFICE	NAME	TITLE	OFFICE #	BB / CELL #
EMU	Shawn Carby	ED, Emergency Management Unit	250-952-1700	S17
	24/7 Duty Officer	Emergency Management Unit		
Executive Emergency Teleconference Line a		S15, S17		

HEALTH AUTHORITY CONTACTS

OFFICE	NAME	TITLE	OFFICE #	BB / CELL #
FHA	David Mitchell	Fraser Health Authority Chair	604-587-4639	
	Nigel Murray	Fraser Health Authority CEO	604-587-4625	
IHA	Norman Embree	Interior Health Authority Chair	250-804-0099	
	Robert Halpenny	Interior Health Authority CEO	250-862-4264	
NHA	Charles Jago	Northern Health Authority Chair	250-565-2922	
	Cathy Ulrich	Northern Health Authority CEO	250-565-2155	S22
PHSA	Wynne Powell	Provincial Health Services Authority Chair	604-675-7496	
	Lynda Cranston	Provincial Health Services Authority CEO	604-675-7499	
VCHA	Kip Woodward	Vancouver Coastal Health Authority Chair	S22	
	David Ostrow	Vancouver Coastal Health Authority CEO	604-875-4721	
VIHA	Don Hubbard	Vancouver Island Health Authority Chair	250-370-8693	
	Brendan Carr	Vancouver Island Health Authority Acting CEO	250-370-8692	

Tab 22

ISSUES COORDINATION LIST MINISTRY OF HEALTH

Note: Refer issues with a financial or capital component to Financial and Corporate Services.

PHARMACEUTICAL SERVICES DIVISION (BARBARA WALMAN)

Academic Detailing	Provincial Academic Detailing service is an educational outreach initiative for physicians to promote optimal prescribing.	Drug Use Optimization (Suzanne Taylor)
Age-Related Macular Degeneration (AMD) Drug Treatments	Lucentis (ranibizumab), Avastin (bevacizumab) and Visudyne (verteporfin) for patients with age related macular degeneration (AMD) disease	Drug Intelligence (Eric Lun)
Alzheimer's Drug Therapy Initiative (ADTI)	The Alzheimer's Drug Therapy Initiative was formed to provide coverage with evidence development for cholinesterase inhibitors for the treatment of mild to moderate Alzheimer's disease.	Drug Intelligence (Eric Lun)
Attention Deficit Hyperactivity Disorder (ADHD) Drugs	Coverage status of drugs for the treatment of ADHD	Drug Intelligence (Eric Lun)
Antipsychotics for Seniors	Shared Care Polypharmacy Steering Committee is incorporating this into its residential care project.	Drug Use Optimization (Suzanne Taylor)
BC Cancer Agency -Drug Review Process	BC Cancer Agency review and listing process for cancer treatment drugs and integration with pan-Canadian Oncology Drug Review (pCODR)	Drug Intelligence (Eric Lun)
Blood Glucose Test Strips	Province wide multi-faceted education plan Pricing	Drug Use Optimization (Suzanne Taylor Business Management, Supplier Relations & Systems (Kelly Uyeno)
Canadian Agency for Drugs Technology in Health (CADTH)	FPT funded agency providing services related to the Common Drug Review (CDR), Optimal Use of Drugs, and Health Technology Assessments (HTA).	Drug Intelligence (Eric Lun) Drug Use Optimization (Suzanne Taylor)
Centre for Excellence/HIV Issues	For new Seek and Treat program, consult Population and Public Health division	Drug Intelligence (Eric Lun)
Centre for Health Services and Policy Research - Fair PharmaCare Evaluations		Policy, Outcomes Evaluation & Research (Mitch Moneo)
CIHI/NPDUIS	Data Access	Policy, Outcomes Evaluation & Research (Mitch Moneo)
CMAJ article on BC Cost Adherence	The Effect of Cost on Adherence to Prescription Medications in Canada - CMAJ January 16, 2012	Policy, Outcomes Evaluation & Research (Mitch Moneo)
College of Naturopathic Physicians BC	PharmaNet Access	Business Management Supplier Relations & Systems (Kelly Uyeno)

College of Pharmacists of BC	Bylaws Pharmacy Technician Regulation Loyalty Programs Prohibiting Tobacco Sales in Pharmacy	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Clinical Pharmacy Services	Changing the business model for community/retail pharmacies by remunerating patient centered clinical services that involve Pharmacist's full scope of practice; "Medication Review Service" and "Medication Management" are common terms.	Drug Use Optimization (Suzanne Taylor)
College of Physicians & Surgeons of BC	Methadone Program Prescription Review Program (Duplicate Prescription Pad)	Policy, Outcomes Evaluation & Research (Mitch Moneo)
College of Registered Nurses of BC	PharmaNet Access	Business Management Supplier Relations & Systems (Kelly Uyeno)
Diabetes Drugs and Insulin Treatments	Review and PharmaCare reimbursement of diabetes treatment products	Drug Intelligence (Eric Lun)
Diabetic Product Review	Insulin Pumps for Adults Insulin Pumps for Children	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Drug Review Decisions (Brand-Name Drugs)	Number of drug submissions processed and listed from fiscal 2004/05 to fiscal 2010/2011	Drug Intelligence (Eric Lun)
Drug Review Process - Enhancements	Drug review process changes resulting from 2007 Pharmaceutical Task Force	Drug Intelligence (Eric Lun)
Drug Review Process – Role of Faculty of Medicine	Adjustment to role of the Therapeutics Initiative and Faculty of Medicine in the drug review process	Drug Intelligence (Eric Lun)
Drug Safety and Effectiveness Network (DSEN)	National group that performs retrospective and prospective analyses of real world drug use. Queries may be submitted for analysis.	Drug Use Optimization (Suzanne Taylor)
Drug Safety Examples	Examples of PharmaCare listing decisions denying or limiting coverage where there were safety concerns identified during the drug review	Drug Intelligence (Eric Lun)
Drug Supply Shortages	Management of periodic shortages of brand and generic prescription drugs	Business Management, Supplier Relations & Systems (Kelly Uyeno) Drug Intelligence (Eric Lun)
Education for Quality Improvement of Patient Care (EQIP)	Program provides prescribers with tools that communicate the evidence, enable them to self-evaluate their own prescribing, and illustrate cost-effectiveness. Contract expired in Aug 2012 and has not been renewed.	Drug Use Optimization (Suzanne Taylor)
Fabry's Disease	The Fabry's Drug Initiative is a national initiative to evaluate the effectiveness of two expensive products for the rare diseases of Fabry's.	Drug Intelligence (Eric Lun)
Fair PharmaCare	British Columbia's universal, income-based drug insurance plan	Policy, Outcomes Evaluation & Research

		(Mitch Moneo)
Fair PharmaCare Retroactive Policy	2012 retro payment to be mailed to the public end of May 2013	Policy Outcomes Evaluation, & Research (Mitch Moneo)
Generic Drug Prices/Supply		Business Management, Supplier Relations & Systems (Kelly Uyeno)
Hepatitis Management	Review proposals from several stakeholders (SUCCESS and CfE HIV/AIDS) to enhance various health system components in the management of hepatitis. The proposal review is being jointly led by Public and Population Health and PSD	Drug Intelligence (Eric Lun)
Inducements and Discounts	Prohibitions of inducements offered by pharmacies effective July 4, 2011	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Injections by Pharmacists	As of Feb 2013, pharmacists have access to and ability to inject all publicly-funded vaccines for eligible residents with pharmacist scope.	Drug Use Optimization (Suzanne Taylor)
Interprovincial collaboration on drug pricing and purchasing		Business Management, Supplier Relations and Systems (Kelly Uyeno)
Legislation/Regulations	Pharmaceutical Services Act Pharmacy Operating Drug Scheduling Act Regulation respecting Drug Prices Privacy-PharmaNet Data Access	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Medication Management Project	Standard service whereby pharmacists identify, take responsibility for, and resolve the medication-related issues of individual patients to optimize health outcomes related to pharmacotherapy. Qualitative evaluation underway; quantitative evaluation on hold..	Drug Use Optimization (Suzanne Taylor)
Mental Health Review Board	Conducts review panel hearings throughout BC on requests to detained psychiatric patients with periodic entitlement to hearings	Mental Health Review Board (Margaret Ostrowski)
Medication Reviews	As of April 1, 2011, pharmacists can receive payment for performing and documenting patient specific best possible medication histories.	Drug Use Optimization (Suzanne Taylor)
Methadone Issues	Pharmacy Incentive Investigations Incentives/cash kickbacks - Gastown and AYC Pharmacies Express Pharmacy	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Methadone Maintenance Treatment Review	University of Victoria's Centre for Addictions Research of BC report on MMT in the province commissioned by the Ministry of Health	Policy, Outcomes Evaluation & Research (Mitch Moneo)

Osteoporosis Drugs	Osteoporosis Drug treatments	Drug Intelligence (Eric Lun)
Ostomy Program	Ostomy Supplies	Business Management Supplier Relations & Systems (Kelly Uyeno)
Overview - PharmaCare	Fair PharmaCare Permanent Residents of Licensed Residential Care Facilities (Plan B) Recipients of B.C. Income Assistance (Plan C) Cystic Fibrosis (Plan D) Children in the At Home Program (Plan F) No-Charge Psychiatric Medication Plan (Plan G) BC Palliative Care Benefits Program (Plan P) B.C. Centre for Excellence in HIV/AIDS	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Oxycodone and Opioid Drug Misuse and Abuse	Opioid analgesic used in the treatment of moderate to severe pain but may also be misused. OxyNEO new formulation which replaces OxyContin, a controlled release version of oxycodone.	Policy, Outcomes Evaluation & Research (Mitch Moneo) Drug Intelligence (Eric Lun)
Pan Canadian Oncology Drug Review (pCODR)	Deputy Ministers of Health approved the establishment of the permanent Pan Canadian Oncology Drug Review in Dec 2009. Implementation in July 2011.	Drug Intelligence (Eric Lun)
PharmaCare Newsletter, PharmaNet Bulletin and PharmaCare website	Trends 2010/11 & 11/12	Policy, Outcomes Evaluation & Research (Mitch Moneo)
PharmaCare Cross Canada Comparison		Policy, Outcomes Evaluation & Research (Mitch Moneo)
PharmaCare Policy & Procedures	Travel Supply Policy Full Payment Policy Frequent Dispensing Policy Monthly Payment Deductible Option Compound Policy	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Pharmacy Remuneration	PharmaCare remunerates pharmacies in a variety of manners to ensure British Columbians have access to drugs and pharmacy services.	Policy, Outcomes Evaluation & Research (Mitch Moneo) Business Management, Supplier Relations & Systems (Kelly Uyeno)
Pharmacy Services Agreement (PSA)	The agreement provides for significant price reductions on generic drug prices and enhancements to pharmacy compensation.	Business Management, Supplier Relations & Systems (Kelly Uyeno)
Pharmacist Prescription Adaptation	Renewing and Adapting Rx's	Drug Use Optimization (Suzanne Taylor)
PharmaNet	Includes integration of PharmaCare operations with Health Insurance BC	Business Management, Supplier Relations & Systems (Kelly Uyeno)

PharmaNet Data Analysis and Budget Impact Analysis	PharmaCare Trends and health outcomes evaluation	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Phenylketonuria (PKU)	Review of sapropterin (Kuvan), new drug for PKU (Review of low protein foods – Issue for HAD)	Drug Intelligence (Eric Lun)
Prosthetics and Orthotic Program		Business Management, Supplier Relations & Systems (Kelly Uyeno)
Provincial and Health Authority Drug Formulary Alignment	Process to collaborate with the BC Health Authority drug review process, and align formularies, where appropriate and feasible. Also linked to KRA 12.	Drug Intelligence (Eric Lun)
Reference Drug Program		Policy, Outcomes Evaluation & Research (Mitch Moneo)
Research	Pharmacoepidemiology	Policy, Outcomes Evaluation & Research (Mitch Moneo)
Seniors & PharmaCare		Policy, Outcomes Evaluation & Research (Mitch Moneo)
Smoking Cessation	Smoking Cessation Project launched in September 2011.	Business Management, Supplier Relations & Systems (Kelly Uyeno)
Special Authority Program	Process to access medications that are provided on PharmaCare's Special Authority program (drugs with Limited Coverage) or not normally covered by PharmaCare. Recent collective bargaining agreements have included a PharmaCare tie-in which is expected to increase Special Authority request volumes.	Drug Intelligence (Eric Lun)
Tendering for Multi-source Drugs and Supplies		Business Management, Supplier Relations & Systems (Kelly Uyeno)
Therapeutics Initiative (TI)	See Drug Review Process – Role of Faculty of Medicine Education and program evaluation Due to ongoing data and privacy investigation, the current TI contract is on hold. However, contracts related to Clinical Evidence Reviews (for the drug review process) are in place.	Drug Intelligence (Eric Lun) Drug Use Optimization (Suzanne Taylor)
Variation in Pharmacy Drug Prices		Policy, Outcomes Evaluation & Research (Mitch Moneo)

CHIEF ADMINISTRATIVE OFFICER ELAINE MCKNIGHT (Associate Deputy Minister)		
ORGANIZATIONAL DEVELOPMENT AND ENGAGEMENT (DALE SAMSONOFF)		
General	Strategic HR Issues	Dale Samsonoff
Staff Supply/Educ/Training	Staff Supply/Education/Training	Dale Samsonoff
MCCF-Classification	Mgmt Classification Framework	Strategic HR Managers
MCCF-Compensation	Mgmt Compensation Framework	Strategic HR Managers
PLANNING AND INNOVATION DIVISION (HEATHER DAVIDSON)		
PERFORMANCE MEASUREMENT, ANALYSIS AND REPORTING BRANCH (GLYNIS SOPER)		
Information systems – Mental Health and Addictions	Client Patient Information Management (CPIM) Minimum Data Set (MDS) Addictions Information Management Systems (AIMS)	Glynis Soper
Information Systems – Home and Community Care	Continuing Care Management Information System (CCIMS), Minimum Reporting Requirements (MRR), and Continuing Care Data Warehouse	Glynis Soper
External Report Summaries (CIHI Publication, StatsCan	Review and summarize for distribution	Glynis Soper
Information Clearinghouse	Data verification	Glynis Soper
Health System Performance Measurement Framework	Identify strategic and operational measures	Glynis Soper
Provincial Scorecard (KRA 15):	Produce a Provincial Scorecard 3 times a year on health system performance	Glynis Soper
GLE/ SP Measures and Targets	Support measures and target development for performance measures in Service Plans and GLEs.	Glynis Soper
Public Reporting	Produce public "Performance Reporting"	Glynis Soper
Health Needs modeling (e.g. Blue Matrix)	Projection of health care needs	Glynis Soper
Canadian Institute for Health Information (CIHI)	Manage Bi-lateral Service contract and special projects such as DAD Quality Audit.	Glynis Soper

Capital, HHR Planning and Funding model	Participate in capital project assessment, HHR cost analysis and modeling, and funding model development	Glynis Soper
Predictive Modeling	Use predictive modeling to develop audit routines for audit investigations unit (ongoing) and identify other modeling initiatives as required	Glynis Soper
Acute Care Bed Model	Build SQL version of forecast model that can run scenarios and develop common approach to acute care bed forecasting agreed on with HAs and MOH	Glynis Soper
Support Evaluation (e.g. cost benefit/cost effectiveness analysis)	Provide analytical support and evaluation for range of MoH programs	Glynis Soper
Patient Focused Funding/HSPO (KRA 4)	Monitor, analyze and report on patient focus funding performance; and participate in funding model review and development	Glynis Soper
PLANNING AND POLICY BRANCH (NICK GRANT)		
Administration of Appointments (for Agencies/Boards/ Commissions)		Laverne Bennett
College of Physicians and Surgeons Non Hospital Medical/Surgical Facilities	Program 24 hour rule Indemnification of College	Daryl Beckett
Hyperbaric Oxygen Therapy	Provincial Advisory Panel Regulatory Framework	Daryl Beckett
Regulated Health Professions	Policy/Legislative/Regulatory Matters	Daryl Beckett
Regulated Health Professions	Chiropractors, Dental Hygienists, Dental Technologist, Dentists, Denturists, Dietitians, Emergency Medical Assistants, Speech & Hearing Health Professionals (speech language pathologists and hearing aid dispensers), Licensed Practical Nurses, Massage Therapists, Physicians, Midwives, Naturopaths/Naturopathic Physicians, Occupational Therapists, Opticians, Optometrists, Pharmacists, Physical Therapists, Podiatrists, Psychologists, Registered Nurses, Registered Psychiatric Nurses, and Traditional Chinese Medicine Practitioners & Acupuncturists.	Daryl Beckett
Trade agreements	Labour Mobility issues – AIT, New West Partnership, TILMA	Daryl Beckett
Proclamations		Laverne Bennett
Use of "BC"		Laverne Bennett
Federal / Provincial / Territorial Issues	Includes F/P/T Advisory Network on Mental Health, F/P/T Advisory Network on Alcohol and Drug, F/P/T Advisory	(F/P/T issue: Gayle Downey/ Program issue: Ann Marr)

	Network on Inject. Drug Use, F/P/T Committee on Problematic Substance Use, and any issues relating to work in the area of Mental Health and Substance Use/Addictions	
Innovation and Change Agenda (Strategic Agenda)	Health system strategic agenda, key result areas (KRAs) and related materials	Tim Woolfrey
MoH and HA Service Plans and Annual Reports		Tim Woolfrey
BC Patient Safety & Quality Council/ BC Patient Safety & Quality Officer	Ministry liaison between the Council and the Ministry, Ex officio representation on the Council, and representation on the Council Health Quality Network.	Richele Shorter
Development and Management of the Annual Legislative Program		Robyn White
Regulatory Reform		Robyn White
Acts and Regulations	Development and management of annual legislative program; development and management of changes to Ministry regulations	Robyn White
SENIORS' DIRECTORATE (CHRISTINE MASSEY)		
Active Aging		Christine Massey/Debbie Andersen
ActNow BC Seniors' Community Parks		Christine Massey/Debbie Andersen
Age-Friendly Communities	Age Friendly grants to municipalities Age Friendly recognition program for communities	Christine Massey/Debbie Andersen
BC Seniors' Guide - Government services for seniors	Updated BC Seniors' Guide published, December 2012, in English, Chinese, French & Punjabi	Christine Massey/Heather Devine
Better at Home (Non-Medical Home Support)	Partnership with United Way of the Lower Mainland to deliver non-medical home support to seniors in communities around BC. Based on pilot that was known as CASI (Community Action for Seniors Independence).	Christine Massey/Debbie Andersen
Consent to admission to a residential care facility (Health Care Consent and Care Facility Admission Act)	Commitment in the elder abuse prevention strategy to review opportunities to bring into force unproclaimed sections of the Health Care Consent and Care Facility Admission Act, relating to admission to care facilities and restraints.	Christine Massey/Karen Archibald
Elder Abuse Prevention Strategy	Provincial strategy, launched March 2013, to improve awareness of elder abuse and strategies to prevent it and respond to it..	Christine Massey/Debbie Andersen
FPT Seniors		Lauren Syverson

Ombudsperson's report into certificates of incapability (Patients Property Act)	In February 2012, the Ombudsperson issued a report on issuing certificates of incapability which included recommendations for the Ministry of Justice, the Public Guardian and Trustee, the Ministry of Health and health authorities.	Christine Massey/Karen Archibald
Ombudsperson's Report into Seniors Care	BC Ombudsperson released two reports about seniors' care in BC – The Best of Care: Getting it Right for Seniors in British Columbia (Part 1 & 2)	Christine Massey/Karen Archibald
Planning for Healthy Aging		Heather Devine/Doni Eve
Michael Smith Foundation for Health Research call for proposals for research supporting the Ministry's Seniors Action Plan	The Michael Smith Foundation for Health Research, in collaboration with the Ministry of Health, is working with academics to initiate research into: – best practices of seniors' care in other jurisdictions an evaluation of Better at Home program	Christine Massey
Seniors Action Plan (general)	In February 2012, the Ministry of Health released an action plan on seniors' care in BC – Improving Care for BC Seniors: An Action Plan	Christine Massey/Heather Devine
Seniors' Advocate Act	Public consultation on the role of the seniors' advocate were held May to July 2012. Seniors' Advocate Act introduced in the BC Legislature, Feb. 20, 2013	Christine Massey/Heather Devine
Seniors BC Website and eNewsletter		Christine Massey/Heather Devine
Seniors' Healthy Living Advisory Network		Christine Massey/Heather Devine
Seniors' Healthy Living Framework		Christine Massey/Debbie Andersen
Seniors' Transportation		Christine Massey/Debbie Andersen
PRIORITY PROJECTS BRANCH (CAROLYN BELL)		
Health Technology Assessment Framework (HTA) (Part of KRA 12)	Provincially coordinated process (the Health Technology Review) to assess new non-drug health technologies for provincial coverage. Evidence informed, timely, and transparent. Balances the opportunity to improve patient health outcomes with the management of health care costs.	Carolyn Bell
Lean in the Health Authorities (KRA 6)	Method of systematically eliminating waste in health care operational processes by focusing on what is of value for patients. Aim: Improve the quality and efficiency of specific processes, and foster a culture of continuous improvement.	Carolyn Bell

Lean in the Ministry of Health	Method of systematically eliminating waste in Ministry processes. Aim: Improve the quality and efficiency of Ministry processes, and foster a culture of continuous improvement.	Carolyn Bell
EHSC- Transformation and Transition to PHSA (KRA 7)	The optimization of Emergency Health Services (EHS) is comprised of two major sub-projects: (1) the functional transition of the EHS Commission and the BC Ambulance Service to PHSA to support improved alignment across the health sector; and (2) transforming emergency health services to improve both employment conditions for EMAs and EHS service delivery, particularly in rural/remote areas.	Carolyn Bell
Physician Quality Assurance (PQA) (KRA 16)	Projects aimed to further enhance the quality of medical care and address issues identified in Dr. Cochrane's 2011 Investigation into Medical Imaging Credentialing & Quality Assurance. Includes provincial approaches for: Radiology Quality Improvement System, Credentialing & Privileging Technology Solution, Credentialing Core Data Set, Privileging Processes and Standards, Physician Practice Enhancement Framework, and Physician Leadership (Role, Compensation and Training). Steering Committee (membership includes the Ministry, the College of Physicians and Surgeons of BC, all six Health Authorities, the BCMA, and the BC Patient Safety and Quality Council) provides oversight to project teams.	Carolyn Bell
MSP Information Support		Carolyn Bell
Discharge Abstract Database (DAD)		Carolyn Bell
Waitlist Website	Administrative functions – passwords for HA's, Web pages updated monthly	Carolyn Bell
Canadian Institute for Health Information (CIHI) Publications	National Physician Database	Carolyn Bell
RESEARCH & LIBRARY SERVICES BRANCH (VICTORIA SCHUCKEL)		
Provincial Genetics Plan/Strategy/Framework	Genetics/Genomics Working Group	Victoria Schuckel

Health Research	Michael Smith Foundation for Health Research (MSFHR) Miscellaneous Research (MSFHR) Funding Requests Ministry research priorities process Ministry input on research issues from various organizations	Victoria Schuckel
MS Research	CCSVI CCSVI Clinical Trial	Victoria Schuckel
Michael Smith Foundation for Health Research	Miscellaneous Research Projects Funding issues/amounts	Victoria Schuckel
Knowledge Exchange	Regular forums, training workshops and information-building seminars to help keep Ministry staff on the cusp of emerging trends and issues and equip them with the skills needed to excel. Includes Research Rounds, Retool for Research sessions and Strategic Initiative presentations.	Victoria Schuckel
Monitoring, Evaluation and Learning System (MELS)	Provincial evaluation platform enabling MoH, Health Authorities and other key stakeholders to evaluate the implementation and impacts of healthcare reform initiatives. MELS is being developed by the Michael Smith Foundation for Health Research with the Integrated Primary and Community Care (IPCC) initiative is its first application. The platform provides the "people power", a linked data system and an overarching evaluation framework to support this initiative.	Victoria Schuckel
Strategic Patient Oriented Research (SPOR)	A federally-funded (Canadian Institutes of Health Research) initiative aimed to: better integrate research into care; foster evidence-informed health care by bringing innovative diagnostic and therapeutic approaches to the points-of-care so as to ensure greater quality, accountability, and accessibility of care; establish SPOR SUPPORT Units (jurisdictional centres of expertise to enhance patient-oriented research and facilitate large-scale national and international studies involving patients and/or patient records); and foster a 'paradigm shift' in research priority setting, where the main research drivers will be the Ministry of Health, health system decision-makers, practitioners, and patients and the public, rather than researchers, research funders, academic institutions, and the private sector. MSFHR and MoH are co-leads on this initiative, which will culminate in a CIHR	Victoria Schuckel

	application seeking a 5-year funding commitment to pursue BC SPOR priorities	
Provincial Health Research Strategy	A health research strategy for BC intended to shape a more comprehensive and coordinated approach to health research. One that enhances synergy across and between research "pillars" (biomedical, clinical, health services and population health), sectors and disciplines.	Victoria Schuckel
Evidence Informed Health Research Roundtable	To fund timely and policy-relevant research on priority questions that will help F/P/T governments to make evidence-informed decisions about healthcare renewal in Canada. To fund timely translation of research evidence To increase capacity of research community to conduct research that is responsive to policy makers' evidence needs	Victoria Schuckel
Life Sciences Industry/Stakeholders Relations & Issues Management	Foster relationships with external stakeholders (e.g. LifeSciences BC, TRIUMF) from the life sciences/biotechnology industry; liaise and collaborate with other ministries having responsibilities respecting advanced education, technology, and technology/jobs training and innovation strategies. Provide advice and support to government and partners with respect to investments in and commercialization arrangements/opportunities regarding health technologies and intellectual property.	Victoria Schuckel
CHIEF OPERATING OFFICER **SANDRA CARROLL (Associate Deputy Minister)**		
LABOUR RELATIONS AND SPECIAL INITIATIVES **(JODI JENSEN/UMAR SHEIKH)**		
The Health Employers' Association of British Columbia (HEABC)	Collective bargaining issues and collective agreements for: 1) the five health sector bargaining associations: Facilities Bargaining Association (FBA) Community Bargaining Association (CBA) Nurses Bargaining Association (NBA) Health Science Professionals Bargaining Association (HSPBA) Professional Association of Residents (PAR-BC) 2) and the key health sector unions: British Columbia Government and Service Employees' Union (BCGEU) British Columbia Nurses' Union (BCNU)	Jodi Jensen & Umar Sheikh

	Health Employees' Union (HEU) Health Sciences Association (HSA) Canadian Union of Public Employees-Local 873(CUPE 873)	
2012 Collective Bargaining. **Bill 29-*Health and Social Services Delivery Improvement Act*- issues pertaining to health authority "contracting out" for services, including, but not limited to, housekeeping and food services.** **Bill 94- *Health Sector Partnerships Agreement Act*- as per Bill 29, pertaining to "sub-contracting" by private sector/third party contractors.**		Jodi Jensen& Umar Sheikh
HSA LTD Trust		Jodi Jensen& Umar Sheikh
BC Hospital Pharmacists		Jodi Jensen& Umar Sheikh
LPN Union Representation		Jodi Jensen& Umar Sheikh
General Health Bargaining Issues/Concerns		Jodi Jensen& Umar Sheikh
EMERGENCY MEDICAL ASSISTANTS LICENSING (JUDY THOMPSON)		
EMA Licensing Board (EMALB)	Approval of EMA training, administering exams, issuing and renewing licenses, ensuring continued competence, and managing patient care complaints involving EMAs.	(Judy Thompson)
FINANCIAL AND CORPORATE SERVICES (MANJIT SIDHU)		
Acute Care Sector (Access/Wait Times, Cataract, Hips and Knees)	Financial and statistical data categorized by sector including First Ministers Meeting and activity based funding	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Bill 37, Bill 29		FCS/Finance and Decision Support (Manager, Compensation, Catherine Hoefer)
Billing Integrity Program (BIP)/Audit/ Service Verification Group (SVG)		FCS/Audit and Investigations Branch (Director, Marie Thelisma)
Capital Issues (specific hospital and the building itself, as opposed to services): **Capital Equipment** **Capital Planning** **Capital Projects** **Private Public Partnerships (P3)**	P3 Projects: Surrey Memorial Hospital and critical care tower Fort St. John replacement hospital and residential care facility Kelowna General/Vernon Jubilee expansion project Northern Cancer Control Strategy Interior Heart and Surgical Centre Children's and Women's Hospital Redevelopment	FCS/Capital Services (Executive Director, Kevin Brewster)
Costs of Health Care		FCS/ADM (Manjit Sidhu) FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)

Denominational Health Care Facilities and GAAP		FCS/ADM (Manjit Sidhu) FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Federal Cost Sharing Programs:	Vocational Rehabilitation for Disabled Persons (VRDP), Employment Assistance for People with Disabilities (EAPD), Labour Market Agreement for Persons with Disabilities (LMAPWD) Drug Treatment Funding Program (DTFP)	FCS/Finance and Decision Support (Hilary Woodward, Executive Director) Funding: Gordon Cross, Regional Grants
Fees, Rates and Other Revenue	Hospital inpatient charges and outpatient changes for non-Canadian, residents of other provinces, federal government patients, WCB and non-beneficiary BC residents	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Financial Policy	Relating to development and implementation of financial and administrative policies and procedures for new/changed funding programs.	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Funding Methodologies	Acute care, residential, community adult, mental health, and public and preventative health, Population Needs-Based Funding Model.	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Funding	Communications to the health authorities and other funding agencies (i.e., Interim First Nations Health Authority) regarding their annual funding allocations and changes to funding allocations throughout the fiscal year including rational for funding adjustments, explanation of funding models and payment schedules. Requests by health authorities for additional funding, new program proposals or other funding-related factors. This includes specific health funding projects as committed by the government or general ad hoc funding requests. Also includes funding requests by associations, societies, foundations, etc., which request funding or one-time funding in the form of a grant or transfer agreement.	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Health Authorities Financial Reporting and Monitoring	Annual Budget Working Papers: three year rolling revenue and expenditure budgets sector budgets STOB expenditure reporting calendarization Financial Statements and resource utilization Sector expenditure reporting and monitoring: acute care; home and community care (residential care, assisted living, home support, etc.) mental health and addictions; population, health and wellness; corporate Review funding requests for new programs and initiatives, ministry and government priorities, and operating funding requests related to major capital projects and P3 projects: Preparation of annual budget funding letters and quarterly funding letter up-dates. Administration and Support expenditure reporting and monitoring. Own-Source Revenue reporting and monitoring.	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
HA Finance: **Treasury Board Info** **Out of Province claims** **Expenditures** **Budgets, and** **Compensation Funding**		FCS/ADM (Manjit Sidhu, Gordon Cross)

Health Authority – ASD Activities		FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Health Authority Board Compensation		FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross); Laverne Bennett
Healthcare Benefits Trust		FCS/Finance and Decision Support (Catherine Hoefer) and FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Healthcare Costs Recovery Act	Third Party Liability	FCS/Accounting Operations (Director, Ted Boomer)
Interprovincial Rates (Insured); Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC)	Interprovincial health insurance agreements with all provinces and territories in accordance with the Canada Health Act	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Joint Occupational Safety and Health Committee		FCS/ADM (Manjit Sidhu, Anne-Marie Stearn)
Life Support Program Funding	Funding of cancer drugs, cardiac services, renal services and transplant drugs	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Management Information System (MIS)	Implementation of changes to HAMIS, Canadian Institute for Health (CIHI) and MIS Workgroup expenditure coding	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
MSP Eligibility and Investigations	Eligibility review process for funded health benefits and investigations into inappropriate access to benefits and/or misuse, including identity theft and residency issues.	FCS/Billing Audit and Investigations (Executive Director, David Fairbotham, Manager, Monica Uribe)
Pay for Performance (P4P)		FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
PharmaCare Audit		FCS/Billing Audit and Investigations (Executive Director, David Fairbotham, Manager, Rita King)
Population Needs Based Funding for Health Authorities		SICS/Priority Projects (Martha Burd) FCS/ Regional Grants and Decision Support Executive Director, Gordon Cross/
Public Private Partnerships (P3s)		FCS/Capital Services (Executive Director, Kevin Brewster) and FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Regional Health Sector Funding	Includes budget Estimates and supporting justifications	FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Regional Hospital Districts (RHD) Cost Sharing Review		FCS/Capital Services (Executive Director, Kevin Brewster)
Revenue Generation	Development of revenue generation strategy in collaboration with health authorities. The intent is to offer clinical services on a pay-per-service basis to	FCS-Regional Grants and Decision Support (Executive Director, Gordon Cross)

	non-beneficiaries. Revenue from this initiative would be invested into the public system	
Service Plans and Annual Reports		FCS/Capital Services (Executive Director, Kevin Brewster) and FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
Vancouver Coastal Health Authority Legacy Project		FCS/Regional Grants and Decision Support (Executive Director, Gordon Cross)
HEALTH AUTHORITIES DIVISION (BARBARA KORABEK)		
HOSPITAL AND PROVINCIAL SERVICES (EFFIE HENRY)		
Acute Care Programs	Includes hospital services in general, emergency services, surgical services, rehab services, diagnostic imaging, hospital care for seniors, critical care	(Effie Henry)
Acute Care Policy	Acute care policies in general. Policies on: patient transfers, non-standard medical goods and services, foldable lenses, outpatient rehab expectations, acute care access standards, acute capacity	(Effie Henry)
Alternative Service Delivery	Outsourcing of outpatient services by health authorities; use of private sector providers for low acuity patient transfers	(Effie Henry)
Emergency Departments (Priority Initiative)	Includes issues around rural emergency services, decongestion/overcrowding (e.g., Fraser Health Decongestion initiative), emergency department strategy, emergency room waits, access to Emergency Room beds, Innovations in Emergency Department Management	(Effie Henry) MSD lead on ED doc issues
Wait times: Surgical (Priority Initiative)	Includes wait times and wait lists for surgery, including access to services, targets and benchmarks, radiation therapy guarantee, provincial improvement initiatives such as Centre for Surgical Innovation at UBC Hospital, expert panels, BC Access/Wait Times Strategy, Provincial Surgical Advisory Council, Provincial Musculoskeletal Advisory Council, Surgical Patient Registry (SPR), Wait Times Website	(Effie Henry)
Wait times: Diagnostics Imaging Note: Diagnostic labs are handled by MSP	Includes wait times, wait lists and access for diagnostic procedures (MRI, PET, CT, ultrasound), cancellations, travel, private reimbursement	(Effie Henry)
Program Monitoring & Performance Management	Program coordinates client and service information for range of hospital and provincial services	(Effie Henry)
		(Effie Henry)
Royal Columbian Hospital Redevelopment	If specific to the clinical / health services delivery aspects of the concept paper, refer to HPS lead. If capital-specific, refer to Capital Services Branch (FCS).	(Effie Henry)
Surrey Memorial Hospital Emergency Department and Critical	If specific to the clinical / health service delivery aspects of the project, refer to HPS lead. If capital-	(Effie Henry)

Care	specific, refer to Capital Services Branch (FCS).	
Hospital Overcrowding	Includes issues around patients cared for in hallways, shared rooms, and shortage of rooms.	(Effie Henry)
Autism	Assessments/diagnosis for children provided by PHSA; wait lists for assessments	(Effie Henry)
BC Cancer Agency	Colon Check Pilot, Genetic Screening program, PET Scans, Screening Mammography Guidelines, Herceptin, cancer access, treatment, wait times, cancer drugs, and Breast Health Action Plan	(Effie Henry)
BC Transplant	Organ transplant; donor expansion initiative	(Effie Henry)
Cardiac Care	Includes program and service delivery issues, cardiac registry, electrophysiology, wait times, perfusionists – training and availability, Provincial Revascularization Plan, Western Canadian Child Heart Network (WCCHN), BC Paediatric Cardiac Transplants. Cardiac Services Review/Stroke Strategy	(Effie Henry)
FASD	Issue of publicly funded access to adult assessment services in relation to CLBC's Personalized Supports Initiative criteria (PSI)	(Effie Henry)
Lyme Disease Clinic	Chronic Complex Disease Clinic at Women's Health Centre,	(Effie Henry)
Northern Cancer Strategy	Includes program and services to enhance cancer control services in the North; new cancer centre construction completion/opening	(Effie Henry)
Life Support	Includes program and service delivery issues around life support services; life support funding (cancer drugs; cardiac, transplant drugs) refer to Regional Grants.	(Effie Henry)
Maternity and Perinatal Obstetrics	Includes tertiary or specialized obstetrics DOBA in Fraser and related NICU level 3 bed implementation: Perinatal Services BC (in PHSA), rural access issues; Primary Maternity Care project and Newborn Screening	(Effie Henry)
Renal Services/Access	Includes issues around kidney disease continuum of care including pre-dialysis, independent dialysis (peritoneal and home hemodialysis) and facility based dialysis, health authority programs and Provincial Renal Plan.	(Effie Henry)
Women's and Children's Hospital	Neonatal Intensive Care Unit (NICU), newborn screening, and rebuild of Children's Hospital.	(Effie Henry)
HOME, COMMUNITY AND INTEGRATED CARE SERVICES (LEIGH ANN SELLER)		
Home and Community Care Services	Program responsibility includes home support services, adult day programs, health services for community living, CSIL, community nursing, community rehabilitation, social work, home oxygen, dietician services, assisted living, residential care, and licensing.	(Leigh Ann Seller)
Ombudsperson's Investigation into Seniors' Care	Continued response to requests for information.	Christine Massey – Heather Davidson
Quality and Performance monitoring for Residential Care Facilities	Provincial issues and monitoring may be covered by Patient Care Quality Offices, Licensing Office, or Program Area.	(Leigh Ann Seller)

Inventory of Residential Care and Assisted Living	Current inventory of residential care and assisted living beds is maintained by HCIC.	(Leigh Ann Seller)
Dementia/Alzheimer's	Program is lead for development of Dementia Action Plan	(Leigh Ann Seller)
End-of-Life (EOL) Care (adults and children)	Program is lead for End-of-Life Care, hospice palliative care issues;	(Leigh Ann Seller)
Application of FMM Agreement for Home Health Services	Program is lead for provision of home health services under First Minister's Agreement, including home care, home support and palliative care services.	(Leigh Ann Seller)
Personal Planning Instruments for future health decisions Personal planning – Advance Directives	Program is lead for policy and strategy for advance care planning and advance directives,	(Leigh Ann Seller)
Assessment for Home Health Services	Policies for eligibility and access to services including home nursing, home support Choice in Supports for Independent Living (CSIL), adult day programs, case management and inter-RAI Assessment Tools	(Leigh Ann Seller)
HCC Client Charges	Policy and setting of rates, home support, Residential Care, and Assisted Living rates,	(Leigh Ann Seller)
HCC Policy Manual	Development and maintenance of HCC Policy Manual that came into effect April 1, 2011 – updates as required	(Leigh Ann Seller)
Services for Adults with Developmental Disabilities/CLBC	Development and implement and revised service delivery model for collaborative services for CLBC clients – inter-Ministry steering committee	(Leigh Ann Seller)
Home and Community Care and Primary Care Integration Initiatives	Development underway to integrate HCC and Primary Care services in communities in BC Strategic priorities redesign of HCC services.	(Leigh Ann Seller)
Program Monitoring & Performance Management	Program coordinates client and service information for range of HCC services.	(Leigh Ann Seller)
Antipsychotic Drug Review/Dementia Action Plan	Implementation of review of ntipsychotics in residential care and implementation of Dementia Action Plan	(Leigh Ann Seller)
Daycare Licensing	Policy and issues regarding licensed daycare facilities.	(Leigh Ann Seller)
Immigrant child minding programs	Newinnovative child care category developed to support immigrant families	(Leigh Ann Seller)
Assisted Living	Regulatory oversigh of assisted living residences in BC through the the Office of the Assisted Living Registrar	(Leigh Ann Seller)
Registration of Supportive Recovery and Mental Health Assisted Living Residences	Expansion of registration of Assisted Living Residences for supportive recovery and mental health and substance use	(Leigh Ann Seller)
PATIENT SAFETY AND CARE QUALITY BRANCH (TERI COLLINS)		
Clinical Care Management (KRA #5)	A provincial initiative for establishing, spreading and reporting out on evidence-based clinical best practices. cation Reconciliation (Med Rec), Hand Hygiene, Venous thromboembolism (VTE), Stroke,	(James Watson)

Innovation Registry	Web-based registry of health innovation and quality improvement initiatives from across the province	(Teri Collins)
Quality Improvement	Overall facilitation and liaison on QI initiatives both in and outside the Ministry such as Health Quality Network, etc.	(Teri Collins)
Cells, Tissue and Organ Banks	Implementation of Health Canada safety regulations; CTO recalls; review of proposed governance changes for CTO operations (with MSD).	(Teri Collins)
BC Patient Safety & Quality Council/ BC Patient Safety & Quality Officer	liaison between the Council and the Ministry (shared with PID), , and representation on the Council Health Quality Network.	(Teri Collins)
Canadian Patient Safety Institute	Participation in Canadian Patient Safety Institute initiatives; review of reports and strategic documents; liaison with Canadian Patient Safety Institute representatives.	(Teri Collins)
Infection Control	PICNet liaison; Recommendations from 2007 report of the Auditor General; health authority surveillance of health care acquired infections; antibiotic resistant organisms; hand hygiene.	(Teri Collins)
Provincial Infection Control Network	The Provincial Infection Control Network (PICNet) is a provincially supported collaborative that coordinates activities related to infection prevention, surveillance and control. The Ministry is represented on the PICNet Advisory Committee.	(Teri Collins)
Reprocessing and Sterilization	Continued implementation and monitoring of the provincial reprocessing policy (Communiqué 2007-01).	(Teri Collins)
Accreditation	Accreditation services provided by Accreditation Canada, Diagnostic Accreditation Program, Health Canada, and other accrediting bodies.	(Teri Collins)
Disclosure	Support health authorities and other agencies on disclosure to patients and stakeholders.	(Teri Collins)
Safe Reporting/Whistle Blowing	Support health authorities and other agencies in implementing effective mechanisms for reporting safety, theft, fraud and other concerns.	(Teri Collins)
OAG Hand Hygiene Report	Follow-up to 2010 Auditor General assessment of provincial hand hygiene programming; implementation of Ministry hand hygiene Action Plan; member of Provincial Hand Hygiene Working Group.	(Teri Collins)
Patient Experience Surveys	Sector and system surveys provide information for quality improvement to Health Authorities on patients' experiences in the health care system.	(Teri Collins)
Performance Monitoring - Quality Improvement & Patient Safety	If related to overall performance monitoring & development, refer to program lead.	(Teri Collins)
Client/Patient specific issues	Case management, patient experiences	(Teri Collins)
Contingency Planning	H1N1, Isotopes	(Teri Collins)

Hospital Inspectors	Monitor and liaise with CPLI on Hospital Inspector Designations	(Teri Collins)
Housekeeping	Policies and audit reports	(Teri Collins)
Out Of Country/Out Of Province Referral	Monitor and respond to referrals	(Teri Collins)
Pandemic Influenza Planning	Health Authorities – Division representative on PPISC	(Teri Collins)
Patient Care Quality Office Referral	Informing the public of next point of contact, new legislation in place (*Patient Care Quality Review Board Act*)	(Teri Collins)
Patient Care Quality Review Board	Patient Care Quality Working Group	(Teri Collins)
Coroners Reports	Monitor and respond to recommendations	(Teri Collins)
Office of the Auditor General Reports	Monitor and respond to recommendations	(Teri Collins)
Risk & Issues Management	Coordination of HA issues management and resolution	(Teri Collins)
Adverse Events	System-wide mechanisms for identifying, responding to, and learning from adverse events. Acts as lead contact for the Ministry of Health.	(Teri Collins)
Seniors Health Care Support Line	The purpose of the Seniors Health Care Support Line is to provide a single provincial phone line that will allow seniors and their families to report concerns about care, and to provide such clients with direct support and timely follow-up through to resolution. Monday-Friday, 8:30 a.m. to 4:30 p.m. • Call toll-free: 1-877-952-3181 • In Victoria, call: 250-952-3181	(Teri Collins)
MENTAL HEALTH & SUBSTANCE USE (ANN MARR)		
Mental Health and Substance Use Services	Program responsibilities include: HA child, youth and adult community mental health and substance use services (e.g. crisis response, case management, integrated teams, withdrawal management, day treatment, outpatient treatment, supported housing, residential care,	(Ann Marr)
Healthy Minds, Healthy People – Provincial 10 Year Mental Health and Substance Use Plan	Implementation, monitoring, and reporting on the Plan; development and implementation of key actions identified in/consistent with the Plan; evaluation of system improvements	(Ann Marr)
Eating Disorders	Provincial Eating Disorders Plan implementation, monitoring and reporting and implementation of specific actions including SPH adult tertiary program redesign, clinical guidelines, regional HA service redesign	(Ann Marr)

Electro-Convulsive Therapy (ECT)	ECT Guidelines and Standards	(Ann Marr)
Federal/Provincial/Territorial Issues	Includes F/P/T Committee on Problematic Substance Use, and any provincial/federal/territorial issues relating to work in the area of Mental Health and Substance Use/Addictions	(F/P/T issue: Marianna Diacu/ Program issue: Ann Marr)
Housing (MHSU Strategy)	Housing and supports for people with mental illness or addictions/substance use (MHSU Strategy), includes Provincial Housing Strategy, (Housing Matters), HIP, PROMs	(Ann Marr)
Inter-Ministry Issues	Any issue related to mental health and substance use requiring connection with the following Ministries: MCFD, MSD, AG, PSSG, Education, Advanced Education	(Ann Marr)
Specialized Services	Developmental Disabilities and Mental Health, Seniors Mental Health, Concurrent Disorders, PHSA MHSU delivered services, Burnaby Centre for Mental Health and Addiction, Portage, Woodstone	(Ann Marr)
Mental Health Act of BC	LEGISLATION ONLY on: concerns related to the Mental Health Act, Guide to the Mental Health Act and forms (including Criminal Code Mental Disorder Provisions Review), involuntary withdrawal management (detox), program approval on designation of facilities under the Mental Health Act (Psychiatric Unit and Observation Unit)	(Ann Marr)
Mental Health Policy	POLICY ONLY on: licensed Residential Care for people with a mental illness and/or an addiction/substance use, Family Care Homes, Supported Recovery Homes, Youth Supported Independent Living Program Initiative, and Supported Independent Living Program (SILP), Perinatal Depression	(Ann Marr)
Mental Health Act Review Board	Administrative oversight	(Ann Marr)
Mentally Disordered Offenders (MDO)	Includes issues related to people with mental illness who are involved with (or at risk of becoming involved with) the justice system.	(Ann Marr)
Riverview Hospital (MH Strategy)	Includes devolvement, tertiary services, closure, delivery of services, neuropsychiatry	(Ann Marr)
Women's Mental Health	Includes Women With Serious Mental Illness	(Ann Marr)
Youth Mental Health	Protocols between health authorities and MCFD to support youth requiring mental health services to transition to adult services, as well as those transitioning from	(Ann Marr)

	hospital to the community	
Forensic Psychiatric Services	Policy, program or service delivery issues for court-related psychiatric assessment, treatment and community case management.	(Ann Marr)
Riverview Hospital	Includes regional health authority issues regarding governance, program, policy and service delivery issues to Mental Health and Addictions	(Ann Marr)
Program Monitoring & Performance Management	Development and monitoring of Mental Health and Substance Use Performance Indicators.	(Ann Marr)
Nisga'a Valley Health Board	Includes, program or service delivery issues, monitoring and accountability and Fiscal Financing Agreement negotiations.	(Ann Marr)
First Nations and Aboriginal Mental Wellness and Substance Use	Support development and distribution of Plan	(Ann Marr)
First Nations Tripartite Agreement	HAD lead on Agreement	(Ann Marr)

HEALTH SECTOR IM/IT DIVISION (LINDSAY KISLOCK)

CORPORATE MANAGEMENT AND OPERATIONS (DARCY GOODWIN)

Business Analysis and Consultation Services	Business applications planning and management.	Corporate Management and Operations (Darcy Goodwin)
Inventory of IT Applications		Corporate Management and Operations (Darcy Goodwin)
Division Operating Budget		Corporate Management and Operations (Darcy Goodwin)
Information Systems Capital Budget		Corporate Management and Operations (Darcy Goodwin)
Division Operations Support		Corporate Management and Operations (Darcy Goodwin)
Division Policy		Corporate Management and Operations (Darcy Goodwin)
Business Planning	Health Sector IM/IT Strategy Development Health Sector IM/IT Plans Divisional Operations Planning	Corporate Management and Operations (Darcy Goodwin)
IT Infrastructure, Standards and Architectural Support		Corporate Management and Operations (Darcy Goodwin)
Canada Health Infoway liaison	Interaction by an individual or group of individuals with the federal sponsor for eHealth initiatives across the country – Canada Health Infoway.	Corporate Management and Operations (Darcy Goodwin)
Ministry-wide Technology Services and Equipment	Work Stations, Web Services, and Networks	Corporate Management and Operations (Darcy Goodwin)

Performance Monitoring and Reporting		Corporate Management and Operations (Darcy Goodwin)
Project Management (PM) Methodologies and Standards		Corporate Management and Operations (Darcy Goodwin)
Project Management Leadership and Support		Corporate Management and Operations (Darcy Goodwin)
Risk Management	Project Risk Management Assessment Business Continuity Planning	Corporate Management and Operations (Darcy Goodwin)
HEALTHLINKBC (BOB BELL)		
HealthLinkBC **Navigation Services** **Nursing Services** **Dietitian Services** **Pharmaceutical Services** **8-1-1** **www.HealthLinkBC.ca** **BC HealthGuide** **HealthLinkBC Files**	HLBC is an evolving and growing organization which develops, operates and maintains a 24/7/365 telehealth care platform and an online navigation system to provide multi-disciplinary comprehensive self-care and health services to British Columbians and healthcare professionals. It is available to all British Columbians via phone (8-1-1), via web (www.HealthLinkBC.ca) and in print resources (BC HealthGuide Handbook and HealthLink BC Files)	HealthLinkBC (Bob Bell)
HLBC Executive Lead	Health Authority, Municipality and Stakeholder Outreach	HealthLinkBC (Bob Bell)
www.HealthLinkBC.ca	Website providing comprehensive general health information to learn about health topics, check your symptoms, and find services and resources for healthy living in your local community	HealthLinkBC (Bob Bell)
BC HealthGuide Handbook	A printed handbook providing information on how to recognize and cope with common health concerns. Learn about how to prevent illness, home treatment, and when to see a health professional. Free copies BC HealthGuide handbook in English, French, Chinese or Punjabi from local pharmacies and by order on the HealthLinkBC.ca website	HealthLinkBC (Bob Bell)
HealthLinkBC Files ***(BC Health Files)***	Fact sheets provide B.C. specific information on more than 200 public health and safety topics. Some HealthLinkBC Files are available in French, Chinese, Punjabi, Farsi, Spanish, or Vietnamese	HealthLinkBC (Bob Bell)
HLBC Navigation Services	24/7/365 access to general health information and way-finding for services and resources available in your local community, available in more than130 languages by calling 8-1-1	HealthLinkBC (Bob Bell)
HLBC Nursing Services	24/7/365 access to registered nurses specially trained to provide confidential health information and advice. Translation available in more than 130 languages. Support services also include Health Information Management, Quality Measurement, Improvement, Risk Management and Education.	HealthLinkBC (Bob Bell)
HLBC Dietitian Services	A service that provides easy-to-use nutrition information and consultation to support self-care, by registered dietitians over the telephone available 8 am- 8 pm Mon-Thurs and 8 am – 5 pm	HealthLinkBC (Bob Bell)

	Fri. Dietitians also are now available to take questions via email. Translation available in more than 130 languages.	
HLBC Pharmacist Services	Access to a licensed pharmacist through 8-1-1 5:00 pm to 9:00 am 24/7/365 to provide confidential information and advice on prescription and over the counter drugs via telephone. Translation vailable in more than 130 languages	HealthLinkBC (Bob Bell)
Annual Public Survey	BC Stats Omnibus Survey of Awareness and Satisfaction for HLBC services	HealthLinkBC (Bob Bell)
Multicultural Services and Organizations	Services to immigrants and ethnic populations; includes translated versions of the BC HealthGuide, HLBC brochures and HLBC Files, as well as providing 8-1-1 services in more than 130 languages. Also, attending ethnic trade fairs.	HealthLinkBC (Bob Bell)
8-1-1 Yukon HealthLine	HealthLink BC extends non-emergency health information and advice through its Nursing and Pharmacist Services, web resources, and Yukon HealthGuide handbook (English and French) to Yukon residents through the 8-1-1 Yukon HealthLine program. BC recovers incremental costs from Yukon	HealthLinkBC (Bob Bell)
Seniors Services	Dedicated resources for Seniors in BC HealthGuide Handbook, (Healthy Aging) HealthLinkBC.ca website, HealthLinkBC Files, and by phone at HealthLink BC 8-1-1 and the Health and Seniors' Information Line. (See Health and Seniors Information Line below)	HealthLinkBC (Bob Bell)
Health and Seniors Information Line	No Charge, 1-800 telephone line (1-800-465-4911) offers B.C. seniors a single source for information about provincial and federal government services, including information about health programs, as well as other non-health services and initiatives	HealthLinkBC (Bob Bell)
CHARD	CHARD – Community Healthcare and Resource Directory is a secure, web-based tool to assist general practitioners and their office staff in making more efficient patient referrals. An initiative of the General Practice Services Committee (a partnership of the Ministry of Health and the BC Medical Association). CHARD is operated by HealthLinkBC, and was launched province wide to BC physicians in May 2010.	HealthLinkBC (Bob Bell)
Service Delivery Partnerships	Partnerships with Health Authorities, , other jurisdictions and the Ministry to provide HLBC services tailored to their program, pilot or service requirements	HealthLinkBC (Bob Bell)
BC VITAL STATISTICS AGENCY		
Adoption Registries		BC Vital Statistics Agency (Jack Shewchuk)
Change of name administration		BC Vital Statistics Agency (Jack Shewchuk)

Client and Provider Registries		BC Vital Statistics Agency (Jack Shewchuk)
Enterprise Master Patient Index		BC Vital Statistics Agency (Jack Shewchuk)
Identity Information Policy		BC Vital Statistics Agency (Jack Shewchuk)
Identity security		BC Vital Statistics Agency (Jack Shewchuk)
Marriage Licensing and solemnization		BC Vital Statistics Agency (Jack Shewchuk)
Civil Marriage Commissioners		BC Vital Statistics Agency (Jack Shewchuk)
Personal Health Number		BC Vital Statistics Agency (Jack Shewchuk)
Religious organization/representative registration		BC Vital Statistics Agency (Jack Shewchuk)
Vital Statistics publications and reports		BC Vital Statistics Agency (Jack Shewchuk)
Wills Notice Registration		BC Vital Statistics Agency (Jack Shewchuk)
Vital event registration certification including Birth, Death and Marriage		BC Vital Statistics Agency (Jack Shewchuk)
BUSINESS MANAGEMENT OFFICE		
Administration of Master Service Agreement with MAXIMUS BC	Medical Services Plan; PharmaCare; Associated programs and systems	Business Management Office (Guy Cookson)
Renewal of Master Service Agreement with MAXIMUS BC	End of term analysis to inform a decision on renewing MSA past current end date (March 2015)	Business Management Office (Guy Cookson)
PhamaNet Modernization Negotiations and Impacts on Transformation	An eHealth project, enhancing PharmaNet to enable electronic prescribing and other new services by pharmacists. Implementing during 2012 and early 2013.	Business Management Office (Jackie Redmond)
Provincial Lab Information Solution (PLIS)	The PLIS project will provide consolidated diagnostic laboratory test results to authorized caregivers across BC.	Business Management Office (Guy Cookson)
iEHR project	The Interoperable Health Record project will help to provide the capability to facilitate the seamless, secure and timely sharing of accurate health information. It is a collection of common and reusable components in the support of a diverse set of health information management applications and has characteristics that enable the record to be interoperable with other IT systems across Canada.	Business Management Office (Guy Cookson)

Contract management	Large, multi-year, multi-vendor (primary vendor with subcontractors) contracts were entered into by the Ministry of Health to construct the IT infrastructure necessary to undertake eHealth and enable the interoperable electronic health record.	Business Management Office (Guy Cookson)
STRATEGIC PROJECTS BRANCH		
BC Services Card (CareCard Replacement) Project	Multi-year project to replace the CareCard, involving MOH, MAXIMUS BC, ICBC, and Ministry of Labour, Citizens' Services and Open Government. 5 – year rollout of new cards to begin November 30, 2012	Strategic Projects Branch (Nikki Sieben)
BC Yukon PHIP	BCYPHIP refers to the British Columbia and Yukon implementation of Panorama – the current pan-Canadian public health information system developed by British Columbia and IBM.	Strategic Projects Branch Nikki Sieben
Contract Management		Public Health Systems AMO (Nikki Sieben)
Pan-Canadian Public Health Surveillance System (Panorama)		Public Health Systems AMO Nikki Sieben)
BC Yukon PHIP	BCYPHIP refers to the British Columbia and Yukon implementation of Panorama – the current pan-Canadian public health information system developed by British Columbia and IBM.	Public Health Systems AMO (Nikki Sieben)
Telehealth	Canada Health Infoway funded projects such as Teleoncology, Telethoracic, Telehomecare; provincial Telehealth services (network, scheduling, bridging, helpdesk)	Strategic Projects Branch Nikki Sieben
Diagnostic Imaging Projects	The eHealth domain project that will provide seamless access to a repository of digital (filmless) diagnostic images and reports that will be populated by both public and private radiology labs, to authorized users anywhere in the province regardless of where the examination took place, via the longitudinal electronic health record.	Strategic Projects Branch Nikki Sieben
HEALTH INFORMATION PRIVACY, SECURITY AND LEGISLATION BRANCH - HS		
eHealth project privacy protection and security framework	Privacy and security policy framework for the EHR completed December 2008	eHealth Privacy, Security and Legislation (Deb McGinnis)
Information security framework	Information security framework completed	eHealth Privacy, Security and Legislation (Deb McGinnis)
eHealth Privacy Impact Assessments	PIAs completed for the conceptual and design phases for the iEHR, PLIS, eViewer and Panorama projects. PIAs for the onboarding of the health authorities for the eViewer and the Provincial Diagnostic Imaging Viewer are completed. PIAs are completed for each subsequent phase of the projects	eHealth Privacy, Security and Legislation (Deb McGinnis)

Security	Policy; Standards; Procedures	eHealth Privacy, Security and Legislation (Deb McGinnis)
Security Threat and Risk Assessment	STRAs are completed for each phase of the eHealth projects as required	eHealth Privacy, Security and Legislation (Deb McGinnis)
Stakeholder consultation for eHealth privacy and security	Stakeholder consultation for eHealth privacy and security completed. Recommendations from stakeholders incorporated into the E-Health Act.	eHealth Privacy, Security and Legislation (Deb McGinnis)
Provincial EHR Business Roles Model	This role based access model was developed in 2009 and applies to the EHR across the health Sector. An Access Management Committee manages changes to the model.	eHealth Privacy, Security and Legislation (Deb McGinnis)
Professional and software conformance standards for Information Privacy and Information Security	The Information Privacy and the Information Security volumes of the conformance standards have been completed and will be used by everyone connecting to the EHR to ensure conformance with government standards. These documents are updated as needed.	eHealth Privacy, Security and Legislation (Deb McGinnis)
HEALTH IT STRATEGY BRANCH		
Enterprise Architecture	Establish and lead the information technology direction for the health sector.	Integrated Health IT Branch (Paul Shrimpton)
Change management for EHR	Change management in the Electronic Health Branch refers to the work required within the regional health authorities and other organizations to introduce new technologies for clinical adoption.	Integrated Health IT Branch (Paul Shrimpton)
Health Authority eHealth integration	Each Health Authority has individual eHealth projects for the benefit of citizens, medical professionals and the overall health care continuum. Integration with the regional health authorities ensures alignment between/among those initiatives and the Provincial eHealth projects, leveraging infrastructure and resources where possible.	Integrated Health IT Branch (Paul Shrimpton)
Key stakeholder collaboration	The IHIT Branch has created governance committees as a forum to collect and disseminate information pertinent to eHealth. All health authorities, medical professionals and NGO's such as the BC Civil Liberties Union continue to be engaged as eHealth is deployed across the province.	Integrated Health IT Branch (Paul Shrimpton)
Managed operations	eHealth Managed Operations (eHOPS) has been established under the responsibility of the Provincial Health Services Authority (PHSA)	Integrated Health IT Branch (Paul Shrimpton)
Electronic Medical Records systems	EMR to EHR integration; Physicians Private Network (PPN); Physicians Information Technology Office (PITO)	Integrated Health IT Branch (Paul Shrimpton)
First Nations eHealth	First Nations Telehealth Expansion Project; First Nations Teleophthalmology Project	Integrated Health IT Branch (Paul Shrimpton)

INFORMATION MANAGEMENT AND KNOWLEDGE SERVICES		
Data Warehouse and Decision Support Information Services	Operationalizing and maximizing the benefit of the HealthIdeas data warehouse facility and supporting Ministry decision support systems and the VISTA data environment.	Information management and knowledge services (A/Shirley Wong)
Chief Data Steward	Data Stewardship accountability for Ministry data and information holdings. Implement information and data models, frameworks and practices to enable data access in support of business objectives and health research and planning.	Information management and knowledge services (A/Shirley Wong)
Data Access for Research, and for Planning, and Evaluation.	Managing requests for access to data, both internal and external to MoH, including responsibility for Information Sharing and Research Agreements supporting authorized access to information and data. Providing secretariat and governance support to public Data Stewardship and PharmaNet Stewardship Committees (access to health information banks and PharmaNet databases) and managing OIPC review of requests to use MoH or HA data to contact individuals for health research. Stewardship of First Nations Client File and support to development of review/approval processes for Tripartite Data and Information Planning Committee under the Tripartite First Nations Data Quality and Sharing Agreement.	Information management and knowledge services (A/Shirley Wong)
Information management	Support/leadership for Ministry IM requirements, including support to the ADM's Governance Committee on Information Management and the Information Governance Advisory Committee (ED's Committee). Strategic leadership for IM and Data Stewardship.	Information management and knowledge services (A/Shirley Wong)
Strategic IM/IT Policy, including Identity Information Strategy and Policy	Policy lead and advisory services on strategic IM policy. Responsibility for leading Identity Information Strategies and Policies, including Chairing the Identity Management Steering Committee. Monitor and advise on alignment with cross government IM/IT policies and standards by e-health initiatives management of ministry data and information assets.	Information management and knowledge services (A/Shirley Wong)
MEDICAL SERVICES AND HEALTH HUMAN RESOURCES DIVISION (NICHOLA MANNING)		
ASSISTANT DEPUTY MINISTER'S OFFICE		
Freedom of Information	Requests for Data/Information Claims or Registration Related	(Darlene Grieve)

PHYSICIAN HUMAN RESOURCE MANAGEMENT (ROD FRECHETTE)		
Alternative Payments Program (APP)	Alternative Payments Program (APP)	Alternative Payments Program (APP) John English
Joint Govt/ BCMA Alternative Payments Committee (APC)	Joint Govt / BCMA Alternative Payments Committee (APC)	Joint Govt / BCMA Alternative Payments Committee (APC) (John English)
Implementation of the provincial agreement with BCMA Physician Master Agreement	Implementation of the provincial agreement with BCMA Physician Master Agreement	Implementation of the provincial agreement with BCMA Physician Master Agreement (Kevin Warren/Rod Frechette)
Auditor General's Report on Alternative Payments Program		MSHHRD/Physician Human Resource Management (John English/ Rod Frechette)
Joint Standing Committee on Rural Issues (JSC) -	NITAOP, REAP, Rural Retention, GP and Specialist Locum programs, rural-CME	MSHHRD/Physician Human Resource Management (John English/ Rod Frechette/ Sandra Walker)
Medical on-call availability program (MOCAP)		MSHHRD/Physician Human Resource Management (John English/ Rod Frechette)
Physician Benefits		MSHHRD/Physician Human Resource Management (Kevin Warren, Rod Frechette)
Isolation Allowance Fund	For physicians providing necessary medical services in eligible RSA communities with fewer than four physicians	MSHHRD/Physician Human Resource Management (John English/Sandra Walker)
MEDICAL SERVICES BRANCH (STEPHANIE POWER)		
Abortion	MSP paying for abortion services Requests to de-insure abortion services	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Acupuncture	Most of this correspondence related to the decision the govt. made to fund these services.	MSD / Supp Bens & Midwifery (Beverlee Sealey)
Alternative Practices	Requests for govt. to include Alternative Practices in the funding of services.	MSD / Supp Bens & Midwifery (Beverlee Sealey)
BC Medical Association (BCMA) Fee guide	Suggestions on fee schedule Inclusion of services in the BCMA fee schedule	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Bariatric Surgery	Requests for out of country treatment Requests for MSP coverage for weight loss surgery (lap band, gastric bypass, etc.)	MSD /MS Operations and Policy (Dianne Kirkpatrick)
Billing Numbers	Practitioners or Facilities	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Cancellation of coverage	Requests to cancel coverage as a result of moving/opting out Eligibility review of non-residents	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Cancer Issues	Often out of country care related/coverage issues	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Care Cards/BC Services Card	Replacing or returning of Care Cards (policy) BC Services Card MSP Policy – enrolment, renewal of enrolment, cancellation	MSD / MS Operations and Policy (Dianne Kirkpatrick)

Cataract Surgery (IOL) Extra Billing	Requests for reimbursement of payment relating to extra billing for cataract surgery – physicians charging patients for the insured cataract surgery (coverage issues surrounding the insured foldable monofocal lens go to HAD)	MSD/Medical Services Branch (Stephanie Power)
Chelation	Chelation therapy for vascular disease	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Chiropractors	Most correspondence relates to why persons have to pay a supplemental fee when they visit their Chiropractors.	MSD/ Supp Bens & Midwifery (Beverlee Sealey)
Claims	Medical claims from Beneficiaries/status	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Claims – Reimbursement	Patient requests for reimbursement for privately paid surgical or office charges by physicians and private clinics (and extra billing)	MSD/ Stephanie Power Medical Services Commission
College of Physicians and Surgeons	Complaints against physicians or College's handling of complaints	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Condition/Disease specific	Questions/comments regarding MSP coverage of conditions not specified in issues list	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Coverage Change	Addition /deletion of family members Change in premium status Moving to individual/group coverage	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Dental Coverage	Usually requests for coverage for dental surgeries	MSD/ Stephanie Power Medical Consultants (Malcolm Williamson)
Drivers License Exams for Seniors	Request for MSP coverage of the mandatory driver's medical exam for individuals over 79 Complaints regarding the fee charged for the medical exam (all other correspondence regarding this exam should go to the Superintendent of Motor Vehicles at the Ministry of Justice)	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Eligibility/Registration	Issues concerning policies for MSP eligibility	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Enrollment	Application for enrollment in MSP	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Erosion of Medicare	Includes suggestions and complaints regarding MSP	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Extended Health Benefits	Requests for or questions regarding extended health benefit plans	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Extra Billing	Private Facilities or physicians charging amounts beyond allowable in Medicare Protection Act	MSD/ Stephanie Power
Fee Guides	Medical Services Plan Payment Schedule	MSD / MS Operations and Policy Dianne Kirkpatrick
Gender Reassignment	Sex re-assignment surgery (GRS/SRS)	MSD / MS Operations and Policy (Dianne Kirkpatrick)

High Volume/Low Intensity Practices	Also referred to as physician or patient caps Physicians limiting the number o f patients seen in one day	MSD / MS Operations and Policy (Dianne Kirkpatrick)
Insured Benefits	Questions regarding inclusion or delisting of MSP benefits	MSD / MS Operations and Policy (Dianne Kirkpatrick)
In-Vitro Fertilization – MSP Coverage	Requests for MSP coverage of In-Vitro Fertilization	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Mandatory MSP Enrolment	MSP enrolment and premium billing mandatory for residents of BC – Issues/complaints	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Massage Therapy	Most correspondence regarding why a supplemental fee is charged for this service.	MSD / Supp Bens & Midwifery (Beverlee Sealey)
Medical Records	Requests for medical records/information contained within Charges related to the request for records	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Medical Services Commission	MSC Secretariat	MSD/ Stephanie Power Medical Services Commission
Medical Services Plan (MSP) Coverage	Questions regarding coverage and reasons for policy.	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Midwifery	Correspondence regarding costs of second attendants and supplies required for home birth	MSD/Supp Bens & Midwifery (Beverlee Sealey)
Multiple Sclerosis (MS) Zamboni Treatment	Questions regarding MSP not covering MS Zamboni treatment for CCSVI)	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Naturopathy	Most correspondence relating to why the govt. doesn't fully insure this coverage and how Naturopathy has helped in recoveries.	MSD/Supp Bens & Midwifery (Beverlee Sealey)
Non-resident Abuse	Investigations Unit investigates possible non-residents	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Ombudsman	Complaints to the College that are unsatisfactorily resolved are referred to the Ombudsman	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Opthalmology/Opticians/ Optometry	Most correspondence relates to why a supplemental fee is charged.	MSD/Supp Bens & Midwifery (Beverlee Sealey)
Out of Country/Province Medical Care	Requests/Claims for coverage of medical/surgical procedures outside of British Columbia	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Physical Therapy/ Physiotherapy	Most correspondence relates to why a supplemental fee is charged.	MSD/Supp Bens & Midwifery (Beverlee Sealey)
Physician Specific	Complaints against physicians (e.g. quality of care) Requests to find a family doctor in BC Requests for assistance in finding a physician to perform a specific medical treatment	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Podiatry	Most correspondence relates to why a supplemental fee is charged.	MSD/Supp Bens & Midwifery (Beverlee Sealey)
Premiums	Increase of premium rates charged Rates unfair to couples/singles Requests for assistance with premiums Suggestions to eliminate premiums	MSD/ MS Operations and Policy (Dianne Kirkpatrick)

Premium Assistance	Requests for assistance Questions concerning levels of assistance	MSD/ MS Operations and Policy (Dianne Kirkpatrick)
Premium Assistance (Temporary)	100 percent subsidy on a short-term basis to persons experiencing serious unexpected financial hardship	MSD/ MS Operations and Policy (Dianne Kirkpatrick)
Premium Billing Issues	Problem with MSP bill received, account in arrears, collections, notices, overdue bills - refer to Ministry of Small Business and Revenue	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Premiums and Lifestyle	Basing premiums on lifestyle choices (i.e. smoking, drug use, income, etc.)	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Prescription Renewals	Physicians handling of renewals in office or over telephone	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Private Clinics	Extra Billing issues, charging of fees contrary to the Medicare Protection Act Requests for reimbursement of services received at private clinics	MSD/ Stephanie Power
Protocols and Guidelines	Practical and easy-to-follow advice to practitioners for effective patient care; are based on scientific evidence, and are modified for circumstances B.C.	MSD/Guidelines, Supp Bens & Midwifery (Beverlee Sealy)
Prostrate Specific Antigent (PSA) Test	Questions regarding MSP not covering PSA testing	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Seasonal Agricultural Workers Program (SAWP) & Migrant Workers	Complaints around MSP eligibility and waiver of the wait period for SAWP and migrant workers	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Snowbirds	Seniors who spend a portion of the year outside of BC requesting extended MSP coverage	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Statements of Services	Suggestions that beneficiaries receive statement of services	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Supplementary benefits	Any issues regarding services that aren't covered by the govt.	MSD/Supp Bens & Midwifery (Beverlee Sealey)
Telephone Service Issues	Usually complaints regarding contacting of HIBC- refer to BMO	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Traditional Chinese Medicine	Most of this correspondence related to the decision the govt. made to fund these services.	MSD/Supp Bens & Midwifery (Beverlee Sealey)
Travel Assistance Program (TAP)	Non-emergency, physician-referred medical travel assistance for patients	MSD/MS Operations and Policy (Karen Clark)
Two-Tiered Health Care	Mixed public-private systems to deliver health care - comments on extra fees charged to patients	MSD/ Stephanie Power
User Fees	Usually related to care provided by private clinics (excludes supplementary benefits)	MSD/ Stephanie Power
Wait Period Waiver	Requests for waiver of the three month wait period for MSP coverage	MSD/MS Operations and Policy (Dianne Kirkpatrick)
Walk-in clinic Complaints	Issues concerning the quality of care received/physician complaints	MSD/MS Operations and Policy (Dianne Kirkpatrick)

LABORATORY, DIAGNOSTIC & BLOOD SERVICES BRANCH (JANE CRICKMORE)		
Advisory Committee on Diagnostic Facilities		MS&HHRD/Laboratory Diagnostics & Blood Services (Woody Turnquist /Robin Henneberry)
BCMA/MOH Working Committee to review Standard Out-Patient Diagnostic Requisitions Forms		MS&HHRD/Laboratory Diagnostics & Blood Services (Jane Crickmore / Joanne Philley)
Blood Issues	Stem Cell Issues, IVIG, Subcutaneous Immune Globulin, Cord Blood Banking, Umbilical Cord Blood Banking, PBCO, CBS & related issues, Hemophilia, plasma protein products	MS&HHRD/Laboratory Diagnostics & Blood Services (Wendy Vowles)
Canadian Blood Services	CBS Budget Costs and anything related to CBS and the Ministry; CBS Provincial/Territorial Issues	MS&HHRD/Laboratory Diagnostics & Blood Services (Wendy Vowles)
Canadian Blood Agency	Multi-Provincial Territorial Assistance Program (MPTAP)	MS&HHRD/Laboratory Diagnostics & Blood Services (Jane Crickmore)
Cord Blood Banking	May also be called Umbilical Blood Banking. Issues related to establishing a bank in BC	MS&HHRD/Laboratory Diagnostics & Blood Services (Wendy Vowles)
Diagnostic Accreditation Program	Issues related to DAP Governance, Funding, Diagnostic Facility accreditation, Diagnostic Service Standards for facilities in BC	MS&HHRD/Laboratory Diagnostics & Blood Services (Jane Crickmore)
Multi-Provincial Territorial Assistance Program (MPTAP)	Payments to individuals who contracted HIV through the blood system.	MS&HHRD/Laboratory Diagnostics & Blood Services (Jane Crickmore)
Provincial Laboratory Information Solution (PLIS)	Analytical support to lab services and clinical issues related to Provincial Laboratory Information Solution (PLIS)	MS&HHRD/Laboratory Diagnostics & Blood Services (Jane Crickmore/ Joanne Philley)
Organ and Tissue Donation and Transplantation (OTDT)	Any linkage between OTDT and Canadian Blood Services; Living Donor Paired Exchange, National Organ Registry, Highly Sensitized Patient Registry, OneMatch Stem Cell and Marrow Network	MS&HHRD/Laboratory Diagnostics & Blood Services (Wendy Vowles)
Provincial Blood Coordinating Office (PBCO)	Central Transfusion Registry; Inherited Blood and Red Cell Disorders; Hemophilia	MS&HHRD/Laboratory Diagnostics & Blood Services (Wendy Vowles)
Hepatitis C	Compensation	MS&HHRD/Laboratory Diagnostics & Blood Services (Wendy Vowles)
Lab Issues	Strategic, policy and operational issues related to laboratory services.	MS&HHRD/Laboratory Diagnostics & Blood Services (Jane Crickmore/ Angela Deering)
Telepathology / Digital Imaging for Pathology		MS&HHRD/Laboratory Diagnostics & Blood Services (Jane Crickmore/Joanne Philley)
HEALTH HUMAN RESOURCES PLANNING PHYSICIANS BRANCH (KEVIN BROWN)		
10 Year HHR Plan	Workforce planning	(Nichola Manning/ Kevin Brown/ Sharon Stewart)

FPT Committee on Health Workforce (CHW) – Committees	Health Education Task Force (HETF); Internationally Educated Health Professionals Task Force (IEHPTF);	(Kevin Brown)
FPT Committee on Health Workforce (CHW) – formerly Advisory Committee on Health Delivery and Human Resources (ACHDHR)	HHR and the Council of the Federation (CoF)	(Nichola Manning/KevinBrown)
AVED Liaison	Medical education, Canadians studying abroad; integrated assessment service; labour mobility; entry to practice requirements	(Kevin Brown/Bev MacLean-Alley/Libby Posgate)
BCAHC	Intersection of advanced education and health professions training requirements; practice education	(Nichola Manning/Kevin Brown)
BCAHC – Practice Education	Intersection of post secondary institutions and health authorities roles and responsibilities in practice education, including interprofessional practice education	(Kevin Brown)
BC Confirmation of Need Letter	IMG physicians letter for provisional license and CIC documentation. Health Match BC cooperation.	(Leo Siu)
Canadian Resident Matching Service (CaRMS)	Cross reference with IMG-BC Program, CSAs	(Bev MacLean-Alley/ Shelly Anderson/Kevin Brown)
Canadians Studying Abroad (CSA)	Cross reference with IMG-BC Program	(Beverly MacLean-Alley/Kevin Brown)
Clinical teaching for medicine		(Kevin Brown)
Health Labour Relations	Medical residents only; requests for accommodation (deaf resident)	(Kevin Brown)
Internationally Educated Health Professionals	Assessment requirements for licensure; integrated assessment service; foreign qualifications recognition; internationally educated health professionals initiative	(Kevin Brown/Libby Posgate/Victoria Robson)
Internationally Educated Nurses	Concerns re: barriers to registration	(Victoria Robson)
International Medical Graduates-BC Program	IMG-BC Program expansion; expansion and distribution of UBC residency program positions for IMGs	(Beverly MacLean-Alley/Shelly Anderson/Kevin Brown)
Interprofessional Education	Cross reference with BCAHC	(Libby Posgate/Debbie McLachlan)
J1 Visa	Canadians Studying in the US	(Leo Siu)
JTI Liaison	Assessment requirements for licensure; integrated assessment service; foreign qualifications recognition initiative; internationally educated health professionals; physician licensure; labour mobility	(Victoria Robson)
Medical Education Financial Stewardship Committee	Oversight of funding to support expansion and distribution of medical education between AVED, MoH, Faculty of Medicine	(Nichola Manning/Kevin Brown)

Medical Human Resources Planning Task Force	The allocation of residency positions across more than 60 recognized training programs based on health authority/population health needs; the pathways to licensure for internationally educated physicians; HA physician forecasting	(Nichola Manning/Kevin Brown)
Medical School Expansion	Distribution of medical education to attract medical students to train and ultimately practice in rural communities; aboriginal medical students	(Kevin Brown)
Northern and Western Health Human Resources Planning Forum	7 jurisdictions collaborating on HHR planning issues, such as an integrated assessment service for internationally educated health professionals	(Kevin Brown)
Physician Assistants		(Shelly Anderson/Kevin Brown)
Physician Education	Numerous issues: national certification requirements, licensure, clinical teaching, distributed medical education, JI visa applications, Canadian Resident Matching Service (CaRMS) policies, transparency	(Kevin Brown/Bev MacLean-Alley)
Physician Quality Assurance		(Libby Posgate)
Postgraduate Medical Education (Residency) Program	Access to postgraduate medical education; Canadians studying abroad; the Department of National Defence training requirements	(Kevin Brown/ Beverly Maclean-Alley)
Practice Ready Assessments (Physicians)		(Libby Posgate)
Recruitment and retention PHYSICIANS	Cross references with PHRM. Only matters concerning education/licensure requirements/Health Match BC are directed to HHRP Physicians. *Licensed practitioners would be PHRM.	(Kevin Brown/ Rod Frechette)
Return of Service (ROS)	UBC postgraduate medical education/IMG residency positions with attached ROS	(Bev MacLean-Alley)
South Africa Letter of Support	Canadian doctors who want to work in South Africa	(Leo Siu)
Visa Trainee Program	Resident trainees from Saudi Arabia occupying training capacity which could be re-allocated to accommodate Canadians studying abroad	(Beverly MacLean-Alley/Kevin Brown)
HEALTH HUMAN RESOURCES PLANNING – NURSING & ALLIED HEALTH PROFESSIONS ("CLINICAL") (SHARON STEWART)		
Nursing and Allied Health HR	Health Human Resource Planning and practice related issues for nursing and allied health professions.	(Debbie McLachlan/Sharon Stewart)
AEIT Liaison		(Debbie McLachlan for Nursing and Allied Health Professions)
Labour Mobility	Practice issues pertaining to labour mobility of nursing/allied health professionals.	(Debbie McLachlan for Nursing and Allied Health Professions)

Health Labour Relations		(LR&SI-Director as Lead, Sharon Stewart for subject matter on Nursing and Allied Health Professionals)
Healthy Workplace		(Debbie McLachlan / Sharon Stewart)
HHR – Strategy Council		(ADM / Sharon Stewart)
HHR Long Term Disability		(LR&SI-Director as Lead, Sharon Stewart for HHR Planning purposes)
HHR Statistics	Includes Forecasting, CIHI Report: Workforce Trends in Canada	(Lisa Stark with program managers to support)
Interprofessional Education		(Debbie McLachlan / Kevin Brown – as Lead)
Loan Forgiveness Program (Allied / Nursing)		(Zeb King/Debbie McLachlan)
Recruitment and Retention Allied Professions		(Debbie McLachlan / Sharon Stewart)
Recruitment and retention Nursing		(Debbie McLachlan / Sharon Stewart)
Care Aide Registry		(Debbie McLachlan/Katelyn Ranger)
Nurse Education	Includes Nurse Specialty Education Fund; nursing refresher program for non-practicing nurses; mentorship With foreign educated nurses issues – Kevin Brown as Lead.	(Debbie McLachlan / Sharon Stewart)
Nurse Practitioners	Includes HHR Planning, practice and coordination of legislative changes.	(Debbie McLachlan / Sharon Stewart)
HHR Nursing Strategy	Including nursing leadership; regulatory updates.	(Sharon Stewart)
Nursing Shortage / Long Term Planning	Concerns with restructuring, nurses are being laid off in a time of shortage.	(Debbie McLachlan)
Return to Work for Nurses on WCB / LTD		(LR&SI-Director as Lead/Debbie McLachlan)
Nursing / Allied Professional Practice	To facilitate and support ongoing development of inter-professional practice in all sectors of the Health care system, and to recognize and encourages all practitioners to work to full scope of practice.	(Sharon Stewart/Debbie McLachlan)
Health Sector Workforce Planning	Integrated approach (including advanced education, JSTS for labour mobility; physicians, nurses, allied health professionals	Lisa Stark
PRIMARY HEALTH CARE & SPECIALIST SERVICES BRANCH (KELLY MCQUILLEN)		
Chronic Disease Management	Chronic disease population/disease specific strategies	MSHHRD/PHC & SS (Kelly McQuillen)

	Access to primary care Comprehensive primary care Longitudinal primary care (care over time) Coordinated primary care Chronic Disease Registries Evidence based clinical care and outcomes Planned proactive care, team based	
\PMA Collaborative Committees between BCMA and MoH	Specialist Services Committee Shared Care Committee General Practice Services Committee	MSHHRD/PHC & SS (Kelly McQuillen< Angela Micco, Nadeen Johansen)
Patients as Partners	iCon eHealth strategy Bounce Back First Link Patient and Public Engagement How's Your Health Patient Voices Network Patient voice in health care reform Patient self care or self management support	MSHHRD/PHC & SS (Kelly McQuillen/Caryl Harper)
General Practice Service Committee (GPSC)	In hospital Care Program Chronic disease Management Incentives Practice Support Program Group Medical Visits Advanced Access Patient Attachment (GP4Me) Community Health and Resource Directory Maternity Care for BC	MSHHRD/PHC (Kelly McQuillen/Angela Micco)
Primary and Community Integration (IHNs)	Multidisciplinary teams for integrated community based care for priority populations Integrated care service delivery approaches and models Integrated Health Networks Integrated care pathways	MSHHRD/PHC & SS (Kelly McQuillen/Shana Ooms)
Divisions of Family Practice	Non-profit societies that bring GPs together to improve care in a local geographic area	MSHHRD/PHC & SS (Kelly McQuillen)
Access to primary care	Patient Attachment (GP4Me) suite of incentives/fees Attachment rates by community	MSHHRD/PHC & SS (Kelly McQuillen)/Eric Bringsli)
NP4BC initiative	(Shared with HHR, Sharon Stewart)	MSHHRD/PHC & SS (Kelly McQuillen)/Eric Bringsli
Inspire Health		MSHHRD/PHC & SS (Kelly McQuillen/Eric Bringsli)
Blended Funding Primary Care	Blended Funding Primary Care	Blended Funding Primary Care (Eric Bringsli)
Population based Funding sites	Primary care demonstration projects	MSHHRD/PHC & SS (Kelly McQuillen/Eric Bringsli)

POPULATION AND PUBLIC HEALTH (ARLENE PATON)		
ABORIGINAL HEALTHY LIVING		
Aboriginal and First Nations Health		PPH/Aboriginal Health (Shannon M. McDonald)
Aboriginal Community Health Plans		PPH/Aboriginal Health (Shannon M McDonald)
Aboriginal eHealth and Telehealth		PPH/Aboriginal Health (Shannon M. McDonald)
Aboriginal Engagement Tables	Métis Nation BC and BC Association of Aboriginal Friendship Centres	PPH/Aboriginal Health (Clint Kuzio)
Aboriginal Health Issues for Treaty Negotiation		PPH/Aboriginal Health (Clint Kuzio)
Aboriginal Healthy Living Activities		PPH/Aboriginal Health (Tara Nault)
Aboriginal Maternal and Child Health		Maternal and Child Health Engagement – Lead (Joan Geber/Tara Nault)
BC Tripartite Framework Agreement on First Nation Health Governance	Signed by Government of BC, Government of Canada, First Nations Health Society, First Nations Health Council	PPH/Aboriginal Health (Shannon M. McDonald/ Clint Kuzio/Nicole Ryan)
Cultural Competency		PPH/Aboriginal Health (Tara Nault/Clint Kuzio/ Bryan Dreilich)
First Nations Health Governance		PPH/Aboriginal Health (Shannon M. McDonald/Clint Kuzio/ Nicole Ryan)
First Nations Health Information and Data Requests		PPH/Aboriginal Health (Nicole Ryan/Sukhy Sidhu)
Gathering Wisdom Forum		PPH/Aboriginal Health (Shannon M. McDonald)
Health Actions – relating to Métis Peoples/Métis Nation Relationship Accord – Health Commitment (Community, family, and individuals)		PPH/Aboriginal Health (Tara Nault)
Health Benefits Eligibility Working Group		PPH/Aboriginal Health (Shannon M. McDonald/ Clint Kuzio)
Health Human Resources		PPH/Aboriginal Health (Tara Nault/Cheryl Martin)
Health Planning and Capital		PPH/Aboriginal Health (Shannon M. McDonald/ Tara Nault)
Health Services	Health Authority Aboriginal Health Leads, HA Aboriginal Health Plans, Home and Community Care, Primary Health Care	PPH/Aboriginal Health (Shannon M. McDonald/ Tara Nault)
Health Services Integration Fund		PPH/Aboriginal Health (Tara Nault)

Inter-ministry Collaboration on Aboriginal Health		PPH/Aboriginal Health (Clint Kuzio)
Jordan's Principle		PPH/Aboriginal Health (Clint Kuzio/Paula Shaw)
Mental Wellness and Substance Use		PPH/Aboriginal Health (Tara Nault)
Off-Reserve Action Plan – Health: urban Aboriginal Peoples		PPH/Aboriginal Health (Clint Kuzio)
Primary Care and Public Health		PPH/Aboriginal Health (Tara Nault/ Shannon M. McDonald)
Sub-Agreement Sub-Committee	(Sub-Agreement to the BC Tripartite Framework on First Nation Health Governance)	PPH/Aboriginal Health (Shannon M. McDonald)/ Clint Kuzio)
Suicide Prevention, Intervention, and Postvention (Aboriginal Peoples)		PPH/Aboriginal Health (Tara Nault)
Transformative Change Accord: First Nations Health Plan		PPH/Aboriginal Health (Shannon M. McDonald/ Nicole Ryan)
Tripartite Committee on First Nations Health		PPH/Aboriginal Health (Shannon M. McDonald/ Nicole Ryan/Paula Shaw)
Tripartite Communications	Year in Review, Together in Wellness, brochures	PPH/Aboriginal Health (Nicole Ryan/Clint Kuzio/ Bryan Dreilich)
Tripartite First Nations Health Plan	Signed by Government of BC, First Nations Leadership Council, and Government of Canada	PPH/Aboriginal Health (Shannon M. McDonald)
PUBLIC HEALTH PLANNING AND SURVEILLANCE		
Clinical Prevention		PPH/PHPS (Sylvia Robinson)
Core Functions	Core Functions Framework	PPH/PHPS (Lorna Storbakken)
Corporate planning	Division Service Plan, input into Ministry Service Plan, Annual Report, manage health authority GLE input	PPH/PHPS (Tom Gregory/Ryan Hinton/Robyn Mackenzie)
Cross Government Action Plan for Population Health Improvement		PPH/PHPS (Tom Gregory)
Epidemiology	Research development of factors affecting the health and illness of a population. Public health specialists within CSPL provide community medicine consultation and policy and legislation advice.	PPH/PHPS (Mike Pennock)
Freedom of Information requests	Information coordination	PPH/PHPS (Laurene Daniels/Kathleen Griffith (backup))
General policy development/administration issues	Corporate policy, research and analysis	PPH/PHPS (Tom Gregory)
Healthy Families BC		PPH/PHPS (Tom Gregory, Robyn Mackenzie)

IGR		PPH/PHPS (Tom Gregory)
Medical Marijuana	Coordinating MoH response to Health Canada proposal to revise the federal program.	PPH/PHPS (Dr. Brian Emerson)
Public Health Information Systems	Health assessment and disease surveillance system	PPH/PHPS (Sylvia Robinson)
Program monitoring/auditing		PPH/PHPS (Tom Gregory/Robyn Mackenzie)
Public Health Act	Development and implementation	PPH/PHPS (Brian Emerson)
Public Health Plan		PPH/PHPS (Tom Gregory)
Public Health Human Resources		PPH/PHPS (Cheryl Martin, Ryan Hinton)
Public Health and Primary Care Integration		PPH/PHPS (Sylvia Robinson)
Service Planning and Reporting		PPH/PHPS (Tom Gregory/ Robyn Mackenzie)
CHRONIC DISEASE/INJURY PREVENTION AND BUILT ENVIRONMENT		
Action Schools! BC		PPH/ Chronic Disease/Injury Prevention & Built Environment (Meghan Day)
Alpine helmets	Skiing, snowboarding See injury prevention	PPH/ Chronic Disease/Injury Prevention & Built Environment (Matt Herman)
BC Healthy Communities	Community Capacity Building	PPH/ Chronic Disease/Injury Prevention & Built Environment (Winnie Yu)
BC Injury Research and Prevention Unit		PPH/ Chronic Disease/Injury Prevention & Built Environment (Matt Herman)
Child & Nature Alliance	"Healthy by Nature"	PPH/ Chronic Disease/Injury Prevention & Built Environment (Winnie Yu)
Childhood Obesity		PPH/ Chronic Disease/Injury Prevention & Built Environment (Meghan Day/Lisa Forster-Coull)
Chronic Disease prevention	Not treatment	PPH/ Chronic Disease/Injury Prevention & Built Environment (Laurie Woodland)
Dietitian Services at HealthLink BC	(formerly, Dial-A-Dietitian)	PPH/Chronic Disease/Injury Prevention & Built Environment (Lisa Forster-Coull)
Dietitians		(Lorrie Cramb)
Eat Smart Meet Smart Guidelines		PPH/ Chronic Disease/Injury Prevention & Built Environment (Maria Janicker)
E-cigarettes		PPH/ Chronic Disease/Injury Prevention & Built Environment (Karen

		Parasram)
Food Marketing		(Lisa Forster-Coull)
Food Security - Community Food Action Initiative		PPH/ Chronic Disease/Injury Prevention & Built Environment (Lisa McKellar)
Food Skills for Families	Produce Preservation Program	PPH/ Chronic Disease/Injury Prevention & Built Environment (Margaret Yandel)
Guidelines for Food and Beverages Available at Sporting Events in BC		PPH/ Chronic Disease/Injury Prevention & Built Environment (Melanie Kurrein)
Health Check™	Healthy Dining Program	PPH/ Chronic Disease/Injury Prevention & Built Environment (Marg Yandel)
Healthy Built Environment	Core Public Health program on Healthy Communities, Healthy Built Environment Alliance, SmartGrowth BC, Measuring Up the North, Cities Fit For Children, Visitable/ accessible housing and universal design	PPH/ Chronic Disease/Injury Prevention & Built Environment (Winnie Yu)
Healthy Eating/Nutrition		PPH/ Chronic Disease/Injury Prevention & Built Environment (Lisa Forster-Coull)
Healthy Families BC Communities		PPH/ Chronic Disease/Injury Prevention & Built Environment (Winnie Yu)
Healthy Schools	Healthy Schools BC	PPH/ Chronic Disease/Injury Prevention & Built Environment (Scott Beddall)
Healthy Workplaces	Healthy Families BC Workplaces	PPH/ Chronic Disease/Injury Prevention & Built Environment (Maria Janicker)
Informed Dining Program	Nutrition Disclosure	(Lorrie Cramb)
Injury Prevention	Accidental Poisoning, Child & Youth Injuries, Motor Vehicle Crashes, Falls, Burn and Scald Prevention, Recreational Water Safety, Recreational and Sport Injuries, Protective Equipment (seatbelts, helmets, child car seats), etc.	PPH/ Chronic Disease/Injury Prevention & Built Environment (Kyle Todoruk)
Junk Food Ban	Tax, schools and provincial buildings	PPH/ Chronic Disease/Injury Prevention & Built Environment (Lisa Forster-Coull)
Local government community planning	Accessibility and inclusion planning: Active Transportation; mix-use, compact, walkable developments; community design; social connectivity through design; community development	PPH/Chronic Disease/Injury Prevention & Built Environment (Winnie Yu)
Nutrition		PPH/ Chronic Disease/Injury Prevention & Built Environment (Lisa Forster-Coull)
Healthy Weights		PPH/ Chronic Disease/Injury Prevention & Built Environment Meghan Day
Physical Activity	General physical activity, physical activity phone Line (PAL), Active Communities, Seniors' Physical Activity Resources (Move for Life DVD, fact sheets), Literacy Education Activity Play	PPH/ Chronic Disease/Injury Prevention & Built Environment (Toby Green)

	(LEAP BC), Walk BC, Everybody Active, Built Environment Active Transportation (BEAT) ParticipACTION Note: Walking Challenge falls to Health Promotions Support and Engagement	
Prevention (Cardiovascular disease, diabetes, general)	(Note: treatment and chronic disease management is Health Services MSD issue)	PPH/ Chronic Disease/Injury Prevention & Built Environment (Laurie Woodland)
Shapedown BC		PPH/ Chronic Disease/Injury Prevention & Built Environment Lisa McKellar
Smoke Free Homes – related to a BC Housing Project	Responsibility for this falls under the Ministry of Housing and Social Development	
Smoke Free Homes – related to a private property (house, apartment or condo)		PPH/ Chronic Disease/Injury Prevention & Built Environment (Karen Parasram)
Prevention Strategy		PPH/ Chronic Disease/Injury Prevention & Built Environment (Laurie Woodland)
Produce Availability Initiative	First Nations gardens,	PPH/ Chronic Disease/Injury Prevention & Built Environment (Margaret Yandel)
School Fruit and Vegetable Nutrition Program		PPH/ Chronic Disease/Injury Prevention & Built Environment Melanie Kurrein
Seniors' Falls Prevention	Centre of Excellence for Mobility, Fall Prevention, and Injury in Aging	PPH/ Chronic Disease/Injury Prevention & Built Environment (Bonnie Fiala)
Shapedown BC		PPH/ Chronic Disease/Injury Prevention & Built Environment Lisa McKellar
Smoke Free Homes – related to a BC Housing Project	Responsibility for this falls under the Ministry of Housing and Social Development	
Smoke Free Homes – related to a private property (house, apartment or condo)		PPH/ Chronic Disease/Injury Prevention & Built Environment (Karen Parasram)
Smoke Free Vehicles	Responsibility for this falls under the Ministry of Public Safety and Solicitor General	
Sodium reduction		(Lorrie Cramb)
Sweetened Beverages		Lisa McKellar
Tobacco cessation	QuitNow Services, NOTE: BC Smoking Cessation Program is with PSD	PPH/ Chronic Disease/Injury Prevention & Built Environment (Shelley Canitz)
Tobacco enforcement	Retail enforcement (e.g. Administrative Review, tickets/violations)	PPH/ Chronic Disease/Injury Prevention & Built Environment (Karen Parasram)
Tobacco issues (including legislation)	Sales in pharmacies, bans on second hand smoke	PPH/ Chronic Disease/Injury Prevention & Built Environment (Shelley Canitz)
Tobacco litigation	Tobacco Damages and Health Care Costs Recovery Act (2000)	PPH/ Chronic Disease/Injury Prevention & Built Environment (Laurie Woodland)

Trans Fat		PPH/ Chronic Disease/Injury Prevention & Built Environment (Lorrie Cramb)
COMMUNICABLE DISEASE PREVENTION, HARM REDUCTION AND MENTAL HEALTH PROMOTION		
10-year plan to address mental health and substance use in BC (Healthy Minds, Healthy People	Joint responsibility for development of the plan shared across MoH (HAD & PPH) and MCFD	PPH/Communicable Disease Prevention, Harm Reduction and Mental Health (Warren O'Briain/Stephen Smith/Kenneth Tupper)
Centre for Addictions Research (CARBC)	Some issues are answered by the PHO's Office, such as communicable disease outbreaks	PPH/Communicable Disease Prevention, Harm Reduction and mental Health Promotion (Warren O'Briain/Kenneth Tupper)
Harm reduction and alcohol/ substance use	Four-pillared approach to substance use and addictions LMLGA (Lower Mainland Local Government Association) NSMA (municipal leadership), UBCM Note: some issues are answered by Provincial Health Officer	PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/ /Denise De Pape – alcohol/ Kenneth Tupper – other substance use)
Harm reduction supplies including Needle Distribution & Recovery		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Kenneth Tupper)
Hepatitis B		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Ciro Panessa)
Hepatitis C		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain /Ciro Panessa)
HIV/AIDS		PPH/Communicable Disease Prevention, Harm Reduction and mental Health Promotion (Warren O'Briain/ Ciro Panessa)
HIV/STI Testing		PPH/Communicable Disease Prevention, Harm Reduction and mental Health Promotion (Warren O'Briain/ Ciro Panessa)
Human Papilloma Virus (HPV)		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Craig Thompson)
Immunization and informed consent by minors		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Craig Thompson)
PPH Influenza Immunization Program		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain /Craig Thompson)
Mental health promotion		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Stephen Smith)
Mental illness prevention		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Stephen Smith)

SALOME/North American Opiate Medication Initiative (NAOMI)	SALOME is currently treating patients in Vancouver as a research project comparing prescribed heroin and prescribed hydromorphone as options for substitution treatment for opioid dependence.	PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Kenneth Tupper)
Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS or Seek and Treat)	Minister announced provincial implementation of STOP HIV/AIDS on Nov 30, 2012.	PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/ Ciro Panessa)
Sexually Transmitted Infections		PPH/Communicable Disease, Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/ Ciro Panessa)
Supervised Injection (Insite – Dr. Peter Centre)	In September 2011, the Supreme Court of Canada ruled that the Controlled Drugs and Substances Act (CDSA) violates s. 7 of the Canadian Charter of Rights and Freedoms, infringing on the rights of Insite's users, and ordered the federal Minister of Health to grant an immediate exemption permitting Insite's continued operation.	PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Kenneth Tupper)
Tuberculosis		PPH/Communicable Disease Prevention, Harm Reduction and Mental Health Promotion (Warren O'Briain/Craig Thompson/Ciro Panessa/Manik Saini)
EMERGENCY MANAGEMENT (SHAWN CARBY)		
BC Heath Sector Emergency Management Strategic Plan	Five-year health sector emergency preparedness enhancement strategy. Implement (Internal Audit and Advisory Services) IAAS EM Audit recommendations	PPH/ Emergency Management Unit (Shawn Carby)
Business Continuity Management	MoH mission critical function analysis and health sector wide planning and support. Conducting of BCP Exercises and overall continuation of program.	PPH/ Emergency Management Unit (Kirsten Brown/ Katja Magarin)
ETeam	Health system-wide implementation of the ETeam emergency management software	PPH/ Emergency Management Unit (Christine Grist)
Hazardous Substance Program	Implement province-wide program for managing hazardous substance events impacting the health system	PPH/ Emergency Management Unit (Kirsten Brown/ Katja Magarin)
Health Emergency Coordination Centre	Establish and resource Health Emergency Coordination Centre	PPH/ Emergency Management Unit (Christine Grist)
Integrated Health Migrant Vessel Response Plan	Jointly lead, with PHAC, review and updating of an Integrated BC Health Migrant Vessel Response Plan	PPH/Emergency Management Unit (Kirsten Brown/ Katja Magarin)
Integrated Public Safety	Ensure integration of health emergency management activities with cross government / cross sector initiatives at Emergency Management BC	PPH/ Emergency Management Unit (Dave Burgess)
Mass Casualty Preparedness	Development and Implementation of Mass Casualty Management guidelines for the province	PPH/Emergency Management Unit (Dave Burgess)
National Emergency Stockpile System (NESS)	Implement Memorandums of Agreement between the Province, health authorities, and local government for the storage, maintenance and emergency planning for emergency supplies	PPH/ Emergency Management Unit (Melia Walker)
Nuclear Response Plan	Jointly lead, with BCCDC, the development of a BC Health Nuclear Emergency Response Plan	PPH/Emergency Management Unit (Kirsten Brown/ Katja Magarin)

Pacific Northwest Mutual Assistance	Actively participate in the Pacific North West Border Health Alliance - implementing Public Health Emergency Preparedness Collaboration MOUs, and lead projects, programs, and exercises to enhance relationships in the pacific north west.	PPH/ Emergency Management Unit (Shawn Carby/Melia Walker)
Pandemic Preparedness Project	Lead and facilitate health sector-wide pandemic planning	PPH/ Emergency Management Unit (Dean Murdock)
Seismic Strategy	Lead the development of the draft health sector seismic strategy and facilitate the engagement of the health sector in seismic specific activities	PPH/Emergency Management Unit (Kirsten Brown)
Training and Exercising	Lead and facilitate the development of health sector emergency management training and exercise program in collaboration with the Justice Institute of BC and all health authorities	PPH/ Emergency Management Unit (Melia Walker)
Health Surge	Establish a Health Surge Capacity Plan for BC in conjunction with PHAC FPT Planning	Shawn Carby
Health Emergency Assistance Team (HEAT)	Develop the MOH HEAT to facilitate and support HECC staffing for sustained and/or serious Health Emergency incident response.	Shawn Carby/Jocelyn Hawse
MATERNAL CHILD AND HEALTH ENGAGEMENT BRANCH		
ActNow BC	Provides information on the ActNow BC program, former website and related initiatives/activities.	- PPH/Maternal Child and Health Engagement (Regan Hansen)
HealthyFamilies BC Website	Provides strategic direction and manages the technical development and coordination of content/inputs with internal stakeholder/GCPE direction	PPH/Maternal Child and Health Engagement (Christin Petelski)
HealthyFamilies BC social marketing and public engagement activities	Advise PPH program areas on development and execution of social marketing and public engagement strategies with direction from GCPE. Includes: branding, content coordination, marketing campaign design/development/implementation, prizing/promotions/partnerships, social media and engagement, e-marketing, trends and analytics, data aggregation	- PPH/Maternal Child and Health Engagement (Regan Hansen)
HealthyFamilies BC Social Media Strategy and Content Coordination	Development and execution of a coordinated social media strategy/support for PPH branches, Includes: Facebook, Twitter, Youtube and HFBC blog.	PPH/Maternal Child and Health Engagement (Christin Petelski)
ThinkHealth BC Website	Provides strategic direction and manages the technical development and coordination of content/inputs with MoH internal stakeholder and GCPE direction	PPH/Maternal Child and Health Engagement (Christin Petelski)
ThinkHealth BC Ambassador Team and Discussion Board	Coordinates the ambassadors and manages the moderation of THBC discussions and comments with MoH internal stakeholder/GCPE direction	PPH/Maternal Child and Health Engagement (Wendy Murray)
ThinkHealth BC marketing and public engagement activities	Supports MoH in the development and execution of marketing and public engagement strategies with GCPE direction. This includes: online promotions, collateral distribution and video production	PPH/Maternal Child and Health Engagement (Regan Hansen)
ThinkHealth BC Social Media Strategy and Content Coordination	Development and execution of a coordinated social media strategy/support for MoH, Includes: Twitter, and YouTube	PPH/Maternal Child and Health Engagement (Wendy Murray)

HEALTH PROTECTION		
Air Quality	Indoor air only. MoE deals with outdoor air quality (i.e. Wood Smoke)	PPH/ Health Protection (Brenda Janke/ Esther Parker)
Asbestos/ Mold		PPH/ Health Protection (Brenda Janke/ Lucas Harris)
Bed Bugs in private facilities		PPH/Health Protection (Brenda Janke/ Esther Parker/ Andrea Careless))
Bylaws		PPH/Health Protection (David Fishwick/Brenda Janke)
Community Charter		PPH/Health Protection (David Fishwick)
Colon Hydrotherapy	If a writer wants to know if this is regulated under the Health Act, we can answer	PPH/Health Protection (Brenda Janke/ Esther Parker)
Drinking Water		PPH/Health Protection (Michael Zemanek/David Fishwick/Brenda Janke)
Eggs	Joint with MAGRI on developing a provincial framework to address SE and eggs	PPH/Health Protection (Tim Lambert/Carrie Landry)
Environmental Health Issues		PPH/Health Protection (Michael Zemanek/ David Fishwick/ Brenda Janke))
Food Safety	Food safety issues on farms to MAL. Off farm food safety E.g. in restaurants farmer's markets, fish food safety, food processing, etc. to this office.	PPH/Health Protection (Tim Lambert/ Lidia Surman/ Terry Oh)
Fracking		PPH/ Health Protection (Tim Lambert/Mike Zemanek
General public health protection issues		PPH/Health Protection (Michael Zemanek/Brenda Janke)
Industrial Camps		PPH/ Health Protection (Michael Zemanek)
International Visits and CAMSI	info@CAMSI.org http://www.comsi.org/	PPH/Health Protection (Tim Lambert)
Meat Inspection Regulation (MIR)	Management of MIR and development of new meat inspection system for January 2014 With MAGRI	PPH/Health Protection (Lorie Hrycuik)MAGRI
Land Use		PPH/Health Protection (Michael Zemanek/ Rupert Benzon)
Oil and Gas		PPH/ Health Protection (Tim Lambert/Mike Zemanek
Personal Service Establishments		PPH/Health Protection (Brenda Janke/ Esther Parker)
Raw Milk	PHO issue – upcoming court case on raw milk in Fraser Valley	PPH/Health Protection (Tim Lambert/ Terry Oh)
Radon/Radiation		PPH/Health Protection (Brenda Janke) Radon – Esther Parker Radiation – Lucas Harris

Sewage/community sanitation		PPH/Health Protection (Michael Zemanek/Rupert Benzon)
Small Water Policy		PPH/ Health Protection (Michael Zemanek)
SMART Meters	Health Protection is the lead on this, but still somewhat a PHO issue	PPH/Health Protection (Brenda Janke/ Lucas Harris)
Sub-division		PPH/Health Protection Michael Zemanek/Rupert Benzon)
Swimming pool/hot tub regulations – hot springs	Recreational Water Quality (Michael Zemanek)	PPH/Health Protection (Michael Zemanek/David Fishwick)
Tanning beds		PPH/Health Protection (Brenda Janke)
Toxic exposure		PPH/Health Protection (Michael Zemanek)
Water Sustainability		PPH/ Health Protection (Brenda Janke)
West Nile Virus		PPH/Health Protection (Tim Lambert/Mike Zemanek
SENIORS' HEALTHY LIVING SECRETARIAT		
Active Aging		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Lauren Syverson)
ActNow BC Seniors' Community Parks		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Lauren Syverson)
Age-Friendly Communities		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Lauren Syverson)
BC Seniors Guide		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Julie Shaver)
Community Action for Seniors' Independence (Non-Medical Home Support)		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Heather Devine)
Elder Abuse Awareness and Prevention		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Kelly Acker)
FPT Seniors		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey)
Seniors' Healthy Living Advisory Network		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Kelly Acker)
Seniors' Healthy Living Framework		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Lauren Syverson)
Seniors' BC Portal and Newsletter		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Lauren Syverson)

Seniors' Transportation		PPH/Seniors' Healthy Living Secretariat (Silas Brownsey/Kelly Acker)
MATERNAL, CHILD AND HEALTH ENGAGEMENT (JOAN GEBER, ED)		
Aboriginal Maternal – Child Health	Strategic council lead for Tri-Partite Maternal – Child Health	PPH/MCHE (Joan Geber)
Aboriginal Maternal – Child Health	Tri-Partite Maternal – Child Health working group	PPH/MCHE (Teresa Chiesa/Carolyn Henson)
Baby's Best Chance, Toddlers First Steps, Child Health Passport, DVD	vailable on MOH site under 'Publications' http://www.bestchance.gov.bc.ca/ .	PPH/MCHE Carolyn Henson/Pam Zwicker)
Breastfeeding	Including Baby Friendly Initiative	PPH/MCHE (Carolyn Solomon)
Canada Northwest FASD Partnership		PPH/MCHE (Joan Geber)
Children and Youth Health	Report of Child and youth health indicators : Core Public Health Program on Children and Youth;	PPH/MCHE (Carolyn Henson)
Convention to Eliminate All Forms of Discrimination Against Women (CEDAW)		PPH/MCHE (Joan Geber)
Diabetes care in school setting	Human Rights Complaint against MOH and MCFD. Cross Ministry working group.	PPH/MCHE (Carolyn Henson)
Early childhood learning & development	Liaison with MCFD & MEd for early learning and childcare issues;	PPH/MCHE (Carolyn Henson/Carla Springinotic)
Fetal Alcohol Spectrum Disorder (FASD) Prevention	Prevention	PPH/MCHE (Teresa Chiesa/Carolyn Solomon)
F/P/T Status of Women Forum and related working groups	Includes violence against women, Aboriginal women, & economic security for women	PPH/MCHE (Joan Geber/Teresa Chiesa)
Infant and Children's Health	Core Public Health Programs on Healthy Infant and Child Development	PPH/MCHE (Carolyn Henson/Carla Springinotic)
Maternal Health & Healthy Start	Core Public Health Program on Reproductive Health and Prevention of Disabilities; Maternal weight, Aboriginal Doula Project: pregnancy outreach	PPH/MCHE (Teresa Chiesa/Carolyn Solomon)
Panorama/Family Health	Data steward, Family Health and Nurse-Family Partnership program design	PPH/MCHE (Joan Geber/Carla Springinotic)
Perinatal Depression		PPH/MCHE (Carolyn Solomon)
Provincial Women's Health Strategy	Including Provincial Women's Health Network	PPH/MCHE (Teresa Chiesa/Monica Blais
Public Health Nursing Dental	Oral health strategy for First Nations.	PPH/MCHE (Carla Springinotic)
Reproductive & Sexual Health	sexual health , contraception, emergency contraception, abortion	PPH/MCHE (Joan Geber, Teresa Chiesa)

Safe Sleep (injury prevention for infants)	First Nations safe sleep resources	PPH/MCHE (Carla Springinotic)
Sex,Gender & Equity-based Analysis		PPH/HCWYS (Teresa Chiesa/Monica Blais)
Screening: dental, hearing, vision (children), newborn screening		PPH/HCWYS (Carolyn Henson/Carla Springinotic)
Shaken Baby Syndrome Prevention		PPH/MCHE (Carla Springinotic)
Violence Against Women	Prevention	PPH/MCHE (Joan Geber/Teresa Chiesa,
Women's Health Issues	Women's Health Strategy, resources, women's heart health, breast cancer prevention	PPH/MCHE (Joan Geber, Teresa Chiesa, Monica Blais)
Youth/Adolescent Health	2013 McCrery Society's Adolescent Health Survey (AHS). Inter-Ministerial Protocols for school age children	PPH/HCWYS (Carolyn Henson)
BC Healthy Connections Project	Implementation and monitoring of BC Healthy Connections Project	PPH/HCWYS (Joan Geber, Donna Jepsen, Carolyn Henson, Carla Springinotic)

PROVINCIAL HEALTH OFFICE (DR. PERRY KENDALL)

BCCDC Issues	PHO has lead	PHO (Dr. Perry Kendall)
Drinking Water	PHO and Health Protection	PHO (Barry Boettger/Dr. Perry Kendall)
H1N1		PHO (Dr. Perry Kendall)
HIV Reporting		PHO (Dr. Perry Kendall)
Infant Mortality Rates		PHO (Dr. Perry Kendall)
Influenza, Hand Washing/sneezing Posters	PHO & CDMHSU	PHO (Dr. Perry Kendall)
Listeria	PHO & Health Protection	PHO (Dr. Perry Kendall)
Lyme Disease	Only correspondence related to testing done at BCCDC, NOT for correspondence related to lack of physicians, services or medications, out of country treatments, etc. PHO (with assistance from HAD (through PHSA) will work on the forward-looking piece and foundation for Lyme diagnosis in BC. Issues around how patients are diagnosed and treated go to HAD. Correspondence related to the announcement of a "Lyme Disease Clinic" should also be directed to HAD. The clinic will be run through PHSA, not MoH	PHO (Dr. Perry Kendall)

Pandemic Planning	PHO & EMU (Dean Murdock)	PHO (Dr. Eric Young)
Smart Meters (installation by BC Hydro)	Health Protection is taking the lead on this	
Supervised Injection Sites	Media – Dr. Perry Kendall CDMHSU – Ken Tupper/River Chandler	PHO (Dr. Perry Kendall)
West Nile Virus	PHO & Health Protection	PHO (Dr. Eric Young)
Wi-Fi	Correspondence related to potential health effects from Wi-Fi – should be redirected to Tom Kosatsky at the BC Centre for Disease Control: Tom.Kosatsky@bccdc.ca	Tom Kosatsky
Ecstasy Deaths	PHO	Dr. Perry Kendall
Pertussis	PHO	Dr. Perry Kendall or Dr. Eric Young

Tab 23

Information Management Unit

Manager: Jo Tyson 952-1912

Minister's Correspondence Unit

- This branch is responsible for providing expertise and evaluating all ministerial correspondence to determine the issues and concerns of the inquiries.
- Implements, monitors and revises ministry standards and procedures for ministerial correspondence, develops and maintains the tracking systems. .
- Logging and redirecting incoming minister's letters to appropriate branches for response/action.
- Developing templates, draft responses, receiving approvals and preparing final packages, based on established guidelines and procedures.
- Liaising with the Premier's correspondence unit.
- Liaising with other Ministries on cross-ministry issues
- Monitoring ministry issues and identifying trends.
- Developing templates to respond to letters writing campaigns and charting where letter writing campaigns are occurring.
- Planning developing and maintaining ministry correspondence policies and standards
- Training branch contacts on correspondence templates
- Remaining cognizant of branch mandates to ensure correspondence reflects appropriate program terminology
- Maintaining Cliff systems and services and providing advice, guidance and training to clients throughout the ministry
- Update and co-ordinate ministry issues list
- Ensure timely responses to Waste Buster submissions
- Provide a training centre for new support staff focusing on Executive correspondence, Cliff tracking and ministry issues.
- Manage ministry generic email: hlth.health@gov.bc.ca

Documents Processing Unit

- The Documents Processing Unit is responsible for evaluating all ministerial assignments and providing expertise to determine the issues and concerns of the inquiries and appropriate Division to assign for responsive action. Assignments include but are not limited to: MO Information Requests, MLA Requests, Communiqués, Naming Opportunities, and Cabinet & Treasury Board Submissions.
- Responsible for logging and assigning Minister's and Deputy Minister's requests for information or briefing notes (for information, decision or meeting purposes) to appropriate Divisions and tracking the preparation and approvals of completed material.
- To monitor implemented timelines for response to requests for information on standard assignments to program staff with consideration of pre-scheduled meeting dates. Standard timelines for Divisional responses are:
- MO & MLA Requests – 7 working days
- Briefing Notes – 7 – 10 working days
- Meeting Material – 48 hours before meeting
- Phone call/Rush – as requested with follow up report back within 7 working days
- Responsible for ensuring the material is emailed to the MO within the timeline required.
- Liaising with MO staff on assignments and issues.
- Manage Unit's generic email: DocsProcessing@gov.bc.ca

Tab 24

OIC and MO Processes
Legislation and Professional Regulation Units, Planning and Policy Branch

ORDERS IN COUNCIL

The package consists of:

a) package with envelope to Cabinet Operations:

- original *Pink Routing Sheet*
- original *Briefing Note*
- DM signed *Cabinet Summary Information* sheet
- original *Tagged Order* - **to be signed and dated by Minister**
- original *Distribution Form*
- original *Regulatory Criteria Checklist* or *Regulator Criteria Exemption Form* - **to be signed and dated by Minister**

b) package with envelope to MOH Director of Government Communication and Public Engagement:

- copy of *Briefing Note*
- copy of DM signed *Cabinet Summary Information* sheet
- copy of *Tagged Order*
- copy of *Distribution Form*
- copy of *Regulatory Criteria Checklist* or *Regulator Criteria Exemption Form*

Minister's Office: We take a copy of the OIC package - **all we need back from your office is:**

- **original** *Pink Routing Sheet*;
- copy of signed and dated *Order*
- **original** signed and dated *Regulatory Criteria Checklist* or *Regulatory Criteria Exemption Form*

Page 271
HTH-2013-00164 (PHASE 1 - OVERVIEW BINDER)

MINISTERIAL ORDERS

The package consists of:

a) package with envelope to Order in Council Office

- original *Blue Routing Sheet*
- original *Briefing Note*
- original *Order* or *Original Tagged Order* (if a regulation)- **to be signed and dated by Minister**
- original *Distribution Form*

b) package with envelope to MOH Director of Government Communication and Public Engagement

- copy of *Briefing Note*
- copy of *Order* or *Original Tagged Order* - **to be signed and dated by Minister**
- copy of *Distribution Form*

We take a copy of the Ministerial Order package, **all we need back from your office is:**

- **original** *Blue Routing Sheet*
- copy of the signed and dated *Order*

Page 272
HTH-2013-00164 (PHASE 1 - OVERVIEW BINDER)

Appointment Packages - Orders in Council (OIC)

The package consists of:

a) package with envelope to Cabinet Operations

- original *Pink Routing sheet*
- OIC Background Note
- Request for Appointment Cover Sheet
- *OIC Cabinet Summary Information*
- original *Tagged Order* - **to be signed and dated by Minister**
-
-
- *Biographies and Addresses for Appointees*

We take a copy of the OIC package - **all we need back from your office is:**

- original *Pink Routing Sheet*;
- copy of signed and dated *Order*

Appointment Packages - Ministerial Order

The package consists of:

- original *Blue Routing Sheet*
- Ministerial Order Briefing Note
- Request for Appointment Cover Sheet
- original *Order* - **to be signed and dated by Minister**
- *Biographies and addresses for Appointees*

We take a copy of the MO package, **all we need back from your office is:**

- original *Blue Routing Sheet*
- copy of signed and dated *Order*

Tab 25

Quick References for Ministry of Health

- Deputy Minister's Office – 5th Floor, Pandora Wing, 1515 Blanshard Street
- Minister's Parking Spot S15
- MoH ID – Facilities Management and Support Services - 1st Floor
  - Request for Extension of Building Access, Photo IDCard, IDIR and E-mail ID's
  - sample attached
- Fitness Centre – 2nd Floor
  - Fitness Centre Agreement Waiver and Release, and Rules of Use
  - sample attached
- Ministry of Health Security Desk 952-1212
- Health and Human Services Library – 1st Floor
  - https://gww.hhslibrary.gov.bc.ca/main.html
- Office Space in Vancouver
  - information attached

HLTH 7084 - Request for Extension of Building Access, Photo ID Card, IDIR and E-mail ID's

Top of Form

Forw ard this forr | Request for Exte | I am a,First Name | Request for Exte | HLTH 7084 - Req

The hours of operation for the doors at 1515 Blanshard are between S15 S15

If 24x7 access is required please complete the Permanent After Hours Request Form.

This form must be completed by the Manager or Supervisor

○ Employee ○ Contractor ○ Other

First Name

Middle Name or Initial

Last Name

New End Date

Employment Status ◉ Included ○ Excluded ○ Contractor

Title

Division

Branch

Ministry ○ Health Services ○ Healthy Living and Sport

Street Address (include floor location e.g. 5-2, 3-1)

City

Postal Code

Phone (include area code)

FAX (include area code)

Additional Information

Once this form has been completed and sent, the employee/contractor must take their Building Access Card to Facilities Management and Support Services to have the faceplate updated before the expiry date shown on the card.

E-mail address of person to receive this form HLTH.PhotoID@gov.bc.ca HLTH.Helpc

Check here to have a copy CC'd to you

Submit Form | Reset Form

HLTH 7084 Last Revised: December 24, 2010

Bottom of Form

Ministry of Health Vancouver Office space information

Physician Services Secretariat Office & Ministry of Health, MSD
420 - 700 West Pender Street, Vancouver, BC V6C 1G8
Corner of Granville and West Pender, 5 minute walk from PVO, attached to Pacific Ctre

There is a Starbucks and Tim Horton's in the lobby

Jivan Sangha, Manager
Jivan's cell S22
Phone: 604-660-4568
Fax: 604-775-0323
Hours: 9:00am – 4:30pm
Door code is S15

S15

- one unused office available with a phone and computer
- small boardroom that comfortably seats 8, has whiteboards, a conference phone and projector.
- large boardroom seats up to 20 and has all the above as well.
- Staff lunch room
- The Butler Did it Catering, www.ButlerDidItCatering.com Phone 604-739-3663 Fax 604-739-3686

Ministry of Health

Transition Briefing Material

June 2013

MASTER

BRITISH COLUMBIA

Tab 3

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Drug Benefit Council - Over Recruitment of Public Members**
- The Drug Benefit Council is an independent committee that provides advice to the Ministry of Health on what drugs to consider for inclusion into the BC PharmaCare program and is made up of twelve members: nine professional members and three public members, as specified by the Council's Terms of Reference.

Background:

- On April 11, 2013, Ministerial Order was signed appointing Colin G. Brown and Firoz M. Kassam to the Council as new public members.
- However, at the time when the two new Ministerial Orders were signed, the Council already had three public members and eight professional members.
- The unintended recruitment error has resulted in five public members, two more than the three public members required by the Council's Terms of Reference.
- While the new members have not been in contact with the Ministry or Council, the Ministerial Order has been deposited and is public.
- The Council is an independent advisory body which provides the advice to the Ministry regarding drugs under review seeking coverage on the public drug plan. The Council's recommendations are based upon a review of many considerations, including available clinical and pharmacoeconomic evidence, clinical practice and ethical considerations, input from patients, caregivers and patient groups provided through the Ministry's Your Voice web page and the recommendations of the national Common Drug Review. In 2012, the Ministry contacted the Board Resourcing and Development Office to seek reappointment for two members and appointments for two new members, one public member and one professional member, for positions that became vacant as of January 1, 2013.
- In February 2013, a new public member was appointed to the Council through a Ministerial Order which left one vacant professional position.
- In April 2013, two additional public members were appointed in error through a Ministerial Order to the Council.
- It is important to have an appropriate balance of professional to public members to ensure that the Council's considerations, deliberations and recommendations are evidence-based. This is because the information is predominantly technical in nature (e.g., clinical practice, therapeutics, studies, pharmacoeconomic evaluations etc.).

S13, S17

Decision required:

- **This is a 30 day issue.**

S13, S22

Page 4
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Federal Marihuana for Medical Purposes Regulations**
- A BC response may be needed to the proposed federal Marihuana for Medical Purposes Regulations.

Background:

- The federal Marihuana Medical Access Program was implemented in 1999 following a court decision that there must be a constitutionally viable medical exemption to the prohibition of the possession and cultivation of marihuana. Under the Program, those wanting authorization to possess cannabis submit an application to Health Canada, including forms filled out by a physician providing a declaration of medical indications and the proposed amount. Successful applicants can purchase cannabis or seeds from Health Canada, apply for a personal-use production license to produce their own, or apply to have someone grow it for them with a designated-person production license.
- BC has the most authorizations of any province, 13,362 (48% of Canada) as of December 31, 2012: 9,369 are for personal use production; 2,232 for designated production; and 1,761 for simple authorization to possess[1].
- On June 17, 2011; Health Canada announced proposed changes to address concerns about the Program, including ongoing limitations on access to cannabis for patients; risk of abuse and exploitation by criminal elements; the complexity and length of the application process; the need for more current medical information for physicians; and public health and safety risks associated with the cultivation of cannabis in homes.
- On December 15, 2012, the proposed regulation changes were announced. Under the proposed changes:
    - Patients would obtain physician approval, then submit a document from their physician directly to a licensed commercial producer, authorizing the patient to purchase cannabis.
    - Administrative categories of conditions or symptoms for which an individual may possess cannabis would be eliminated.
    - A new supply and distribution system for cannabis that uses only licensed commercial producers subject to quality standards would be instituted.
    - Patients would no longer be permitted to grow their own cannabis or designate others to it grow for them. The market is expected to provide competitive prices.
    - Health care practitioners would be able to sell cannabis for therapeutic purposes.
- Health Canada held a teleconference on September 19, 2011, to gather provincial/territorial feedback and had an in-person meeting with BC on February 14, 2012.

[1] Email January 23, 2013, from Client Services, Bureau of Medical Cannabis, Health Canada.

- An inter-ministry working group with representatives from the Ministries of Justice; Social Development; Community, Sport and Cultural Development; Agriculture; and Environment - Climate Action Secretariat analyzed the proposed changes, and the Minister of Health submitted the consolidated feedback on February 27, 2013. S16

S16

- It appears that advertising and other promotional activities will be allowed and there is no allowance made for non-smoked product options.
- The discontinuation of personal and designated production raises concerns about high market prices such that affordability could be a challenge for low income patients, who may continue to grow their own cannabis and risk arrest and incarceration to the further detriment of their health. This could also put pressure on government to cover patient costs.
- There remain diversion and security concerns, and there is a lack of details about the transition plan. In particular the proposal for health practitioners to be able to sell cannabis, which is new and was not part of the consultation, is very concerning because of the potential to put practitioners in a conflict of interest position due to the financial incentive of selling. No rationale for this was provided and, as the plan is for patients to be able to obtain cannabis directly by mail, or by delivery to their health care practitioner's office, it seems to be unnecessary and potentially problematic to allow health care practitioners to sell the product as well.
- To preserve clinical objectivity and avoid conflict of interest it is of fundamental importance to separate the selling of "dried marihuana" from the authorization to obtain "dried marihuana", which is given by a medical document provided by a health care practitioner. This concern is shared by the BC College of Physicians and Surgeons and the BC College of Registered Nurses. The covering letter for BC's feedback strongly objected to the provision for selling dried marihuana.
- The initial Health Canada plan was to begin implementation of the regulation in spring of 2013, with full implementation by spring of 2014. However, that may be delayed as there has not been any response from Health Canada to the feedback provided in February.

Decision required:

- **This is a 30 day issue.**
- If Health Canada publishes final regulations this spring or summer and the objection from BC about health care practitioners selling has not been addressed, a prompt response will need to be initiated to address the potential problems that could result from the proposed regulations.

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Federal-Provincial-Territorial (FPT) Status of Women Ministers' Meeting**

Background:

- The 2013 Ministers' meeting will be held in Morell, Prince Edward Island, on June 17-19, 2013.
- It will be co-chaired by The Honourable Rona Ambrose, Minister of Public Works and Government Services and Minister for Status of Women Canada, and the Honourable Valerie Docherty, Prince Edward Island Minister of Community Services and Seniors and Minister Responsible for the Status of Women.
- At the last Senior Officials' teleconference held on May 3, 2013, it was reported that at least eleven provincial and territorial delegates would be attending, of which nine are Ministers.
- The FPT Ministers Responsible for the Status of Women Forum was established in 1981. The federal government and all provinces and territories participate.
- The Forum's purpose is to share information on initiatives and emerging issues; collaborate on joint policies; and co-operate in developing joint projects to increase public awareness about women's issues across the country.
- The Forum's work is accomplished through three levels:
  1. Ministers: In BC, the Minister of Health currently holds responsibility for the women's issues portfolio;
  2. Corresponding Senior Officials: Within Ministry of Health, the Maternal Child and Health Engagement Branch (MCHEB) provides support to this portfolio; and
  3. Senior Officials' Task Teams: Jurisdictions choose which of these they will participate on or lead (BC participates in the Measuring Violence Task Team).
- Canada co-chairs the Forum with an annually rotating province or territory as host jurisdiction. BC last hosted a Ministers' meeting in 2000/01.
- The Forum has been the responsibility of the Ministry since 2008, and since then Joan Geber, Executive Director, MCHEB has attended on behalf of the Minister.
- The FPT Ministers' draft meeting agenda includes the review of the 2012/13 task teams' work and setting direction for 2013/14. The teams include: Women and Leadership on Boards; Aboriginal Women and Leadership; Measuring Violence against Women; and Engaging Men and Boys to prevent violence against women and girls.
- The draft agenda also includes: a roundtable discussion for jurisdictions to share recent developments and emerging issues; and a discussion by four ministers who will highlight their respective jurisdictions' experiences with implementing gender-based analysis. The day will also showcase the Atlantic Ministers' initiative, cybersafegirl.ca.

Decision required:

- This is a 30 day issue.
- Although the Minister/Ministry holds the responsibility for the Forum, the issues of violence against women, economic security, and women's leadership, particularly Aboriginal women's leadership, are closely linked with the work of multiple government ministries in BC. As such, it is critical that the Ministry work closely with other government ministries to ensure the work of the Forum is consistent with, and leverages other ministry and FPT initiatives to advance provincial priorities.
- Representation from BC at this meeting would demonstrate BC's commitment to promoting women's health and well-being and its support for the collaborative work and joint investments of this FPT forum which aims, among other objectives, to improve women and girls' safety and their economic security.
- If the Minister is not able to attend, one option is to send another minister to represent the Province. A second option is to delegate either the Assistant Deputy Minister or the Executive Director, MCHEB who has been the Senior Official on this Forum since 2008 and who has attended for the past three years on behalf of the Minister.
- The Forum is currently preparing material to be shared in advance of the June 2013 Ministers' meeting. Information requested of BC includes: new Minister name, contact details, a photo and/or biography; names of BC delegates attending the Ministers' meeting; and key initiatives in BC that connect to the Forum's overarching priorities of Women in Leadership and the prevention of Violence Against Women and Girls.

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

S13, S17

Background:

- The HSPO was incorporated as a reporting society under the Society Act in January 2010, and is designated as a Health Sector Organization under the Budget Transparency and Accountability Act.. The HSPO is also designated as a health sector employer under BC Regulation 98/2010.
- The Ministry and the HSPO introduced Patient-Focused Funding to health authorities focusing on five main areas: Pay-for-Performance in Emergency Departments; Procedural Care Contracts with health authorities to perform additional procedures in areas with long wait lists or increasing demand; incenting health authorities to undertake more same day procedures where appropriate; undertaking incremental MRI procedures on a P4P basis; and, introducing quality performance methodologies in selected hospitals across health authorities.
- The HSPO has a separate Board, appointed by the Ministry, consisting of the following Board members:
  - Board Chair – David Thompson (term expires June 30, 2013)
  - Board members:
    - Wynne Powell, Board Chair, Provincial Health Services Authority (term expires June 30, 2013)
    - Murray Ramsden, former CEO, Interior Health Authority (term expires June 30, 2014)
    - Sandra Carroll, Chief Administrative Officer, Ministry of Health (term expires March 30, 2014)
    - Elaine McKnight, Chief Operating Officer, Ministry of Health (term expires February 28, 2014)

Page 9
HTH-2013-00164 (PAGE 1 OF TRANSITION BINDER)

- Barb Korabek, Assistant Deputy Minister, Ministry of Health (term expires September 30, 2014)

- The HSPO was also supported by some staff members. This has now been reduced to:
  - Dr. Les Vertesi, Medical Director (3 month contract handled through Vancouver Coastal Health Authority, expires June 30, 2013 – cost of $50,000 plus expenses)
  - Shahzeed Jiwa, Analyst (3 month contract expires June 30, 2013 – cost $30,000 plus expenses)
  - Ad hoc administrative support provided by Vancouver Coastal Health Authority (less than $10,000 for April – May)

S13, S17

Decision required:

S13, S17, S22

Page 10
HTH-2013-00164 (RELEASE TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Finance - Pay for Performance**
- The Ministry of Health created the BC Health Services Purchasing Organization (HSPO) in 2010 to introduce Patient-Focused Funding (PFF) to health authorities focusing on five main areas: Pay-for-Performance in Emergency Departments; Procedural Care Contracts with health authorities to perform additional procedures in areas with long wait lists or increasing demand; incenting health authorities to undertake more same day procedures where appropriate; undertaking incremental MRI procedures on a pay-for-performance basis; and, introducing quality performance methodologies in selected hospitals across health authorities.
- The Ministry set aside one-time funding of $179 million in 2010/11; $80 million in 2011/12; and, $50 million in fiscal 2012/13 to support the HSPO's activities. The health authorities "competed" for this funding to supplement additional activity.
-

S13, S17

Background:

S13, S17

BRITISH COLUMBIA

May 2013

S13, S17

Decision required:

- **This is a 30 day issue.**
- The Ministry has advised health authority Board Chairs, Leadership Council and is arranging individual meetings with each health authority senior executive team to discuss the detailed implementation of the P4P funding methodology for 2013/14.
-

S13, S17

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **First Nations Health Authority and Continued Payment of MSP Premiums**
- First Nations Health Authority and agreement on continued payment of Medical Service Plan (MSP) premiums).

Background:

- A draft agreement has been reached between Grand Chief Doug Kelly, Chair, First Nations Health Council, and Graham Whitmarsh, Deputy Minister of Health, regarding the First Nations Health Authority commitment to pay for MSP Premiums.
- A Group Plan, established January 1, 1965, provides status First Nations residents in BC with MSP coverage paid by Health Canada. A Memorandum of Understanding (MOU) signed in December 1990, between the Federal Government and the Provincial Government formalized the method for calculating premiums for First Nations residents.
- The MOU specifies that cancellation of this agreement by either party requires six months advance written notice. The Province has received notice that, as of July 2, 2013, the Federal Government is cancelling the Group Plan.
- The reason provided for the cancellation of the Group Plan is that the funds used to pay the premiums associated with this plan will be transferred to the First Nations Health Authority on July 2, 2013.
-
- S13, S16
-
- However, an agreement for the First Nations Health Authority to continue paying for MSP premiums is being negotiated, through work done at the Joint BC First Nations and Ministry of Health Project Board on First Nations Health (Joint Project Board).
- The Joint Project Board provides overall leadership, direction and key decision-making to ensure timely progress and action by the Ministry of Health in the implementation of strategic priorities under the *Transformative Change Accord: First Nations Health Plan* and the *Tripartite First Nations Health Plan*. The Joint Project Board is responsible for the development and implementation of an annual work plan describing key activities, responsibilities, and timeframes.

Page 13
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

- A Project Charter has been created to plan, implement and provide support for the timely transition of First Nations residents from an MSP Group Plan administered by Health Canada to an MSP Group Plan administered by First Nations Health Authority.

Decision required:

- **This is a 30 day issue.**
- Approval of a final formula and MOU between BC and the First Nations Health Authority is required to finalize financial details regarding the continued payment of MSP premiums.

Page 14
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

Pages 15 through 16 redacted for the following reasons:
- -
S13, S17

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Fraser Health Authority Congestion**
- The Fraser Health Authority (FHA) has experienced significant levels of congestion in its acute care hospitals as shown by poor performance in a number of wait-time and length of stay indicators.

Background:

- FHA facilities perform poorly in a number of wait time indicators including the percentage of emergency department patients admitted to inpatient beds within 10 hours of decision to admit and percentage of patients having hip fracture fixations completed within 48 hours. Patients also experience longer average lengths of stay in FHA hospitals than other BC facilities. In addition, FHA has had significant problems with infection control, as outlined in an independent report by Dr. Michael Gardam released in February 2012. FHA performs poorly in some national as well as provincial comparsions. For example, from 2007/08 to 2011/12, all large and medium FHA facilities performed worse than the national median for Nursing Sensititve Adverse Events for medical patients..[1] S13

S13

- In June 2012, the Minister of Health issued a directive to FHA instructing it to improve its hospital congestion over a period of 150 days. The directive was necessary as previous attempts to reduce congestion did not result in sustained improvement. The directive stipulated that FHA meet 90 and 150 day targets in five clinical measures. These targets included ensuring more hip fracture surgeries happened within 48 hours, reducing hallway care, decreasing hospital infection rates, ensuring faster admittance from emergency departments to hospital and reducing average length of stay. The directive also instructed FHA to implement the Gardam report[2] on reducing Clostridium difficile (C. diff) rates at Burnaby Hospital, and to ensure that site leadership at Royal Columbian Hospital and Surrey Memorial Hospital was visible and had full authority to improve access and flow. Results over the 150 days were as follows:
  - Patients receiving care in locations not designed for clinical care (started at 100/day; ended at 43/day, very close to target of 40/day);
  - Healthcare-associated C. diff infection rate (started at 11.3 cases/10,000 patient days; ended at 6.0 cases/10,000, close to target of continual decrease in the rates.)[3];
  - Average Length of Stay (started at 8.4 days; ended at 8.1, missed target of 7.9/days.)[4];
  - Percent of hip fracture repairs (fixations) completed within 48 hours (started at 79%; ended at 91%, met target of 90%)[5]; and,
  - Percent of emergency department (ED) patients admitted within 10 hours of decision to admit (started at 51%; ended at 58%, missed target of 61%)[6].

[1] CIHI CRHP Data; 2011/2012
[2] Gardam M. et al. (2012) A Review of C. difficile Control Measures for the Fraser Health Medicine Inpatient Programs at Burnaby Hospital and the Royal Columbian Hospital. Available at: http://www.fraserhealth.ca/media/FraserHealthrecommendations%20Final%20February%202011.pdf
[3] FHA Clinical Capacity Quality Measures and Targets 2012/13 (Period 8)– Health and Business Analytics, FHA
[4] FHA Clinical Capacity Quality Measures and Targets 2012/13 (Period 8)– Health and Business Analytics, FHA
[5] FHA Clinical Capacity Quality Measures and Targets 2012/13 (Period 8)– Health and Business Analytics, FHA

- The Ministry monitored FHA's progress against the targets using monthly reports provided by FHA, as well as reports from scheduled and unscheduled site visits. FHA senior executive also meet regularly with Ministry staff. Ministry staff and consultants made 15 visits to FHA hospitals during the 150 days. The visits identified noticeable improvements in site leadership as well as cleanliness, environment for patients, and staff enthusiasm towards tackling congestion.
-

S13, S17

- FHA exceeded the performance target in hip fracture fixations. Given the significant improvements, performance regarding C. diff and patients receiving care in areas not designed for clinical care is satisfactory. Performance in the average length of stay and 10 hour indicators should improve. Some facilities' performance deteriorated on both measures implying that lengths of hospital stays may have increased and conditions for patients may have worsened. The Ministry expects further progress. Enhanced monitoring and site visits continue at FHA facilities. The measures and targets for June 2013 are:
  - Number of patients admitted to the emergency department at one time (new measure): average of 135 per day.
  - Hallway medicine: average of 30 per day. Hallway medicine and number of patients admitted to the emergency department at one time will be considered as a combined target of 165 per day.
  - C. Difficile - decrease from the previous period and demonstrated downward trend over preceding six months (old target was similar).
  - Average length of stay: 7.9 days (old target was 7.9, but FHA only reduced to 8.1.)
  - Hip fractures repaired in 48 hours: an average of 90%, with no one facility less than 90% and no increase in waits for other urgent unscheduled surgeries (old target did not include each facility meeting 90%).
  - Percentage of emergency patients admitted in 10 hours: 70% , with no one facility less than 50% and no decrease in any facility (old target was 61% with no facility less than 50%; result was 58%.)
- So far, FHA is making slow, modest progress on the measures identified above. There remains areas for improvement. The Ministry's long-term objective is for FHA's congestion performance to be similar to other regional health authorities.

Decision required:

- **This is a 30-day issue.**
- The Ministry has set measures and targets for FHA to meet by June 2013.

[6] FHA Clinical Capacity Quality Measures and Targets 2012/13 (Period 8)– Health and Business Analytics, FHA

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Health Care Worker Influenza Control Policy**

Background:

- In 2012, the province (through the health authorities) implemented a new health care worker (HCW) influenza control policy which required all health authority employees, other credentialed professionals, residents, contracted staff, volunteers and students to get the flu shot each year, or wear a mask when in a patient care area for the duration of the flu season.
- This policy supports the health authorities' comprehensive influenza prevention strategy.
- Each year, influenza causes serious complications – including death – for many British Columbians; people with underlying illnesses and those in long-term care facilities are among the hardest hit.
- Health care workers are one source of flu transmission to patients in health care settings, and their patients are often the most vulnerable to serious consequences as a result of illness.
- Historically, health care workers have had relatively low flu vaccination rates (generally between 40 and 50%)[1] – despite extensive efforts by health authorities to promote vaccination.
- Since infected individuals can transmit influenza prior to the appearance of flu symptoms, health care workers can unknowingly infect patients.
- Influenza has by far the highest number of deaths among vaccine-preventable diseases, and hospitalized patients are more vulnerable to influenza than members of the general population.
- The most effective strategy for preventing influenza is annual vaccination. Influenza vaccine is safe and effective.
- The wearing of masks can serve to protect patients when health care workers may be infected, but have had no symptoms. Masks may also protect unvaccinated healthcare workers from patients or visitors with influenza.
- BC was the first Canadian jurisdiction to implement a wide-scale "immunize or mask" program; however, it had been rolled out in several jurisdictions and facilities in the USA.

<u>Transitional Year Implementation</u>

- In the fall of 2012, grievances related to the policy were filed by the Health Science Professionals Bargaining Association (HSPBA), the Nurses' Bargaining Association and the Facilities Bargaining Association.

[1] January 25, 2013 email – Eric Young, Deputy Provincial Health Officer

Page 19
HTH-2013-00167 (RELEASE 2 - TRANSITION BINDER)

- Following consultation with health care unions, health authorities, and internal and external legal counsel, the Ministry made a decision on November 30, 2012 to put the disciplinary components of the policy in abeyance for 2012/13 and focus on education and awareness.
- Following the Ministry's decision, the unions put their grievances in abeyance pending further consultation.
- The flu season lasted from December 1, 2012, to April 30, 2013, as declared by the Provincial Health Officer.
- As of December 19, 2012, the provincial vaccination rate for HCWs (includes all full-time and part-time staff and casuals who have worked at least once within the past three months) was over 60% (Northern Health 70%; Interior Health 60%; Fraser Health 62%; Vancouver Island Health 64%; Vancouver Coastal Health 62%; Provincial Health Services 54%).[2]
- At the conclusion of the 2012/13 flu season, the provincial vaccination rate for HCWs in acute care was 69% compared to 46% in 2011/12 and a low of 39% in 2009/10; and 68% in long-term care compared to a low of 49% in 2009/10.[3]

Planning 2013/14 Flu Season

- The Health Employers Association of BC, with ministry participation, initiated additional consultation with affected unions to determine a comprehensive approach to full-scale implementation of the policy for 2013/14.
- In March 2013, the HSPBA took their grievance out of abeyance and it is scheduled to be heard by an arbitrator in July 2013. The decision of the arbitrator is expected by early fall and will be binding subject to appeal on limited grounds.
- Consultation was put on hold when HSPBA reactivated its grievance but is expected to resume in June 2013 to review possible amendments to the policy in response to union feedback.
- Any amendments to the policy will require Leadership Council approval.
- Health authorities are proceeding to plan for full implementation of the policy.

Public Health Act

- S13

Decision required:

- **This is a 30 day issue.**
- Support for full implementation of the HCW Influenza Control Policy subject to the decision of the arbitrator.

[2] December 19, 2012 - Teleconference with health authorities
[3] May 24, 2013 - Dr. Perry Kendall, Provincial Health Officer

Page 20
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Mental Health Promotion**
- Mental Health Promotion is on agenda at the upcoming Council of the Federation meeting on July 24-26, 2013.

Background:

- Promoting positive mental health is identified in *Healthy Minds Healthy People; a 10-year Plan to Address Mental Health and Substance Use in BC* as a key strategy for improving the overall health and well-being of BC's citizens, as well as offsetting the future burden of mental illnesses and substance use problems.
- Mental health promotion was the focus of discussion among provincial and territorial leaders at the 2011 meeting of the Council of the Federation – a pan-Canadian provincial/territorial body created by the country's premiers to foster collaborative intergovernmental relationships – which led to a follow-up mental health promotion summit hosted in February 2012 by the province of Manitoba.
- Mental health promotion is expected to once again figure prominently on the agenda at the upcoming Council of the Federation meeting on July 24-26, 2013 in Niagara-on-the-Lake, Ontario, with an additional focus on opportunities to leverage successful initiatives in several provinces, including BC.
- The World Health Organization describes positive mental health as more than the absence of mental illness: it is a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and contributes to his or her communities.
- The pan-Canadian *Declaration on Prevention and Promotion* from Canada's Ministers of Health and Health Promotion/Healthy Living (2010) affirms that "positive mental health and mental fitness are a foundation for optimal overall health and well-being, throughout the lifespan".
- On November 1, 2010, the Province released *Healthy Minds, Healthy People: a 10-year Plan to Address Mental Health and Substance Use in BC*, a cross-government, multi-sector road map for a transformed provincial response to mental health and substance use.
- *Healthy Minds, Healthy People* details a comprehensive new approach to addressing mental health and/or substance use problems, with a strong emphasis in more than half of the plan's 63 actions on efforts to promote positive mental health for British Columbians, and opportunities to prevent potential mental health and substance use problems before they occur.

- Mental health promotion-related actions within the plan take advantage of cross-governmental, multi-sectoral opportunities to enhance development in early childhood and across the lifespan, and to shape healthy environments in three key settings: home, school and the workplace.
- The Ministry of Health, through the Population and Public Health Division (PPH), has demonstrated leadership with implementation of mental health promotion action in each of these settings.
- For example, within the setting of home, BC is launching the 'BC Healthy Connections Project' to provide extra support to young, low-income, first-time mothers and their families. Drawing on the Nurse Family Partnership model developed by Dr. David Olds from the United States, the goals of the project are to improve pregnancy outcomes, improve child health and development, improve both maternal and child mental health status, and improve economic self-sufficiency for the family.
- With schools as a setting, PPH has collaborated with partners in other provincial ministries to develop and implement the 'After-school Sports Initiative', which engages marginalized and vulnerable youth in a number of school communities across the Province in activities to develop fundamental movement and sport-related skills. The program also benefits participating youth by enhancing school and social connectedness, and fostering a sense of personal empowerment and corresponding confidence.
- With a focus on the setting of workplaces, the Canadian Mental Health Association-BC Division, with support from PPH, has created the 'Safe and Sound: Building and Sustaining a Psychologically Safe and Healthy Workplace' program, to help prevent workplace bullying and harassment, and support the positive mental health and well-being of working adults in BC. Workshops offered through the program aim to introduce practical strategies and approaches to develop and sustain a psychological healthy working environment.

Decision required:

- **This is a 30 day issue.**
- BC has demonstrated significant leadership related to mental health promotion at pan-Canadian tables, and it is expected that a number of our accomplishments will be profiled as exemplars at the upcoming Council of the Federation meeting.
- It is recommended that BC's delegation to the meeting is equipped with the required information and subject area support to enable a continued leadership role in this discussion, and to leverage potential strategic opportunities for partnership and collaboration that would benefit the mental health and well-being of British Columbians. Demonstration of collaboration among provinces and territories may in turn encourage federal partners to offer more tangible support and resources related to this health issue.

Page 22
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Ombudsperson's Report on Seniors' Care**
- In late March 2013, the Ministry of Health provided a one-year update to the Ombudsperson with respect to her two reports on seniors' care, *The Best of Care: Getting it Right for Seniors in British Columbia (Part 1), Public Report No. 46, and Part 2, Public Report No. 47.* The Ombudsperson usually publishes her annual report in mid to late May each year, which is expected to include an update on both seniors' care reports.

Background:

- In August 2008, the Ombudsperson for BC, Kim Carter, launched an investigation into seniors' care, focusing on home and community care in general, and home support, assisted living and residential care services specifically.
- The Ombudsperson released Part 1 of her report, entitled *The Best of Care: Getting it Right for Seniors in British Columbia (Part 1),* in December 2009, which contained three findings and ten recommendations. The Ministry responded by taking action in a number of areas, including introducing a Residents Bill of Rights, developing educational material to improve the effectiveness of resident/family councils, redesigning the SeniorsBC website, and improving health authority information on services.
- The Ombudsperson continued her investigation throughout 2010 and 2011, and publicly released Part 2 of her report, entitled *The Best of Care: Getting it Right for Seniors in British Columbia (Part 2),* on February 14, 2012. The report is 400 pages long containing 143 findings and 176 recommendations on seniors' care.
- The Ministry released *Improving Care for BC Seniors: An Action Plan* on February 14, 2012, to address concerns expressed by seniors, their families and care providers, as well as the provincial Ombudsperson, about seniors' care in BC. The Seniors Action Plan is a comprehensive action plan to ensure a more accessible, transparent and accountable approach to seniors' care including the establishment of a seniors advocate.
- The Ministry and health authorities are making significant progress in all areas of the Seniors Action Plan. Initial efforts were focused on actions that will contribute to improving administrative fairness and access to information within the context of the current legislative and regulatory framework.
- The Ministry will continue to work through the remaining commitments in the Seniors Action Plan over the coming months. The focus is on the sixth theme of the plan, modernization, which is aimed at ensuring that BC's home and community care system is sustainable and continues to meet the needs of seniors in BC for years to come.

- In response to a request from the Ombudsperson for a six-month update on the Part 2 Report, the Ministry provided a comprehensive summary of the progress on the Seniors Action Plan in October 2012.
- In December 2012, the Ombudsperson posted updates on the status of recommendations on her website for the Ministry and each of the five regional health authorities. Of the 141 recommendations that apply directly to the Ministry, 4 are considered "Fully Implemented", 7 are "Implemented in Part", 25 are "Ongoing" and 105 have a status of "No Specific Response Received".
- The Ministry's response to the request for a one-year update on the Part 2 report, provided to the Ombudsperson on April 17, 2013, focused on completed actions from the Seniors Action Plan since the Ministry's last update in October 2012, as well as other notable achievements by the Ministry or health authorities during that time frame to improve seniors' care in the province.
- The Ombudsperson will make her own assessment of the Ministry's response, and it is possible that she may not view it favourably if she believes that neither the Ministry nor the health authorities have made significant progress since the release of her Part 2 report last February.

Decision required:

- This is a 30 day issue.
- Following the upcoming release of the Ombudsperson's annual report on seniors' care, the Ministry will need to develop communications material to describe work completed to date through the Seniors Action Plan and other key Ministry and health authority initiatives.

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Perfusionist Compensation**
- Compensation and redesign recommendations to ensure adequate perfusionist supply.

Background:

- The field of perfusion is highly specialized and there are a limited number of perfusionists worldwide (258 perfusionists in Canada). S17

S17

- The role of the perfusionist has expanded since its inception. In addition to their primary responsibility to operate the heart-lung bypass machine used during open-heart surgery, perfusionists have taken on new roles, such as assisting with intra-aortic balloon pumps and operating the Extra-Corporeal Membrane Oxygenation (ECMO) machine for critically ill patients in the Intensive Care Unit (ICU). Unlike an open-heart surgery, where a patient is on bypass for only an hour, patients on ECMO can be on for days, requiring 24 hour coverage. While this role expansion is within the perfusionists' scope of practice, it places additional pressure on the finite number of resources available.
-

S17

- Three key issues impacting health authorities' ability to recruit and retain perfusionists have been identified:
  1. Wage discrepancy – predominantly between BC and Alberta, although Saskatchewan also has a market adjustment in place to be competitive with Alberta. In BC, the clinical perfusionists' salary range is $40.78 – $43.05 over two increment steps; in Alberta the salary rage is $43.24 - $55.76 over nine increment steps. S17

S17

  2. The current two-grid classification system does not acknowledge the skills/experience of a senior perfusionist. S17

S17 Within the current classification system a one year employee is compensated at the same level as someone with ten years experience.

3. Workload - S17

S17

S17

- In order to achieve a quality, sustainable, and systemic solution - including creating different service delivery models that utilize other health care professionals, a multi disciplinary, evidence based approach is required. S17

S17

Decision requested:

- **This is a 30 day issue.**
- Decision required on how to proceed to address perfusionist compensation.

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **PharmaCare Tie-in for Prescription Drug Coverage**
- Implementation on June 1, 2013 of the PharmaCare tie-in for prescription drug coverage for the Nurses Bargaining Association (NBA), the Professional Association of Residents of BC (PAR-BC), the Facilities Bargaining Association (FBA), and the Health Science Professional Bargaining Association (HSPBA).

Background:

- As part of their recent collective agreement settlements with the Health Employers Association of BC (HEABC), each of the NBA, PAR-BC, FBA and HSPBA agreed to tie prescription drug coverage under the extended health care plans to the PharmaCare formulary, with some exceptions. PharmaCare requires the use of lower-cost generic and alternative drugs where appropriate unless a Special Authority is granted. The Community Bargaining Association (CBA) collective agreement already included a PharmaCare tie-in.
- Only drugs on the PharmaCare formulary will now be covered by the extended health plans, except for specific, negotiated exceptions (e.g. the NBA negotiated exceptions for Prometrium, standard hormone-based contraceptives and contraceptive injectables). Drugs which are not a benefit on the PharmaCare formulary are not covered. Drugs which are a partial or limited benefit are only covered in certain circumstances where PharmaCare grants Special Authority.
- The PharmaCare program provides excellent drug benefit coverage of safe, effective and cost-effective drugs to meet a broad range of health needs for British Columbians.
- The PharmaCare tie-in was negotiated as part of the BC government's co-operative gains mandate which required savings to be found within collective agreements to fund (in part) modest compensation increases.
- The collective agreements between HEABC and the union bargaining associations included wage increases of approximately three per cent over a two year term, expiring on March 31, 2014.
- As a result of implementation challenges, the effective date of the PharmaCare tie-in was extended for all of the affected union bargaining associations to June 1, 2013. Implementation was initially negotiated to occur on November 1, 2012 for the NBA, April 1, 2013 for the FBA and May 1, 2013 for the HSPBA. The delay has eroded a portion of the projected savings resulting from the change.
- Ongoing implementation challenges include:
    - For NBA members in particular, whose extended health care plan previously had an unmanaged formulary with no restrictions on the drugs covered, the shift to a managed formulary is a significant change. Some medications will no longer be

routinely covered by their plan, for example, some brand name drugs, drugs included in clinical trials, and new drugs that are still under review by PharmaCare.

- Applications for Special Authority approval which grants full benefit status to a drug that would otherwise be a partial benefit or a limited coverage drug. In order to receive special authority coverage, patients may often have to work their way through several other first-line (lower cost) drugs to prove they are ineffective or inappropriate. Pacific Blue Cross, the plan administrator, requires evidence of Special Authority approval for a drug before a prescription is filled.
- Some physicians are charging patients a fee of $68.95 to complete the Special Authority form, relying on the fact it is being completed to access third-party insurance.[1] The Medical Services Commission does not permit physicians to charge a fee to complete the Special Authority form to access PharmaCare benefits. HEABC has advised the union bargaining associations that the plan will reimburse the fee.
- Coverage for active employees and recipients of Long Term Disability benefits who reside out of province and are therefore not eligible for PharmaCare.
- S13, S17

S13, S17 Details about how PharmaCare works and what drugs it does – and does not – cover, and any conditions about the coverage of those drugs, are available online.

- S13, S22

Decision required:

- S13

[1] Pharmaceutical Services Division
[2] Pharmaceutical Services Division

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **PharmaNet Modernization Project**
- As part of the PharmaNet Modernization Project, the servers running the system will be upgraded. The existing system is nearing its functional end-of-life and requires an upgrade to the system infrastructure (including, servers, operating system and databases) to sustain and enhance performance of the system and integrate with other Provincial Electronic Health record components, connect community-based medical practices and provide flexibility for expansion to other services requirements.
- MAXIMUS (service provider and system integrator for PharmaNet), has recommended a shutdown of 16-20 hours to allow for an orderly transition to the new servers and to upgrade the infrastructure. This will mean that all medical staff that rely on PharmaNet for patient care will not be able to access information stored in PharmaNet during this period.
- The proposed date for the shutdown is the weekend of July 6-7, 2013 to mitigate any impact to clients and Ministry exposure to risk.

Background:

- PharmaNet is the provincial system used for collection and disclosure of clinical information related to prescription medication dispensed by community pharmacies in BC. Additionally, PharmaNet promotes patient safety by providing information about all prescription medicines dispensed and offers immediate adjudication of PharmaCare claims in real time.
- PharmaNet has been in operation since 1995 and is currently used in over 1,100 community pharmacies, 200 hospitals, 100 Emergency Departments, and 1,400 community medical offices.[1] There were over 60 million prescription medication dispenses recorded in 2012.[2]
- Simultaneous with the upgrade of the PharmaNet servers, Shared Services BC has requested that changes be made to the location of the servers, S15 and the protection of the servers, S15 . These activities have lengthened the period when PharmaNet will be unavailable and increases the complexity and inherent risk of the transition.
- Various work streams have been initiated to prepare for the event. There is a workgroup responsible with Communications, one dealing with the server move S15 S15 , and another group defining temporary policies needed to support those patients in need during the period when PharmaNet is offline.
- An oversight committee is responsible for managing all activities leading to a successful implementation on July 6-7, 2013.

[1] Monthly report provided by Maximus, "Pharmacy by Count Report", May 2013.
[2] Statistical data provided by Maximus, "Quarterly PharmaNet Stats Comparison Report", Calendar year 2012.

HTH-2013-00164 (PHASE 1 TRANSITION BINDER)

- Primary external stakeholders have been informed of the outage. They are participating in collaboration with the Ministry of Health to develop the communications plan and provide input at the oversight committee level.
- Draft communications materials, including the temporary policies, are expected on May 31, 2013; successful completion of the testing of the connectivity S15 S15 is due on June 20, 2013; the go/no go decision is scheduled for June 27, 2013, and the go live S15 is July 7, 2013.

Decision required:

- **This is a30 day issue.**
- PharmaNet outage planned for 16-20 hours on July 6-7, 2013, for switching over to the new servers S15

Page 30
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

March 2013

ISSUE NOTE

Issue:

- Progress on the Action Plan for Safe Drinking Water Annual Report

Background:

- Under the authority of the *Drinking Water Protection Act* the Provincial Health Officer must prepare and deliver to the Minister of Health an annual report respecting activities under this Act, and report on situations that significantly impede the protection of public health in relation to drinking water and arises in relation to the actions or inaction of one or more ministries, government corporations, or other agents of the government.
- In March 2002, the Province adopted an Action Plan for Safe Drinking Water in BC, which sets out a multi-faceted and multi-agency approach to the protection of public health as it relates to drinking water quality. The Action Plan outlines government's commitment to an integrated approach for drinking water protection.
- The last report was released in 2011 to cover programs during the 2007/08 and 2008/09 fiscal years.
- This progress report covers the fiscal years 2009/10 to 2011/12. It outlines and assesses the government's activities and accomplishments related to drinking water in BC.

Decision required:

- This is a 30 day issue.
- S13

Page 31
HTH-2013-00164 (PHASE 4 TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Provincial/Territorial Health Lead**
- BC scheduled to assume Provincial/Territorial Health Lead.

Background:

- The Federal/Provincial/Territorial (FPT) health sector has an established forum to support collaboration among FPT health ministries. Health Canada co-chairs the forum, and the Provincial/Territorial (PT) co-chair rotates among PT jurisdictions. BC is scheduled to assume the PT co-chair role in October 2013 for a period of one year.
- Responsibilities of the lead Minister include:
  - Chairing PT Ministers teleconferences and the annual PT Health Ministers Meeting.
  - Co-chairing FPT Ministers' teleconferences and the annual in-person FPT Health Ministers Meeting.
  - Representing PT priorities in discussions and negotiations with the federal Health Minister and external organizations
  - Representing PT Ministers in communications with the Council of the Federation, elected officials in other sectors, and the media.
- The lead jurisdiction is responsible for scheduling and providing strategic and secretariat support for monthly teleconferences of PT Deputy Ministers and quarterly teleconferences of FPT Deputy Ministers, and for planning and hosting two in-person meetings of FPT Deputy Ministers, the annual face to face meeting of FPT Ministers and ad hoc PT Ministers' teleconferences and meetings.
- The lead jurisdiction receives $300,000 in contributions from the other provinces and territories to support the lead activities.
- When the federal government announced in 2011 that the 2004 Health Accord would not be renewed, provinces and territories shifted their focus from negotiating funding agreements with Health Canada, to collaborating more effectively to share best practices, benefit from economies of scale, take advantage of combined strength to negotiate lower prices for drugs, coordinate health human resources, and other areas where working together will produce efficiencies, reduce costs and improve health outcomes.
- Premier Clark was chair of the Council of the Federation in 2012 when the PT Health Care Innovation Working Group was created. The Premier publicly supported the need for provinces and territories to work together to effect change, and the opportunities that intergovernmental collaboration brings.

- The FPT network can be used to advance BC priorities. For example, sodium reduction was identified as a national priority based on the influence of the BC Minister and officials at the FPT table. The result of BC's leadership was the release of a PT sodium reduction strategy in June 2012.
- The lead Minister role provides an opportunity for the Minister to show national leadership, gain national profile, and influence the direction and nature of national initiatives, while increasing public and media awareness of BC's health priorities.
- In April 2013, BC indicated to other PTs that due to the election period it could not confirm until July whether or not the Province would assume its scheduled term to lead. Should BC decide not to take its turn as the lead, Alberta has indicated it likely will volunteer to do so.

Decision required:

- This is a 30 day issue.
- BC has indicated it will communicate its intention to assume the lead role to other jurisdictions by July.

BRITISH COLUMBIA

March 2013

ISSUE NOTE

Issue:

- **Release of the "Renewing the BC Women's Health Strategy" Report**

Background:

- In 2004, BC Women's Hospital & Health Centre (BC Women's) and the BC Centre of Excellence (BCCEWH), with the support from the Ministry of Health, released the first-ever Provincial Women's Health Strategy. The three priority areas included: improving women's health monitoring, surveillance and reporting; sustaining access to maternity care; and supporting women-centred approaches to mental health, problematic substance use, and addictions.
- In 2008, a review of the Strategy indicated progress in these areas, but it also identified a need for significant additional work.
- In December 2012, the Provincial Health Officer (PHO) released *The Health and Well-being of Women in British Columbia, the PHO's 2008 Annual Report)*, which included 43 recommendations.
- The central recommendation of the Report is the development of a comprehensive women's health and well-being strategy to identify key areas for priority actions and opportunities to support the health and well-being of women in BC. Specifically, it identified the following priority areas: poverty; violence; mental health and problematic substance use; and chronic disease and injury.
- Since its publication, the partners (Maternal, Child and Health Engagement Branch, BC Women's and BCCEWH) have undertaken a number of activities in 2012/13 to respond to the Report, including:
  1. Hosting a one-day forum on April 13, 2012, to consult with approximately 30 stakeholders (health experts, health authority staff, representatives from relevant ministries and some non-governmental leaders) on the PHO's key priority areas and to assess support for renewing the Strategy.
  2. Hosting a second one-day forum on June 15, 2012, to discuss opportunities for developing a renewed Strategy.
  3. Producing a jurisdictional scan of relevant women's health strategies with recommendations to guide the development of the Strategy.
  4. Producing a WHS Report summarizing 2012/13 activities and a plan for next steps to disseminate to stakeholders who attended the two forums (March 2013).

Decision required:

- **This is a 30 day issue.**
- Requires the Minister's decision to release the WHS Report summarizing 2012/13 Strategy activities and a plan for next steps. Doing so will signal the Ministry's continued support for developing the Strategy, as recommended in the PHO Report.
- The report was initially planned for release in April but is now planned for release in June.

- The dissemination of the WHS Report intends to communicate progress to major stakeholders and encourage their continued involvement in the next steps of the development of the Strategy. Maintaining this momentum is crucial as the Ministry will need to leverage external resources to successfully implement and sustain the WHS Report to address the PHO's recommendations.
- Additional delays in communicating with these 30 stakeholders may impact their continued engagement in this provincial project.

Page 35
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Safety and Regulating of Compounded Drugs**

Background:

- In April 2013, media reports indicated that patients in Ontario and New Brunswick received diluted doses of chemotherapy drugs (namely cyclophosamide and gemcitabine) used to treat cancers and other medical conditions.
- The hospitals in question used outsourced IV chemotherapy products from a private company called Marchese Hospital Solutions, based in Hamilton, Ontario.
- Under the federal *Food and Drug Act*, Health Canada is responsible for overseeing the manufacturing of drugs, however, the Act and Regulations are silent on compounding. A Health Canada Policy (2009)[i] states that provinces are responsible for the oversight of compounding drugs.
-

S13

- The situation in Ontario and New Brunswick raised concerns in BC, and all other provinces and territories, about whether sufficient oversight was in place to ensure the safe supply and application of outsourced injectable drugs.
- BC is taking part in discussions with Health Canada and all the provinces and territories to discuss these oversight and jurisdictional issues. Consultation with the BC College of Pharmacy and other stakeholders is also being completed.
- In response to concerns, Health Canada published an interim solution[ii] for oversight of organizations involved in the compounding and admixing of medications. Under this direction, compounding and admixing activities can continue under one of the following three conditions:
  1. They are done within a hospital, meeting provincial regulatory requirements;
  2. They are done, outside a hospital, as a service under the supervision of a provincially licensed pharmacist; or
  3. They are done in a manner that meets the licensing and manufacturing requirements of the federal *Food and Drugs Act*.
-

S13

S13

- The BC Cancer Agency (BCCA) has not purchased, and does not purchase any products from Marchese Hospital Solutions.
- A small fraction of chemotherapy drugs administered at BCCA are out-sourced products, which are used to provide efficiencies for the treatment delivery process.
- BCCA has established processes in place to ensure the right dose is prescribed, dispensed and administered to patients. The cornerstone of the BCCA process is the Systemic Therapy Policy III-10 which requires a triple check by physician, pharmacist and nurse all operating independently with each health care professional determining the appropriate drug therapy and dose for the specific patient.

Decision required:

- **This is a 30 day issue.**
- This issue has received media attention in Ontario and New Brunswick
- No specific decision required at this time, however, if policy discussions with Health Canada and the provinces and territories lead BC to consider changes to its provincial oversight model, this may require ministerial direction.

[i] http://www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/pol_0051-eng.php
[ii] http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-51-eng.php

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Seniors Advocate Appointment Process**
- The *Seniors Advocate Act* received royal assent in the spring 2013 legislative session. The Province must now establish a hiring process to recruit a suitable candidate for the seniors advocate position.

Background:

- On February 20, 2013, the Minister of Health introduced the *Seniors Advocate Act* to create Canada's first seniors advocate. Establishing an Office of the Seniors Advocate is a key commitment in Improving Care for BC Seniors: An Action Plan, released February 2012.
- The *Seniors Advocate Act* received royal assent on March 14, 2013. Once formally enacted by Order in Council, a hiring process will need to be established to recruit the seniors advocate.
- Under the *Seniors Advocate Act*, the Lieutenant Governor in Council must appoint the advocate. The appointment under subsection (1) of the *Seniors Advocate Act* must be made under section 15 (1) (b) of the *Public Service Act*.
-

S13

-

- The time required to establish a recruitment process and hire an advocate may take up to three months, or longer.

Decision required:

- **This is a 30 day issue.**
- Decide which recruitment and selection process to use to identify a suitable candidate for the seniors advocate position.

Page 38
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Summerland Seniors Village**
- Following a complaint about the care of an S22 S22 the Assisted Living Registry, Ministry of Health, conducted an investigation of the assisted living services at Summerland Seniors Village in December 2012.
- The Board of Interior Health Authority appointed an administrator to the licensed residential care section of Summerland Seniors Village on January 25, 2013 due to a high risk to the health and safety of persons in care in the licensed residential care portion of this site.
- The administrator's appointment ended at the end of April, and was not renewed.
- Summerland Seniors Village has made significant progress in the residential care section meeting requirements established by the Interior Health Authority, and the Ministry is receiving regular updates with respect to the progress the facility is making.
- The Director of Licensing has put an order in place for the health authority to conduct weekly inspections, and for enhanced reporting in recognition that the residential care portion of the facility is in a time of transition.

Background:

- Summerland Seniors Village is a Campus of Care, owned and operated by Retirement Concepts, and provides Independent Living, Assisted Living, and Licensed Residential Care as well as an adult day program.
- S22 complained to the media about the care of their S22 in the licensed residential care portion of the campus.
- The Coroners' Service is reviewing these deaths, and has concluded that the death of the S22 was the result of natural disease process, and no recommendations were made. The Coroners' Service has not yet completed their review of the death S22
- Retirement Concepts has worked collaboratively with the Assisted Living Registry to resolve areas of non-compliance to ensure the safety of residents within the assisted living section of the campus of care.
- Retirement Concepts is in full compliance with the provincial assisted living health and safety standards as of April 10, 2013, and has now started to accept new residents into the assisted living section of the residence.
- Summerland Seniors Village is presently admitting clients, and there are no conditions on their community care licence.

- The Assisted Living Registry – Ministry of Health and Retirement Concepts – Summerland Seniors Village have an agreement for regular monitoring over the next six months until October 2013.
- Retirement Concepts operates 19 facilities throughout BC, offering a range of services from residential care to assisted living to independent living.

Decision required:

- **This is a 30 day issue.**

Tab 4

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

S13

Background:

S13

- Under Section 66 of the *Public Health Act,* the Provincial Health Officer has the authority and responsibility to monitor the health of the population of BC, and to provide independent advice on public health issues, and the need for legislation, policies and practices respecting those issues. The Provincial Health Officer is required to report annually to the Minister of Health on the health of the population of BC.[1] Some annual reports provide a broad overview of health status, while others focus on specific topics. Other recent annual reports have focused on air quality, diabetes, food, injection drug use, Aboriginal health, and women's health.

Decision required:

S13

[1] The annual Provincial Health Officer reports are generally completed and released within 1--2 years of the reporting year. A number of events have contributed to a longer interval. The influenza pandemic of 2009/10 required a shift in priorities. Staff changes in key positions as well as budget availability also resulted in report production constraints. It is anticipated that by the end of fiscal 2013/14 the release of reports will be back on track.

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Age-related Macular Degeneration**

S13, S17

Background:

- On June 1, 2009, the Ministry of Health began its AMD Program, providing coverage for ranibizumab (Lucentis) and bevacizumab (Avastin) in addition to previously-funded verteporfin (Visudyne) and Photo Dynamic Therapy.
- AMD treatments are covered only when prescribed and administered by retinal specialists who are ophthalmologists with additional education specializing in retinal disease. The AMD Program is funded through and managed by the Provincial Health Services Authority (PHSA), and drug coverage is not subject to Fair PharmaCare deductibles or co-payments.

S13, S17

[1] Budget impact projections using PharmaNet data analyzed by PSD staff.
[2] Budget impact projections using PharmaNet data analyzed by PSD staff.

Page 44 redacted for the following reason:
- -
S13, S17

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **BC Emergency Health Services Bylaws**
- The *Emergency Health Services Act* requires that bylaws for the BC Emergency Health Services (BC EHS) board be approved by Ministerial order.

Background:

- On April 1, 2013, the *Emergency and Health Services Amendment Act, 2013* was brought into force.
- The Act provides BC EHS with the right organizational and legal framework to lead the provincial coordination of ambulance services and enables optimization of emergency health services that will improve rural and remote service delivery.
- The Act formalized the legal structure of BC EHS as a corporation with a board appointed by the Minister of Health.
- The Act provides the BC EHS board with the power to make bylaws to determine procedures, conduct and control of meetings and other administrative functions of the board. Additionally, the following may be done only on authority of a bylaw:
    - The acquisition or disposal, by BC EHS, of real or personal property; and
    - The exercise of BC EHS's borrowing powers, including any prohibitions or restrictions on those powers.
- BC EHS operates the BC Ambulance Service which provides emergency medical services across the province.
- BC EHS board bylaws must be approved to allow BC EHS the ability to manage the significant facilities and real estate portfolio associated with delivering BC Ambulance Service in BC communities.
- Bylaws for the BC EHS board are being developed by BC EHS and the Ministry of Health.

S13

- When complete these bylaws will be provided to the Minister of Health for review and approval.

- All bylaws made by the BC EHS board have no effect until they are approved by order of the Minister.

Decision required:

- **This is a 60 day issue.**
- The Minister of Health must determine whether to approve a Ministerial Order that will bring into effect bylaws for the BC EHS board of directors.

Page 46
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Food Premises Regulation**
- The Food Premises Regulation was amended to allow the regulation to apply to food premises where meat carcasses are processed and/or sold for human consumption.

Background:

- The *Public Health Act* outlines powers and duties with respect to health promotion and health protection including: planning powers; reporting requirements; the regulation and prevention of disease, health hazards and impediments; inspections and orders; health officials; administrative penalties and offences.
- The Food Premises Regulation under the *Public Health Act* regulates the operation of food premises and food service establishments (e.g., requirements for approvals or permits, food sources, equipment, cleaning, and other matters related to food safety). "Food premises" is any place where food intended for public consumption is sold, offered for sale, supplied, handled, prepared, packaged, displayed, served, processed, stored, transported or dispensed. A "food service establishment" is a food premises where food is processed; served or dispensed to the public; and intended for immediate consumption (e.g., restaurants).
- The *Food Safety Act* addresses the safety, licensing, inspection, designation and regulation of food establishments. The definition of "food establishment" includes any place where food is grown, cultivated, slaughtered, prepared, sold, manufactured, processed or stored.
- A regulation under the *Food Safety Act*, the Meat Inspection Regulation, was brought into force in 2004. The regulation sets out requirements for the designation and licensing of slaughter establishments. It describes the obligations of operators, and provides for: inspection of slaughter establishments; protection of carcasses; equipment and cleaning; employees and operational safety management.
- In September 2012, responsibility for the licensing, inspection and standards of slaughterhouses was transfered from the Minister of Health to the Minister of Agriculture. However, the Ministry of Health considered the regulation of meat processing as "food" to fall within its mandate to protect public health. By contrast, the raising and slaughter of animals are appropriately the mandate of the Ministry of Agriculture.
- As a result, the Ministries of Health and Agriculture jointly requested an amendment to the relevant *Constitution Act* Order-in-Council (OIC) such that the *Food Safety Act* as it relates to animal slaughter be conveyed to the Ministry of Agriculture, and all of the Act, except as it relates to animal slaughter, to be retained by the Ministry of Health. The amendment was approved January 25, 2013 (OIC 013/2013).
- Prior to September 2012, the Meat Inspection Regulation set out provisions for safety and inspection of meat and slaughter facilities by environmental health officers employed by the

Page 47
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

regional health authorities. Many of the provisions of that regulation are mirrored for food premises more generally in the Food Premises Regulation; duplicate authority under the Food Premises Regulation to inspect slaughter facilities was not required. Accordingly, facilities covered by the Meat Inspection Regulation were exempted from the application of the Food Premises Regulation.

- With the realignment of the *Food Safety Act* and its regulation, however, amendments to the Food Premises Regulation were required to apply the regulation to slaughtering facilities where food processing, or the sale of carcasses or meat as food, occurs. The Ministry of Agriculture concurrently amended the Meat Inspection Regulation to more clearly define the boundaries between the application of the two regulations to slaughter (Meat Inspection Regulation) and further processing of meat and the sale of meat at food premises (Food Premises Regulation). The amending OICs were approved on Febraaty 22, 2013 (OIC 084/2013 and OIC 085/2013).
- The amendments to the Food Premises Regulation exempt "slaughter establishments" under the Meat Inspection Regulation from the application of the Food Premises Regulation. However, the Food Premises Regulation applies to those parts of slaughter establishments which are now considered "food premises" (i.e., activity beyond the killing, cleaning, and/or quartering of animals, or the sale of carcasses and meat products), and are approved under that regulation. Where appropriate, requirements specific to meat processing formally found under the Meat Inspection Regulation were moved to the Food Premises Regulation. The amendments allow environmental health officers to continue to perform their critical duties in food premises where meat processing or the sale of meat products occurs.
- The amendments to the Food Premises Regulation also require food premises where carcasses are handled, or where food is processed or prepared, to maintain and follow approved food safety and sanitation plans. S13

- S13

Decision required:

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Hope to Health Program Implementation**
- Implementation of *From Hope to Health: Towards an AIDS-free Generation.*

Background:

- There is a strong association between an increased number of individuals receiving Highly Active Anti-Retroviral Therapy (HAART) and fewer new HIV diagnoses due to decreases in the amount of virus circulating within the population[1]. This is the cornerstone of the "Treatment as Prevention" concept.
- BC launched the Seek and Treat for the Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) pilot in Vancouver and Prince George in 2010.
- STOP HIV/AIDS is a real-world implementation of the HIV "Treatment as Prevention" concept in BC, aimed at reducing HIV-related morbidity and mortality, reducing the number of new HIV infections and containing associated health system costs.
- Early evaluation of the pilot showed that pilot areas were testing and diagnosing more people with HIV than before the pilot started[2], and better outcomes for those in care were identified, including faster linkage to care and better medication adherence[3].
- This indicated that pilot activities were starting to reach the estimated 3,000 British Columbians living with HIV who do not know they are infected[4], as well as supporting better engagement of marginalized and vulnerable people in HIV testing, treatment and support.
- Due to early evidence of success, on November 30, 2012, the Minister of Health announced province-wide implementation of the lessons learned from the STOP HIV/AIDS pilot starting in April 2013.
- Ongoing annual funding of $19.9 million has been approved for provincial expansion of the Treatment as Prevention approach; funding is divided between pilot (Vancouver Coastal Health and Northern Health) and non-pilot regional health authorities (Vancouver Island Health Authority, Fraser Health, and Interior Health), the Provincial Health Services Authority and the BC Centre for Excellence in HIV/AIDS.
- Vancouver Coastal Health and Providence Health Care have merged resources over the course of the pilot and it is expected that this will continue in future HIV programming.

---

[1] Montaner, Julio SG., et al. (2010) Association of coverage of highly active anti-retroviral therapy, population viral load, and yearly new HIV diagnoses in British Columbia, Canada: a population-based cohort study. *The Lancet.* 376 (9740): 532-9.

[2] STOP HIV/AIDS Monthly Reporting from BC Centre for Disease Control

[3] STOP HIV/AIDS Reporting, Vancouver Coastal Health Authority.

[4] Public Health Agency of Canada. 2011. http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/estimat2011-eng.php. BC Centre for Disease Control 2011 http://www.becdc.ca/NR/rdonlyres/54BFF7F2-F283-4F72-BF2A-73EC2813F0D1/0/HIV_Annual_Report_2011_20111011.pdf

Page 49
HTH-2013-00164 (PHASE 2 TRANSITION BINDER)

- To guide province-wide implementation, and set milestones for achievement, the Ministry has released a strategic framework to guide health authorities in implementing the lessons learned from the pilot: *From Hope to Health: Towards an AIDS-free Generation.*
- The goals of the framework are:
  1. Reduce the number of new HIV infections in BC.
  2. Improve the quality, effectiveness, and reach of HIV prevention services.
  3. Diagnose those living with HIV as early as possible in the course of their infection.
  4. Improve quality and reach of HIV support services for those living with, and vulnerable to, HIV.
  5. Reduce the burden of advanced HIV infection on the health system.
- The document highlights multiple places where we could better prevent, test, link and retain people in HIV care.
- Increased identification and reach of those medically eligible and willing to be on treatment is contributing to improved HIV-related health outcomes at an individual and population level, as well as establishing BC as a world leader through the development of an innovative health solution for a pressing global problem.
- The provincial expansion of the successful pilot will ensure all British Columbians are reached and engaged in HIV prevention, testing, treatment, care and support.

Decision required:

- **This is a 60 day issue.**
- There may be opportunities that arise for the Minister of Health to publicly demonstrate leadership and support of the expanded approach to HIV in BC. Routine testing for HIV has been shown through the pilot to be more successful in diagnosing those living with HIV infection but unaware.
-

S13, S22

- Public HIV testing events with government ministers has been shown to increase testing participation in other jurisdictions[6].
- In addition, the Minister may wish to participate in events associated with Scotia Bank AIDS WALK for LIFE in Vancouver on (September 22, 2013) or World AIDS Day (December 1, 2013) to demonstrate the importance of community leadership and collaboration for addressing HIV/AIDS.

S13

[6] T.Kebede, et al. The impact of public HIV testing of political leaders and prominent figures in VCT service utilization: AIDS 2006 - XVI International AIDS Conference: Abstract no. WEPE0369.

Page 50
HTH-2013-00164 (PHASE 1 TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Immunization in BC**
- Annual Influenza Campaign Launch.
- The death of an otherwise healthy adolescent from the Y-strain of meningococcal disease, while unlikely, may trigger media attention.
- Operational Review of BC's Immunization Program for Children 0-18 years will inform the renewed commitment for *ImmunizeBC: A Strategic Framework for Immunization in British Columbia* (2007).

Background:

- In BC, the influenza vaccine is provided for free to those at highest risk of severe influenza illness and those who are close contacts or caregivers to people at high risk. BC promotes uptake of the influenza vaccine starting in late October or early November until the end of the flu season (end of March). There are discussions to implement a provincially mandated policy that requires health care workers to be vaccinated or wear a mask for the duration of the influenza season to protect against transmission. Discussions, including planning and implementation are anticipated to conclude by September 2013.
- BC's publicly funded immunization program currently protects against 16 different diseases[1]:
  - varicella (chickenpox)
  - diphtheria
  - Haemophilus influenzae type b (hib)
  - hepatitis A
  - hepatitis B
  - influenza
  - HPV (human Papillomavirus)
  - measles
  - meningococcal disease
  - mumps
  - Pertussis (whooping cough)
  - invasive pneumococcal disease
  - polio
  - rubella
  - tetanus
  - rotavirus
- The meningococcal vaccine offered in BC protects against the C-strain of the disease only. The current vaccine does not protect against the Y-strain. A vaccine that covers four strains (quadrivalent) of meningococcal disease (including Y) is recommended by the Communicable Disease Policy Advisory Committee (chaired by the Provincial Health Officer) to replace the current vaccine. Currently, only high risk individuals are offered the publicly funded quadrivalent vaccine.
-

[1] BCCDC Immunization Manual, 2011, www.bccdc.ca

Decision required:

- **This is a 60 day issue.**
- Influenza campaigns begin mid-fall 2013. S13, S22

S13, S22

- While unlikely, a death from the meningococcal Y strain will create media attention and renewed public pressure to offer quadrivalent vaccine within BC's publicly-funded immunization schedule.
- The renewal of the strategic framework *ImmunizeBC* is scheduled for fiscal year 2014/15. The Minister of Health may need to speak to the findings of an Operational Review on BC's Immunization Program for Children 0-18 years, currently in progress.

Page 52
HTH-2013-00164 (RELEASE - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Neonatal Intensive Care Unit – Surrey Memorial Hospital**

S13, S17

Background:

S13, S17

- The plan for a tertiary NICU to be located at SMH was based on population need, given anticipated population growth primarily south of the Fraser River.

S13, S17

Page 53
HTH-2013-00164 (PHASE 1 TRANSITION BINDER)

S13, S17

- BC's thirteen NICUs are managed as a provincial network to support high risk deliveries/very sick babies. S13, S17

S13, S17

Decision required:

S13, S17

Page 54
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Patient Care Quality Review Boards Annual Report**

Background:

- The Patient Care Quality Review Boards have been in place since October 2008 when the *Patient Care Quality Review Board Act* was brought into force.
- The Boards review care quality complaints unable to be resolved by the six Patient Care Quality Offices in the health authorities.
- The Boards are required through legislation to submit an annual report to the Minister of Health. This report is traditionally sent to the Minister in late June and is then publically released in early July.
- This year will be the fourth annual report.
- The report summarises the work of the Boards and includes:
  - Board acceptance and completion of reviews and categorization of complaints;
  - An executive summary with broad themes highlighted in the reviews undertaken;
  - A complete listing of all recommendations made to the health authorities and Ministry of Health and a summary of the responses to those recommendations;
  - A year end round-up of data from the health authorities on the complaints received and processed and their categorization of complaints; and
  - Addendums on subjects of interest (e.g. Empathetic Response Guidelines).

Decision required:

- **This is a 60 day issue.**
- Public release of Patient Care Quality Review Boards Annual Report after receipt in late June 2013.

Page 55
HTH-2013-00164 (PHASE 1 TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Prostate Cancer Screening**
-

S13

Background:

- Prostate cancer is the most prevalent cancer in BC males, with an estimated 3,500 new cases anticipated in 2013. The Canadian Cancer Society estimates that for BC males there will be 570 prostate cancer deaths in 2013, compared to 1,250 deaths from lung cancer and 650 deaths from colorectal cancer.[1]
- Although prostate cancer is very common, in many cases, the cancer does not grow or cause symptoms; or grows so slowly that it is unlikely to cause health problems during a man's lifetime.
- High PSA levels may be an indication of cancer, however PSA levels may also be high due to other types of prostate problems.
- PSA tests are currently publicly funded by the Medical Services Plan (MSP) for patients with urinary symptoms, an abnormal prostate physical examination or a history of prostate cancer. Asymptomatic men can pay for the test, with a physician's referral (approximately $35 in private clinics). Some insurance plans fund PSA tests for screening.
-

S13, S17

- BC, Ontario and Quebec do not fund the PSA test for screening asymptomatic men. Some prostate cancer care advocacy organizations, such as The Prostate Centre in Victoria and Prostate Cancer Canada, actively promote the use of PSA for screening.
- When used for screening, the PSA test often yields false positives which can cause anxiety for patients and their families, and lead to unnecessary follow-up tests, procedures and system costs.
- The PSA cannot distinguish between an aggressive cancer requiring treatment or one that is slow growing and unlikely to be harmful. This uncertainty often leads men with prostate cancer to be treated with surgery, radiation or hormone therapy. These treatment methods can lead to urinary problems and incontinence, sexual dysfunction, and bowel problems.
-

S13

[1] Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2013*. Toronto, ON: Canadian Cancer Society; 2013. Pages 33 and 54.
[2] Ministry of Health Financial and Corporate Services Division

- Given the lack of medical consensus on the use of the PSA test, the Ministry of Health's Medical Services and Health Human Resources Division does not support funding PSA for asymptomatic men. This decision was challenged at the BC Human Rights Tribunal in 2009 but the Tribunal upheld the Ministry's decision.
-

S13, S17

- In 2012, the BC Cancer Agency's (BCCA) Genitourinary Cancer Tumour Group, which includes Vancouver Prostate Center members, considered the scientific evidence related to PSA screening and its cost effectiveness. The Group recommended improved patient and physician education on the risks and benefits of screening and treatment choices. It also recommended improvements to the clinical pathway and clearer treatment guidelines that include active surveillance as a treatment for low risk cancers.
-
-

S13, S17

-

Decision required:

S13

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- Screening Mammography Program
-

S13

Background:

- The Screening Mammography Program (SMP), run by the BCCA under the Provincial Health Services Authority (PHSA), is a provincial program that provides breast screening services for women ages 40 to 79 to help with early detection of breast cancer.
- BC has the fifth lowest incidence rate of breast cancer in the country and the second lowest mortality rate.[1]
- The BCCA's current breast cancer screening guidelines recommend screening every 12 to 18 months for women aged 40 to 49. For women ages 50 to 79, the guidelines recommend screening every two years. Women outside these age groups may be referred to the SMP by their family physicians.
- The current guidelines also recommend that all women over the age of 20 receive an annual physical breast examination by their family physicians as a screening procedure and as an opportunity to teach breast self-examination. At present, BCCA suggests that a woman may be encouraged to perform breast self-examination as well.
- In April 2010, the PHSA launched its Provincial Breast Health Strategy to improve aspects of the breast cancer system. As part of this work, the health authority and the Ministry established a provincial BC Breast Cancer Screening Policy Review Committee to conduct a review of the current provincial breast cancer screening guidelines used by the SMP. The Committee reviewed the most recent medical evidence as well as the guidelines used by other jurisdictions. The review committee included representatives from BCCA, the Ministry, BC Women's Hospital, and oncology representatives from regional health authorities.
- In November 2011, the Canadian Task Force on Preventive Health Care released updated *Recommendations on Breast Cancer Screening* for women aged 40 to 74 who are at average risk of developing breast cancer. The Task Force is an independent panel of clinicians within the Public Health Agency of Canada that make recommendations about clinical interventions aimed at prevention.[2]

[1] Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2013*.Toronto, ON: Canadian Cancer Society; 2013. Pages. 34 and 45.

[2] Information from http://www.canadiantaskforce.ca/recommendations/2011_01_eng.html Accessed January 24, 2012

- Among other recommendations, the Task Force recommended that asymptomatic, average risk women under the age of 50 not participate in regular screening programs given the recent medical evidence that suggest the possibility of over-diagnosis and over-treatment.
- The BCCA publicly responded saying they would review the guidelines and make recommendations to government within six months.
- The Canadian Cancer Society endorsed the Task Force recommendations, saying they were aligned with breast cancer screening guidelines from the US, UK, and Australia. However, the Canadian Breast Cancer Foundation-BC/Yukon Division (CBCF-BCY) spoke strongly against the recommendations in December 2011 stating "scientific evidence demonstrates that earlier detection and diagnosis through an organized breast cancer screening program can save lives and reduce mortality among women 40-49 by an estimated 25%."[3]
- The CBCF-BCY also recently made public a communication with BC Premier Christy Clark, in which she was asked whether government would consider halting routine screening of women ages 40-49. The Premier reportedly stated, "Not on my watch".[4]
- In 2012, the Ministry and BCCA reconvened the Screening Policy Review Committee to consider both the BCCA review and the Task Force findings in order to develop breast cancer screening recommendations. The Committee developed new guidelines in early 2012.
- S13
- S13
- S13

Decision required:

- **This is a 60 day issue.**

S13

[3] http://www.cbcf.org/bc/AboutUsMain/MediaCenter/NewsReleases/Pages/BCYukon-Response-to-New-Federal-Breast-Cancer-Screening-Guidelines.aspx

[4] ". http://imfindingmyweigh.blogspot.ca/2012/05/day-i-talked-to-premier-of-bc-about.html

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Seniors Abuse and Information Line**
- Formal launch of the Seniors Abuse and Information Line.

Background:

- In *Improving* Care *for B.C. Seniors: An Action Plan*, the Government committed to implementing an elder abuse prevention, identification and response strategy.
- *Together to Reduce Elder Abuse – B.C.'s Strategy*, released on March 6, 2013, includes a commitment to establish a provincial elder abuse phone line.
- For many years, the BC Centre for Elder Advocacy and Support (BCCEAS) operated the Seniors Advocacy and Information Line, on a part-time basis with a small staff, to offer information and referrals with respect to elder abuse, as well as victim services supports and legal assistance.
- In March 2013, BCCEAS received a grant of $850,000 from the Provincial Health Services Authority to support expanded hours and staffing as of July 1, 2013. The grant will sustain the expanded operations for four years. BCCEAS also changed the name of the line to the Seniors Abuse and Information Line (SAIL).
- The phone line will be staffed from 8:00 a.m. to 8:00 p.m. seven days a week with trained call attendants.
- SAIL is a safe place for older adults, and those who care about them, to talk to someone confidentially about situations where they feel they are being abused or mistreated, or to receive information about elder abuse prevention.
- The success of the line is largely dependent on ensuring its availability is widely known among seniors, caregivers, family, service providers and the general community, including ethnocultural and Aboriginal communities.
- Similar elder abuse phone lines exist in most of the other provinces.
- A launch event is planned for sometime during the week of July 15-19, 2013 at the BCCEAS office (370 - 1199 West Pender Street, Vancouver), involving Ministry of Health staff, BCCEAS staff and volunteers, other key stakeholder organizations, leaders from the ethnocultural South Asian and Chinese communities, individual seniors and the media.
- The event would likely be less than one hour long and would include a speech by the minister responsible for seniors, the Executive Director of BCCEAS and community leaders. A news release would also be prepared.
- There are no financial implications for the launch event.

Decision required:

- This is a 60 day issue.
- Minister responsible for seniors to confirm participation at the planned launch event.

Page 61
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

Tab 5

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **2014 Health Sector Collective Bargaining**

Background:

- Section 19.4 of the *Health Authorities Act* establishes five statutory bargaining units for unionized employees in BC's health sector, each represented by a multi-union bargaining association:
  - Nurses Bargaining Association (NBA)
  - Health Sciences Professionals Bargaining Association (HSPBA)
  - Facilities Bargaining Association (FBA)
  - Community Bargaining Association (CBA)
  - Professional Association of Residents of British Columbia (PAR-BC)
- In the 2012 bargaining round, the Health Employers Association of BC (HEABC) negotiated renewed collective agreements with each union bargaining association which expire March 31, 2014.
- The collective agreements negotiated with the NBA, HSPBA FBA and CBA included a 3% general wage increase over a two year term, consistent with government's 2012 Cooperative Gains Mandate for fiscal 2012/13 and 2013/14.
- The collective agreement negotiated with PAR-BC was for a four year term providing no wage increases for the first two years, consistent with government's 2010 Net Zero Mandate; and increases of 1.5% effective January 2013 and 1.3% effective April 2013, consistent with the Cooperative Gains Mandate.
- The 2012 Cooperative Gains Mandate allowed for the negotiation of modest wage increases or other improvements, funded by savings found within collective agreements and within existing budgets without reducing services or transferring costs to the public.

S13, S17

S13, S17

Decision required:

- This is a 90 day issue.

[1] April 2013- HEABC

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Additional Substance Use Spaces**
- Supporting the strategic development of additional substance use spaces by effectively identifying need within the current substance use services continuum .

Background:

- One of the platform commitments made by the elected government is to "work with provincial health authorities and the not-for-profit sector to create an additional 500 addictions spaces in the province by 2017."[1]
- Health authorities provide a wide range of mental health and substance use (MHSU) programs across the continuum, including: Primary Care; Sobering and assessment; Crisis response; Withdrawal management (WM); Outpatient clinical services; Residential treatment; Supportive recovery; Youth-specific services. Community organizations, both publicly and privately funded (including not-for-profit agencies), help to supplement these services and supports.
- Following an evidence-based approach, MHSU services within the health authorities have been realigned to adopt a "systems" perspective with an emphasis on community-based service delivery. While shifting towards a focus on community-based service delivery approaches, BC has also increased the number of publically funded substance use beds from 874 in 2003[2] to 2,589 in 2012.[3] In addition, there are approximately 1000 privately funded residential and support recovery beds.[4]
- The provincial *Healthy Minds, Healthy People* ten-year plan[5] (HMHP) recognizes that the needs of individuals with MHSU problems vary across a pathway of severity, from a place of no risk to severe and persistent need. As a result of this, it supports treatment and recovery services that vary across a continuum of intensity. Service providers can then match a person's needs with the appropriate level of service. This is aligned with the nationally recognized *A Systems Approach to Substance use in Canada: Recommendations for a National Treatment Strategy* (NTS).[6] The NTS recommends that provinces work to develop a continuum of services based on a tiered model of service. Tiers represent different levels of services according to the acuity, chronicity and complexity of the substance use and related problems.

S13

[1] *Strong Economy, Secure Tomorrow* - BC Liberal Party 2013 Platform, pg. 64 http://www.bcliberals.com/media/BCL%20booklet%20FINAL%20online.pdf
[2] The 2003 substance use bed counts are based on health authorities surveys conducted by the Mental Health and Substance Use Branch, Health Authorities Division. Data was reported by health authorities in January 2003.
[3] MHSU Bed/Housing Survey, March 2012. Project (Certs) #2013_0417, Planning and Innovation Division, Ministry of Health, Extracted April 10, 2013.
[4] *BC Private and Publicly Funded Residential Treatment and Support Recovery Facilities*, Environmental Scan, MHSU Branch, MoH, November 2010
[5] 2010, accessed May 28, 2013, http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf
[6] October 2008, accessed May 28, 2013, http://www.nationalframework-cadrenational.ca/uploads/files/TWS_Treatment/nts-report-eng.pdf

Page 65
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

- MHSU problems are widely prevalent in all societies, including BC. In 2010/11, approximately 774,261 people[7] received treatment in BC for mental illness and substance use problems.
- The majority of children, youth and adults with mild to moderate mental health and/or substance use problems can be effectively supported or treated through low-intensity community-based services. A small proportion of people experience severe and complex mental health and/or substance use problems, which require more intensive service approaches such as integrated, residential, and/or hospital/in-patient services.
-
-

S13

-
-

Decision required:

- This is a 90 day issue
- A briefing note will be developed for the Minister outlining the intended approach and timelines to develop options and a recommendation to meet the government commitment.

[7] Table 1, Mental Health and Substance Use Fact Book, 2010/11. Prepared by Planning and Innovation Division, Ministry of Health, Dated January 30, 2012.
[8] News Release, April 12, 2013, Ministry of Health & Ministry of Children and Family Development,

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Age-friendly BC Grants**
- Announcements regarding the Age-friendly BC Grant Program.

Background:

- In an age-friendly community seniors are able to enjoy good health and active social participation. Age-friendly communities provide welcoming public spaces, accessible transportation, affordable housing options, employment and volunteer opportunities as well as information and services that fit the needs of seniors.
- BC has been involved in creating age-friendly communities since 2006 as one of the original partners, along with the Public Health Agency of Canada, in the World Health Organization's global Age-friendly Cities project, and the Canadian Rural and Remote Age-friendly Communities Initiative.
- To help communities meet the needs of an aging population, the Age-friendly BC strategy includes grants, direct support, tools and information, and a recognition program to promote and reward communities that have taken action to become age-friendly.
- The Province has partnered with the Union of BC Municipalities (UBCM) since 2007 to provide age-friendly local government grants. The grant amount per community has changed over the years, but has been set at a maximum of $20,000 since 2010. The program is flexible to allow communities to choose their approach; however, applications must demonstrate that proposals are:
    - community solutions based on local priorities;
    - catalysts that enable local governments and community partners to enhance and improve services for older adults;
    - focused on key priorities with focused outcomes;
    - coordinated with different levels of government and community partners to avoid duplication among programs and projects; and
    - sustainable contributions to improving the lives of older adults over time.
- Since 2007, $3.12 million has been distributed or committed to local governments for age-friendly planning and project grants.[1] These grants have funded 186 projects in 116 communities, or about 60% of the incorporated communities in BC.[2]
- For grants distributed in 2012 and 2013, the application period was opened in September 2011 and 2012 respectively to coincide with the annual UBCM convention. This timing increased awareness of the program because of high local government attendance at

[1] Funding for the grants came from $2.0 million transferred to UBCM under the Seniors Housing and Support Initiative beginning in 2004, supplemented by a transfer of a total of $1.75 million between 2007 and 2013.
[2] Local governments can receive more than one grant. Occasionally a local government decides to withdraw from the program and return the funding. In addition, projects may cost less than anticipated. As a result, both the number and amount of grants may vary.

Page 67
HTH-2013-00164 (PHASE 1 TRANSITION BINDER)

the convention, and allowed for the review process to be scheduled so that successful local governments could be informed that they were receiving funding before beginning a new fiscal period.

- An evaluation of the Age-friendly BC strategy began in late 2012 to examine the impact of the program in supporting local governments, as well as the impact of local actions in improving age-friendliness and making a difference in the lives of older adults. Results from the evaluation will be available by the end of June 2013. Informal comments received to date on the grant program indicate local governments find it an important catalyst to increase awareness and expand capacity to meet the needs of older adults. The Seniors' Directorate does not have an established budget for this program and funds will need to be secured in 2013/14. Historically, funds have been obtained from various ministry program areas to support the program.
- The government's platform commitments for seniors include "ongoing funding of $500,000 to partner with communities to make their communities more age-friendly for senior residents, through the successful age-friendly community grant program."
-

S13

- A key principle of the program is a focus on local priorities. However, the application guidelines can be amended to raise the profile of specific provincial priorities. The 2013/14 Age-friendly BC grant guidelines will encourage local governments to apply for grants that support Ministry of Health priority initiatives such as elder abuse prevention and dementia friendly communities.

Decision required:

- This is a 90 day issue.
-

S13

- To proceed with arrangements for age-friendly planning and project grants to be distributed to local governments in 2013/14.
-

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **BC Services Card**
- Need for additional public communications to increase BC Services Card uptake as per forecasted business model.

Background:

- The BC Services Card (BCSC) was released on February 15, 2013.
- From January 7 – March 31, 2013, a limited public awareness campaign for the BCSC was launched across BC using digital, print, interior transit and radio ads.
- Posters, brochures and tear-off pads were distributed to health authorities, plus 10,000 points of service (doctors' offices, pharmacies, First Nation band offices, recreation centres).
- Targeted Medical Services Plan (MSP) beneficiaries (new to the province, driver's renewing their licences) are direct mailed a notification letter from Health Insurance of BC (HIBC), directing them to renew enrolment in MSP and apply for a BCSC.
- Insurance Corporation of BC (ICBC) is forecast to issue 6.3 million BCSCs from now until 2018 to the following clients, specifically targeting:
  - New to the province MSP enrolees;
  - Driver's renewing licences and BCID holders renewing this credential;
  - Newborns;
  - Temporary Immigrants; and,
  - Replacement of lost/stolen/damaged cards.
- The forecast provided estimates for card issuance by month. S13

S13

-

S13

-

- This government initiative requires every British Columbian over the next five years to take action to replace their CareCard. It is important that they know what, when and how to do it.

Decision required:

- **This is a 90 day issue.**
- To increase public awareness and acceptance of the BCSC, it is recommended that the Ministry of Health lead a more substantive public communications engagement across BC in the fall of 2013. S13

S13

Page 69
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

Pros:

- Increased awareness of the card may increase the uptake of BCSC by driver's renewing their driver's licences.
- Increased uptake will reduce the risk of a bulge of adults to be processed prior to 2018.
- The timely uptake of cards by targeted beneficiaries can be managed by ICBC driver licensing offices across the province.

Cons:

- A campaign creating too strong a push, may encourage ICBC clients to come in **before** they need to renew their driver's licence which will result in the need for a return visit within the five year rollout.

Page 70
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Centre of Excellence for Substance Use**

Background:

- In 2011, the "Inner Change Foundation," an advocate for funding for research on mental health and drug dependency, approached UBC's Professor Toope with concerns regarding a perceived lack of coordination of services for those with substance dependence and to discuss the potential of developing a Centre for Excellence.
- Professor Toope facilitated a task group involving representatives from the health authorities, universities, medical professionals and community organizations to determine if a Centre for Substance Dependence and Related Disorders was possible.
- The task group subsequently recommended that a centre, with an integrated network, would be desirable and submitted its report to Professor Toope in June 2012, recommending that a steering committee be established to create the Centre.
- Professor Toope established a steering committee with representation from government, universities, health authorities (including First Nations Health Authority), multi-faith groups, community, addictions specialists and the private sector. The committee's mandate is to explore a vision of a Centre of Excellence for BC. The Ministry of Health is represented on the committee through the Health Authority Division Assistant Deputy Minister.
-

S13

- The Ministry is working collaboratively with UBC as well as other universities to enhance existing services through improvements to research, education, training and policy development.

Decision required:

- **This is a 90 day issue.**
- The Premier and previous Ministers of Health have been approached by the proponents. S13

S13

Page 71
HTH-2013-00164 (RELEASED TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Dementia Care** S13

S13

Background:

- One of the platform commitments made by the elected government is to "work with the health care community to develop new options to care for people living with dementia to ensure appropriate and cost-effective forms of care are provided to these citizens."
- In November 2012 the *Provincial Dementia Action Plan* was released which outlines government's priorities for improved dementia care provincewide, and includes three priorities with specific actions for health authorities and others to address, including:
  - support prevention and early intervention of dementia;
  - ensure quality person-centred dementia care; and
  - strengthen system capacity and accountability.
- The goal of the Action Plan is to increase individual, community and health service capacity to provide early, appropriate and effective care and support to assist people with dementia to remain at home and in their communities to the greatest extent possible.
- A key action in the Action Plan and part of the Seniors Action Plan is to collaborate with the health care community, researchers, the public and non government organizations to develop alternative models and new options. S13

S13

Page 72
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

Decision required:

- This is a 90 day issue.
-

S13

Page 73
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Eating Disorders Program Redesign – St. Paul's Hospital**
- The redesign of the Provincial Adult Tertiary Specialized Eating Disorders (PATSED) Program at Saint Paul's Hospital in Vancouver.

Background:

- Eating disorders are complex and often difficult to diagnose and treat. The nature of the disease is often chronic with serious medical consequences and associated high mortality and suicide rates. In 2008, over 57,000 British Columbians aged 10-54 were living with a diagnosed eating disorder[1] and many are undiagnosed and not receiving evidenced-based treatment.[2]
- The need for improvements to the BC system of care for eating disorders was identified at an April 2009 Minister of Health forum with a broad range of stakeholders. As a follow-up, in 2010 the Ministry of Health developed *The Action Plan for Provincial Services for People with Eating Disorders* in collaboration with health authorities and the Ministry of Children and Family Development (MCFD). The goal of the Plan is to improve the system of care for children, youth and adults with eating disorders in BC.
- A key action of the Plan is the redesign of the PATSED program which includes seven treatment beds at Saint Paul's Hospital (SPH), ten off site beds with access to SPH out-patient services, and a community outreach/case management function. Program oversight and funding is provided by the Provincial Health Services Authority (PHSA) to Vancouver Coastal Health Authority (VCHA), and Providence Health Care (PHC) operates the service.
- S13

- Following concerns from advocates about the delay in the redesign, in the Spring 2012, the Minister of Health publicly announced that a provincial plan for provincial adult eating tertiary care services would be completed by Fall 2012 with input from advocates. S13

S13

- Between August and September 2012, an extensive process of consultation was undertaken by the PHSA and feedback was obtained from a broad range of stakeholders, including provincial, national and international experts; representatives from health authorities

[1] BC Statistics. (2008). Population Estimates for BC – Age/Sex, 1971-2008. Using prevalence estimates from BC Ministry of Health. (2007). *Treatment of Mental Health Problems, Substance Use Problems and Concurrent Disorders: A Summary of Published Guidelines.* Victoria: BC Ministry of Health

[2] BC Statistics. (2008). Population Estimates for BC – Age/Sex, 1971-2008. Using risk estimates from Statistics Canada. (2004). Risk of eating disorder, by sex, household population aged 15 and over, 2002. Canadian Community Health Survey: Mental Health and Well-Being

including PHC; MCFD and Ministry staff and representatives of the Adult Eating Disorders Advocacy Group.

- In September 2012, a comprehensive evidenced-based PATSED service model was developed, recognizing the need of the redesigned tertiary care services to be fully integrated into a seamless clinical program emphasizing continuity and transitions of care. Work is underway within regional health authorities to ensure secondary services such as outpatient services will be provided by regional health authorities over time.
-
-

S13

-

Decision required:

-
-

S13

-

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **End-of-Life Care Action Plan and Centre of Excellence in End-of-Life Care**

Background:

- In the coming years the incidence of chronic and life limiting disease is expected to rise due in part to an aging population.
- Most British Columbians express a strong desire to die at home or in their home community near family and friends.
- In March 2013, the former Minister of Health, the Honorable Margaret MacDiarmid released the Provincial End-of-Life Care Action Plan to improve access to end-of-life care so people can remain at home longer, and at the same time she committed funding to establish a provincial Centre for Excellence in end-of-life care.

Provincial End-of-Life Care Action Plan

- Improvements to end-of-life care have been a priority since 2006 with the release of *A Provincial Framework for End-of-Life Care* which outlined the province's policy on end-of-life care planning, services and approaches, and contained recommendations for improvements in end-of-life care services.
- Initiatives that have been implemented include: the introduction of interdisciplinary palliative care consultation and response teams; a shift from hospital to planned at home deaths supported by the Palliative Care Benefits Program; a collaborative end-of-life care education module that promotes joint training of physicians and health care professionals and delivered as part of the Practice Support Program; and increased access for individuals to a range of home health services including home support, community rehabilitation, respite and hospice.
- To meet the needs of people coping with end of life, including their families and caregivers, the *Provincial End-of-Life Care Action Plan for British Columbia* was released in March 2013 to guide health authorities, physicians, health-care providers and community organizations in planning integrated primary and community care services to support end-of-life care.
- The Action Plan supports quality hospice, palliative and end-of-life care services throughout BC with a focus on: supporting individuals with life-limiting illnesses to remain at home in their community; reducing the need for hospital or emergency department visits; and improving coordination of care across all care settings.
- The Action Plan identified three priority areas:
  1. redesigning health services to deliver timely co-ordinated end-of-life care;
  2. providing individual, caregivers and health-care providers with palliative care information, education, tools and resources; and
  3. strengthening health-system accountability and efficiency.

Page 76
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

- Actions to meet the priority areas include: expanding telehealth and telemonitoring; implementing clinical guidelines, protocols and standards; and increasing public awareness of palliative care as an approach to care at any stage of a serious illness.

Centre of Excellence in End-of-Life Care

- With the release of the Action Plan, the Government committed $2 million through the Provincial Health Services Authority to establish the Centre for Excellence in End-of-Life Care.
- The Centre of Excellence in End-of-Life Care will accelerate innovation and best practice in the field of quality care for people with life-limiting illnesses by focusing on research, education, information management, and policy and clinical care.
- The Centre will be based on a model developed in the Fraser Health Authority which, in collaboration with its partners, is generating leading edge knowledge and tools to share with professionals and the interested public across BC, Canada and worldwide.
- A service agreement with the Institute for Health System Transformation and Sustainability has been entered into for the establishment of the Centre of Excellence.
- Planning to date includes facilitation of a session in late June 2013, with key stakeholders to confirm the scope and priorities of the Centre for the next two to three years, and to define the skills and attributes of an Executive Director for the Centre.
-

- S13

Decision required:

- **This is a 90 day issue.**
-

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- End-of-Life Care - Increase in Hospice Beds by 2020
- Development of new hospice spaces by partnering with hospice societies to increase the number of hospice beds available in the province.

Background:

- One of the platform commitments made by the elected government is to "encourage development of new hospice spaces by partnering with hospice societies ... to increase the number of hospice beds available in the province by 100 per cent by 2020."
- Many British Columbians wish to die at home, and the Ministry of Health and health authorities provide services to support people to age in place, and to receive hospice, palliative and end-of-life care in their homes and in the care settings that best meet their needs (See End-of-Life Issue Note).
- Access to palliative and end-of-life care services is becoming increasingly important. As people age, the likelihood they will have at least one chronic disease rises dramatically, resulting in more people with complex care needs.
- Addressing many of the overall challenges posed by the growth and aging of its population has led government to commit to innovative approaches to how services are organized and delivered.
-

S13

-

- In BC in 2011, there were 3,923 cancer deaths (43% of all cancer deaths) in the hospital setting.[1]
- Many patients who die in acute care hospitals in BC due to cancer or non-cancer natural deaths could potentially do so in non-acute care settings, including in residential or palliative hospice care settings, and in their homes.
- As of September 30, 2012, there were 266 designated hospice palliative care beds for adults[2], plus a further 39 flexible short term residential care beds in BC, which can be used to support people at end-of-life as close to home as possible, particularly in small communities.

[1] Ministry of Health, April 15, 2012, Number and Percentage of Cancer Deaths in Each Setting, Quarterly Report Q4-2011, Year-to-date. CeRTS No. 2011-188. BC Ministry of Health Measurement Site: Hospice Reports

Page 78
HTH-2013-00164 (RELEASE 1 - TRANSITION BINDER)

- Publically-subsidized palliative care beds can be operated by health authorities or health authorities can contract with third parties, i.e., hospice societies, to provide the care.
- Hospice societies provide many services that enhance the publically subsidized health care system, ranging from volunteer and bereavement services to fundraising.
-

S13, S17

- An overarching goal of the Provincial End-of-Life Care Action Plan (March 2012) is to expand services to support people who wish to die at home and in their community, including additional palliative hospice care.
- Actions in the plan will work towards reducing the need for hospital or emergency department visits and improve coordination across the care continuum.
-

S13, S17

- Hospice Societies may provide the capital costs for the construction of hospice facilities or provide complementary therapies or adjunct services for those designated facilities. Where a hospice society is providing publically subsidized hospice beds through a contract with a health authority, the health authority is responsible for the operational costs for staffing, basics services, pharmacy and medical supplies.
- A fulsome business case will be developed to determine the most cost effective options for increasing the ability of the health care system to improve palliative and end-of-life care services. S13, S17

S13, S17

Decision required:

S13, S17

[2] Facilities Bed Count, September 2012. VIHA: 14 beds; NHA:23 beds; FHA: 108 beds; VCHA: 50 beds; IHA: 71 beds

S13, S17

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Health Authority Planning and Accountability Documents**
- Ministerial approval of health authority planning and accountability documents (Government Letters of Expectation, Health Authority Service Plans).

Background:

Health Authority 2013/14 Government Letters of Expectations

- The Government Letters of Expectations are annual agreements between the Ministry of Health and the health authorities on their respective roles, responsibilities, strategic priorities and performance expectations. A Deliverables Document accompanies the Government Letters of Expectations and conveys detailed information about the Ministry's strategic agenda.
- The 2013/14 Government Letters of Expectations and Deliverables Documents have been drafted but not sent to health authorities due to the election period. Instead, the Deputy Minister sent a letter to health authority CEOs extending the 2012/13 Government Letters of Expectations until September 30, 2013. The 2013/14 Deliverables Document was included for information only.
- The 2013/14 Government Letters of Expectations will be updated and reviewed by the Deputy Minister and health authorities with the expectation of Board Chair and Minister signatures being completed in line with the 2013/14 budget schedule (September 2013).

2013/14 – 2015/16 Health Authority Service Plans

- Each health authority annually publishes a service plan.
- Health authority service plans must be approved by health authority Boards as well as the Ministry prior to publication.
- Health authorities are in the process of preparing the plans with the expectation they will be ready for publication in line with the 2013/14 budget schedule (September 2013).

Decision required:

- **This is a 90 day issue.**
- Health Authority 2013/14 Government Letters of Expectations will require ministerial signature in August or September.
- Health Authority 2013/14 – 2015/16 Service Plans will require Ministry approval in August for a September publication.

Page 80
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

S13

Background:

-

S13

- Under Section 66 of the *Public Health Act,* the Provincial Health Officer has the authority and responsibility to monitor the health of the population of BC, and to provide independent advice on public health issues, and the need for legislation, policies and practices respecting those issues. The Provincial Health Officer is required to report annually to the Minister of Health on the health of the population of BC.[1] Some annual reports provide a broad overview of health status, while others focus on specific topics. Other recent annual reports have focused on air quality, diabetes, food, injection drug use, Aboriginal health, and women's health.

Decision required:

- **This is a 90 day issue.**

S13

S13

Page 81
HTH-2013-00164 (Page 1 of 1 TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

S13

Background:

-

S13

- Under Section 66 of the *Public Health Act,* the Provincial Health Officer has the authority and responsibility to monitor the health of the population of BC, and to provide independent advice on public health issues, and the need for legislation, policies and practices respecting those issues. The Provincial Health Officer is required to report annually to the Minister of Health on the health of the population of BC.[1] Some annual reports provide a broad overview of health status, while others focus on specific topics. Other recent annual reports have focused on air quality, diabetes, food, injection drug use, Aboriginal health, and women's health.

Decision required:

- **This is a 90 day issue.**

S13

S13

HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Patient Care Quality Program Evaluation Action Plan**

Background:

- The Ministry of Health's *Improving Care for BC Seniors: An Action Plan* included a public commitment to conduct a comprehensive evaluation of the Patient Care Quality Program. The evaluation (completed in July 2012) found that while the Program appears to be meeting the intended objectives for complaints management and is replicating leading practices in this area, there are opportunities for program improvement. The final evaluation report included 14 recommendations.
- A plan has been developed and approval obtained from Ministry of Health executive to move forward in addressing the majority of the recommendations, which can be grouped under two themes:
  1. Clarifying the Program's mandate for quality improvement; and
  2. Exploring opportunities to strengthen the Program.
- Patient and client complaints are a valuable source of information about the quality of healthcare delivered in this province, as experienced by British Columbians. It is also widely accepted that complaints can be used to promote patient safety and reduce risk as long as robust mechanisms exist to capture, analyze, and learn from them. As such, the evaluation findings and recommendations represent an important opportunity to ensure patient and client feedback about their experiences with the health system is adequately captured and fed into the broader health system quality improvement effort. S13

S13

S13, S17

S13, S17

S13

Decision required:

- This is a 90 day issue.

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Provincial Lung Transplant Program – Surgeon Shortage**
- Surgeon shortages have caused service disruptions in the provincial lung transplant program.

Background:

- There are five lung transplant programs in Canada: BC Transplant Society/Vancouver General Hospital's Lung Transplant Program, University of Alberta's Lung Transplant Program in Edmonton, Transplant Manitoba's Lung Transplant Program in Winnipeg, Toronto General Hospital's Lung Transplant Program, and the Lung Transplant Program at University Hospital in Montreal.
- The lung transplant program at Vancouver General Hospital is a partnership between BC Transplant Services, an agency of the Provincial Health Services Authority (PHSA), and Vancouver Coastal Health Authority (VCHA). Vancouver General Hospital is the only facility in BC that currently performs lung transplants (St Paul's Hospital performs kidney and heart while BC Children's Hospital performs kidney).
- Dr. John Yee is the medical lead of the lung transplant program. He has been the primary program surgeon since 2003.
- The two assisting surgeons are close to retirement and are no longer performing lung transplant surgeries leaving no other surgeons in VCHA able to perform surgical coverage other than Dr. Yee.
- Despite the surgeon shortage the lung transplant program has performed 25 lung transplants in 2012, significantly outperforming the previous record of 16 lung transplants performed in 2010.[1]
- As a result of the assisting surgeons retiring, it is anticipated that primary surgical coverage for the lung transplant program will not be available whenever Dr. Yee is away for professional/educational leave or holidays.
- There are approximately 20 people on the wait list for a lung transplant. This number varies from week to week, and has recently been as high as 26.[2]
-

S13

- Donor lungs usually remain viable for transplant for approximately four hours and not every lung is able to be transplanted due to the size, quality and compatibility of the organ.

[1] BC Transplant "BC Transplant announces record year for organ donations and transplants", http://www.transplant.bc.ca/press%20release/20130128%20BC%20Transplant%202012%20stats.pdf
[2] BC Transplant communication with MoH – February 2013

HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

- S13

- S13, S22

- The Vancouver Province became aware about the surgeon gap and did a piece focused on the Saunders family in Vancouver, whose father was waiting for a lung transplant[3].)

- S13, S22

- Provinces maintain provincial transplant lists and patients must move to the province permanently to be added to the list. The nearest lung transplant program is in Edmonton, however, the largest program is in Toronto. Patients could choose to move permanently to another jurisdiction in Canada and be placed on that province's lung transplant wait list if they are concerned about their opportunity for surgery in BC.
- It is not possible to send a BC-acquired donor lung organ and the potential patient to another jurisdiction for a lung transplant surgery due to the need for extensive pre and post operative care, assessment of patients and viability testing for the organ, in addition to the critical nature of the patient's medical condition; nor are Alberta surgeons willing to come to Vancouver for a period of time.
- VCHA, PHSA, and BC Transplant Services are actively recruiting nationally and internationally to find a suitably skilled surgeon for the program, however, lung transplant surgery is a highly specialized skill set and there are very few candidates currently available.

Decision required:

- **This is a 90 day issue.**

S13, S22

[3] Coleboum, John. The Province, "Lung transplants placed on hold", published March 5, 2013. http://www2.canada.com/theprovince/news/story.html?id=cf1adc62-83de-4531-b8e9-833ef37b1ade. Last accessed May 27,2013.

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

S13

Background:

- S13
- Under Section 66 of the *Public Health Act,* the Provincial Health Officer has the authority and responsibility to monitor the health of the population of BC, and to provide independent advice on public health issues, and the need for legislation, policies and practices respecting those issues. The Provincial Health Officer is required to report annually to the Minister of Health on the health of the population of BC.[1] Some annual reports provide a broad overview of health status, while others focus on specific topics. Other recent annual reports have focused on air quality, diabetes, food, injection drug use, Aboriginal health, and women's health.

Decision required:

- **This is a 90 day issue.**

S13

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Registration of Mental Health and Substance Use Assisted Living Residences**
- Following government's commitment to register supportive recovery residences, the Assisted Living Registry (ALR) began working toward implementing registration of all public and private pay mental health and substance use (MHSU) residences that meet the criteria for assisted living under the *Community Care and Assisted Living Act*, which includes both mental health residences and supportive recovery residences.
- For a number of years there have been media reports and complaints raised regarding the lack of protection for vulnerable people living in supportive recovery residences.

Background:

- MHSU residences offer a safe, supportive environment for people recovering from mental health and substance use problems, enabling them to eventually move to more independent settings in the community.
- Programs provide a broad range of housing and support services based on client needs, and may vary widely in their approach to recovery as well as the specific services provided.
- Based on a review process conducted by the ALR, it is estimated that approximately 113 supportive recovery residences and 46 mental health residences will qualify for registration as assisted living residences (159 in total).
- In April 2012, senior executive from the Ministry of Social Development (MSD) and Ministry of Health confirmed an approach to move forward on the registration of supportive recovery residences receiving MSD per diems for MSD clients residing in them.
- The Ministry worked with an MSD contractor to identify resources needed to assist existing MHSU operators receiving MSD per diem funding with the application for assisted living registration (35 operators assisted by the contractor).
- As of May 2013, there were six registered MHSU residences, ten residences approved for registration (waiting final invoicing) and 75 applications in the process of being registered (91 in total[1]). Once a residence is registered, it is listed on the assisted living registry website.
- The ALR worked with government, health authorities and external stakeholders to ensure that the health and safety standards are informed by and based on industry practice.
- The provincial health and safety standards are minimum standards however; they do not limit program philosophy or approaches. Adherence to the standards is not anticipated to impact ongoing costs for operators.
-

S13

[1] Assisted Living Registry

HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

- Information about: the provincial health and safety standards; the process of registration; the names of registered supportive recovery residences; and how to make a complaint is posted on the assisted living registry web site. This information supports individuals and their families to make informed choices about substance use housing, supports and services. http://www.health.gov.bc.ca/assisted/
- Even after the registration process, there will be unregistered homes that advertise that they are providing supportive recovery. These are different from registered supportive recovery residences.
-

S13

Decision required:

- **This is a 90 day issue.**
- Issues relating to the Registration of MHSU assisted living sites may come up in the media or legislature.

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Self Managed Care Program**

S13

Background:

- In October 2010, the Ministry of Health developed a new self managed care policy for seniors as part of a broader community care strategy to support people to live independently in the community for as long as possible, building on the experience of the Choice in Supports for Independent Living (CSIL) program.
-
-
-
-
-

S13, S17

-
-
-

HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

Decision required:

- This is a 90 day issue.
- S13

Page 91
HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Services to Adults with Developmental Disabilities**
- A cross ministry approach to develop an integrated service delivery model that will provide a long term sustainable care system for individuals with developmental disabilities and their families.

Background:

- Community Living BC (CLBC) has the primary responsibility for providing supportive community services, personal care assistance and staffed residential settings for adults with developmental disabilities.
- Health authorities work in partnership with CLBC to assess clients' health care needs, develop appropriate care plans, provide teaching to caregivers and supplement CLBC services where necessary to ensure that those adults with highly complex health conditions have access to the services they need.
- To improve understanding among organizations responsible for supporting this population, a Provincial Cross Ministry Working Group, with representatives from the Ministry of Health, CLBC, Ministry of Social Development, and the health authorities, developed *Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities* which was released in 2010.
- In 2011, a committee of Deputy Ministers reviewed the operations of CLBC and related linkages to relevant government ministries to consider concerns expressed by individuals with developmental disabilities and their families.
- A cross-ministry team, that includes representatives from Social Development, Children and Family Development, Advanced Education, Health/health authorities and CLBC, has been tasked with developing an action plan for delivering on twelve recommendations provided by the Deputy Ministers. Work is continuing in the current fiscal year and ongoing to the future and is being led by the Ministry of Social Development.
- All health authorities provide home and community care services to adults through use of a standardized *resident assessment process* (RAI MDS Home Care), to inform and guide comprehensive care and service planning in community-based settings.
- In addition, all health authorities provide specialized assessment and care planning for behavioural and psychiatric needs, through Developmental Disabilities Mental Health Services.
- Health authorities also fund a provincial medical consultant and a provincial clinical consultant, who provide expert advice to both CLBC and health authority staff on the needs of these clients.

S13

- The proposed integrated service delivery system by the Services to Adults with Developmental Disabilities project is a one government approach to:
    - facilitate earlier transition planning from youth to adulthood;
    - better inform families through information provision and predictability of services and supports;
    - provide consistent application and implementation of policy, clarity of roles and responsibilities of the stakeholders; and
    - improve community networks.

Decision required:

- **This is a 90 day issue.**

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- Small Water Systems

Background:

- The Ministry of Health is responsible for the *Drinking Water Protection Act* which provides the regulatory framework for the construction and operation of Small Water Systems (SWS). Under the Act, water suppliers have the responsibility to deliver potable water to their users; health authorities issue permits to water suppliers to ensure obligations are met.
- While much of the BC population receives treated drinking water from large water systems, there are over four thousand known SWS. Owners of small drinking water systems are challenged in meeting their obligations to provide potable drinking water to their users under the *Drinking Water Protection Act*. Challenges include inadequate infrastructure, staffing, capacity, governance and financing.
- The 2002 BC Action Plan for Safe Drinking Water stressed that, "Small systems require a flexible system with safeguards" and that "drinking water should be affordable, with users paying appropriate costs".
- Many SWS users are not paying a proportionate value for the services and/or treatment infrastructure needed to meet regulatory requirements and many resist rate increases to meet full cost accounting demands. As a result, over four hundred Boil Water Advisories are in place across the province. Most of these are long-term advisories related to SWS and result from inadequate capacity, operation and maintenance; insufficient treatment (often no treatment at all); aging infrastructure and poor construction and design. Other jurisdictions in Canada and the United States face similar issues.
- The Province's Ombudsperson 2008 report, Fit to Drink: Challenges in Providing Safe Drinking Water in British Columbia, expressed concerns over the number of small communities on long term boil water advisories, and made several recommendations to the Province and the health authorities regarding SWS. A key deliverable in the response to this report has been to develop a provincial small water systems strategy.
- Despite the successful efforts of health authorities to help many small systems remove long term boil water notices, the practical reality is that many small systems may never transition away from this status, or may transition slowly, as development of financial capacity is a long-term challenge for very small communities.

- Despite these challenges, the Ministry is committed to improving the situation of small water systems, through a number of initiatives which include: S13 S13 development of health promotion tools such as SWS guide book, water systems assessment tools, financial best management practices, and other educational resource materials, and working with stakeholders to look at larger scale changes to the system of drinking water regulation in BC.
- The Ministry has been working with the Union of BC Municipalities (UBCM) Small Water System Working Group, which was formed to develop a new approach to address the sustainability of small water systems. The Working Group developed a conceptual model for a new approach to regulating small water systems, redefining small water systems and identifying dependencies associated with them to ensure sustainable systems in the future.
- The Ministry looks forward to the completion of project dependencies - the finance and subdivision issues - by other members of the UBCM Small Water Systems Working Group so that we can include those outcomes in our policy impact assessment.
- The Ministry is clear that we need to ensure that any change be part of a well thought-out process so that we do not inadvertently make the SWS situation worse by furthering the proliferation of unsustainable small water systems or by increasing the risk of human illness.
-

S13

- Local governments and small water users in BC have expressed diverse opinions on the UBCM work, and broad consultation will be required prior to decisions being made on whether the province should support the recommendations. S13

S13

-

Decision required:

S13

BRITISH COLUMBIA

May 2013

ISSUE NOTE

Issue:

- **Substance Use Treatment System**

Background:

- A number of issues relating to the substance use (SU) treatment system have arisen recently, including: treatment models (abstinence versus harm reduction), children and youth, methadone maintenance treatment, and supports for non-publicly funded residential service providers.

SU Treatment Models

- S13

- BC SU services are informed and guided by international clinical research, practice-based experience, and provincial standards, guidelines and strategic plans.
- The current SU treatment system encompasses a broad and varied system of services, supports and treatment models to meet diverse client-identified needs, from abstinence-based peer models to specialized supports for the most complex clients.
- As an identified action in *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, the Ministry will continue to work with health authorities and partners to ensure a fulsome range of service options, including abstinence-based and harm reduction focused programs.

Child and Youth (C&Y) Mental Health and SU

- In the 2010/11 fiscal year the health care system served 71,984 unique clients 0 to 19 years old for mental health problems.[1] Access to C&Y mental health and SU services has drawn significant media attention recently as families have expressed serious concerns about timeliness of access, range of supports available, and challenges with transitions between services.

- S13

- Health authorities have been engaged in service planning to meet the needs of C&Y in their regions by ensuring a full continuum of treatment services and the Ministry has worked collaboratively with MCFD to undertake a review of transitions between mental health and SU services as well as between C&Y and adult treatment services.

[1] HCC, Mental Health and Substance Use, Performance Measurement, Analysis and Reporting Branch, Planning and Innovation Division, Ministry of Health. CERTS 2013_0222, *By Age Groups, BC, 2005/06 and 2010/11, RESTATED*, Data extracted 2013/02/12. (*Note: The count of "unique clients 0 to 19 years old for mental health problems" is NOT to be taken as a count of clients (in the age group) receiving services from Mental Health and Substance Use funded programs by the Ministry of Health (other than indirectly through Acute Care and physician Fee-For-Service funding). Included are clients who were either discharged from acute care where the most responsible diagnosis is one related to a mental health problem, or a FFS claim where the diagnosis is related to mental health, or the practitioner's specialty relates to mental health. The majority of mental health services provided to children and youth are funded through the Ministry of Children and Families.)*

HTH-2013-00164 (PHASE 1 - TRANSITION BINDER)

- Actions are being developed to respond to the joint Mental Health Youth Transition Protocol review recommendations, including relationship building between staff in each service system and more consistent implementation of components of the Protocol.

Methadone Maintenance Treatment (MMT)

- MMT is an established international best practice and a key part of BC's response to opioid dependence. The BC Methadone program has expanded in the past decade and has made a significant contribution towards the care and treatment of people with opioid dependency. However, outstanding issues with the delivery of MMT were identified within a 2010 independent review of the methadone system, as well as during a MMT planning meeting in January 2013. These issues include ensuring psychosocial supports for opioid dependent clients and exploring how best to situate MMT within a broader psychosocial agenda for opioid management.
- One of the key actions in the plan *Healthy Minds, Healthy People* is to enhance and improve BC's methadone maintenance treatment system (including medical, pharmaceutical and psychosocial support components). Recent support has been shown for recognizing MMT as part of a broader psychosocial recovery model for people with opioid dependence.
-

S13

Non-Publicly Funded SU Residential Service Providers

- Several media reports in recent months have called attention to issues related to non-publicly funded providers, particularly health and safety concerns and service delivery issues, such as better integration within the SU service continuum.
- The Province, through the Provincial Health Servics Authority, provided $15 million to the Community Action Initiative, including $5 million to support capacity development in non-health authority-funded substance use residential service providers in BC.[2] Phase one of the project is to determine and analyze relevant requirements, and develop recommendations. Phase two will include actions to address the recommendations. Some supports have been made available by the health authorities to the non-publicly funded residential service providers to enhance training and increase uptake of best practices and standards, including: one-time regional workshops for unfunded residential substance use facilities to support implementation of the Provincial Standards for Adult/Youth Residential SU Services; and Core Addiction Practice training sessions that include participants from interested non-funded SU services.

Decision required:

- **This is a 90 day issue.**
- Issues relating to SU treatment in BC may come up in the media or legislature.

[2] News Release, April 12, 2013, Ministry of Health & Ministry of Children and Family Development, http://www.newsroom.gov.bc.ca/2013/04/184-million-for-mental-health-and-substance-use-supports.html