

HEALTH SYSTEM OVERVIEW 2020

HEALTH SYSTEM REPORTING	1
Ministry of Health 2020/21 - 2022/23 Service Plan (February 2020)	
Health Authority Mandate Letters 2020/21	
<ul style="list-style-type: none"> Provincial Health Services Authority Regional Health Authorities 	
STRATEGIC INITIATIVES	2
Primary Care Strategy	A.
Seniors Strategy	B.
Surgical Renewal	C.
COVID Management	D.
MINISTRY OF HEALTH STRUCTURE AND CORE FUNCTIONS	3
Ministry Profile	
Office of the DM and Associate DMs	A.
<ul style="list-style-type: none"> Mandate and Core Functions DM and Associate DMs Biographies 	
Population and Public Health	B.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Primary Care	C.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
COVID Response and Health Emergency Management	D.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Pharmaceutical, Laboratory and Blood Services	E.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Health Services	F.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Health Sector Workforce and Beneficiary Services	G.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Partnerships and Innovation	H.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Health Sector Information, Analysis and Reporting	I.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Health Sector Information Management/Information Technology	J.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Finance and Corporate Services	K.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	
Workforce Planning and Strategic Initiatives	L.
<ul style="list-style-type: none"> Mandate and Core Functions ADM Biography 	

HEALTH SYSTEM OVERVIEW 2020

INDEPENDENT OFFICES OF THE MINISTRY	4
Office of the Provincial Health Officer <ul style="list-style-type: none"> • Mandate and Core Functions • ADM Biography 	
Office of the Seniors Advocate <ul style="list-style-type: none"> • Mandate and Core Functions • ADM Biography 	
HEALTH AUTHORITIES	5
Provincial Health Services	A.
Fraser Health	B.
Interior Health	C.
Northern Health	D.
Vancouver Coastal Health	E.
Vancouver Island Health	F.
First Nations Health Authority	G.
KEY STAKEHOLDERS LIST	6
CORPORATE ISSUE/OPPORTUNITY NOTES	7
30/60/90 DECISION NOTES	8
APPENDIX	9
Order in Council Appointments Required within 90 Days	
Health System Legislation	
Minister's Key Dates and Events	
Platform Analysis Summary	
CABINET MEMBERS REFERENCE GUIDE	10
Table of Contents	
Introduction	A.
Cabinet Confidences; Advice/Recommendations	
Cabinet Processes	C.
Advice to Ministers	D.
Statutory Officers Legislature	E.
Statutory Decision Makers	F.

Ministry of Health

2020/21 – 2022/23 SERVICE PLAN

February 2020



Minister Accountability Statement



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

A handwritten signature in black ink, appearing to read 'Adrian Dix', written over a faint, stylized outline of the letters 'Dix'.

Honourable Adrian Dix
Minister of Health
February 10, 2020

Table of Contents

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

Purpose of the Ministry

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

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

Strategic Direction

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

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

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

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

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

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

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

The Ministry's Commitment to Indigenous Health and Reconciliation

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

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

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

Performance Planning

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

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

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

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

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

Key Strategies:

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

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

¹ Data Source: Ministry of Health

Linking Performance Measure to Objective:

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

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

Key Strategies:

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

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

¹ Data Source: Ministry of Health

Linking Performance Measure to Objective:

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

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

¹ Data Source: Canadian Institute for Health Information

Linking Performance Measure to Objective:

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

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

¹ Data Source: Discharge Abstract Data

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

Linking Performance Measure to Objective:

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

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

Key Strategies:

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

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

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

¹ Data Source: Discharge Abstract Database

Linking Performance Measure to Objective:

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

Objective 1.4: Timely access to appropriate surgical procedures

Key Strategies:

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

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

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

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

Linking Performance Measure to Objective:

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

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

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

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

Key Strategies:

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

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

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

¹ Data Source: Health Authority annual community survey

Linking Performance Measure to Objective:

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

Objective 2.2: Continued improvement of hospital and diagnostic services

Key Strategies:

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

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

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

Linking Performance Measure to Objective:

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

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

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

Objective 3.1: Effective health sector resources and approaches to funding**Key Strategies:**

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

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

¹ Data Source: Health Sector Compensation Information System

Linking Performance Measure to Objective:

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

Resource Summary

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

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

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

Health Authorities Sector Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's *2020/21 – 2022/23 Service Plan* are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

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

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

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

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

Major Capital Projects

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

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

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

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

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

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

Significant IT Projects

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

Appendix A: Agencies, Boards, Commissions and Tribunals

Assisted Living Registrar

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

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

BC Emergency Health Services

<http://www.bcehs.ca>

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

BC Patient Safety and Quality Council

<https://bcpsqc.ca>

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

First Nations Health Authority

<http://www.fnha.ca>

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

Fraser Health Authority

<https://www.fraserhealth.ca>

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

Interior Health Authority

<https://www.interiorhealth.ca>

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

Northern Health Authority

<https://www.northernhealth.ca>

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

Métis Nation BC

<https://www.mnbc.ca>

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

Patient Care Quality Review Boards

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

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

Provincial Health Services Authority

<http://www.phsa.ca>

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

Vancouver Coastal Health Authority

<http://www.vch.ca>

Vancouver Coastal Health delivers public health, hospital, residential, community-based and primary health care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

Vancouver Island Health Authority

<https://www.islandhealth.ca>

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



1155360

Mr. Tim Manning
Board Chair
Provincial Health Services Authority
tmanning@phsa.ca

Dear Mr. Manning:

I would like to extend appreciation on behalf of Premier Horgan and the Executive Council for your dedication, and that of your board members, in leading your organization and helping government deliver on our priorities to British Columbians.

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

Every public sector organization is accountable to the citizens of BC. The expectations of BC citizens are identified through their elected representatives, the members of the Legislative Assembly.

This mandate letter, which I am sending in my capacity as Minister responsible for Health, on behalf of the Executive Council, communicates those expectations for your health authority. It sets out overarching government priorities that will inform your health authority's policies and programs, as well as specific direction on priorities and expectations for the coming fiscal year.

Our goal is to build a strong, sustainable economy that works for everyone. We are committed to working with you and other public sector organizations to provide quality, cost-effective services to BC families and businesses. By adopting the Gender-Based Analysis Plus (GBA+) lens and Framework for Improving British Columbians' Standard of Living to policy development, we will ensure that equity is reflected in government budgets, policies and programs. You are encouraged to apply the GBA+ lens in your operations and programs. In the same vein, appointments to agencies, boards and commissions reflect government's direction to promote equity and leadership at senior levels in the public and private sectors, with a view to building strong public sector boards that reflect the diversity of BC.

...2

Health authorities are expected to provide services and achieve health system strategic actions. It is critical that health authorities manage costs and optimize their budgets to deliver the best possible health care services to British Columbians within a balanced budget.

Two key priorities that will underpin lasting prosperity are advancing reconciliation with Indigenous Peoples and moving towards a low-carbon economy.

In November 2019, government passed the *Declaration on the Rights of Indigenous Peoples Act* which represents a crucial step towards true and lasting reconciliation. In keeping with the Calls to Action of the Truth and Reconciliation Commission, the Act was developed in collaboration with the First Nations Leadership Council to create a framework for reconciliation in BC. All Crown Agencies are expected to incorporate the *Declaration on the Rights of Indigenous Peoples Act* and Calls to Action of the Truth and Reconciliation Commission within their specific mandate and context.

Announced in December 2018, the CleanBC plan puts our province on the path to a cleaner, better future – with a low-carbon economy that creates opportunities while protecting our clean air, land and water. As part of the new accountability framework established in CleanBC, and consistent with the *Climate Change Accountability Act*, please ensure your organization plans to align operations with targets and strategies for minimizing greenhouse gas emissions and managing climate change risk. Please be prepared to work with government to report out on these plans and activities.

The Crown Agencies and Board Resourcing Office (CABRO), with the Ministry of Finance, will continue to support you and your board on recruitment and appointments as needed, and will be expanding professional development opportunities in 2020/21. This will include online training modules and in-person conferences, as government works to support strong public sector boards that reflect the diversity of BC.

Finally, having Canada's Digital Supercluster located in British Columbia creates an opportunity for industries, government ministries, crown agencies, public institutions and non-government organizations to collaborate in digital research and development projects. Should your health authority intend to participate in or be a funding partner for Digital Supercluster projects, you are asked to work closely with Ministry of Health staff to ensure that investments are aligned with Government's priorities, and wherever possible, undertaken collectively with partner ministries and organizations. The Ministry of Health will work with the Deputy Minister's Committee on the Digital Supercluster to ensure that projects are coordinated effectively across government.

...3

As the Board of the Provincial Health Services Authority (PHSA) you are accountable for delivering a broad continuum of provincial services to support the health system structured around four provincial areas of service:

- 1) Clinical Policy;
- 2) Clinical Service Delivery;
- 3) Commercial Services; and
- 4) Digital and Information Technology.

Actively using the *Health Sector Performance Management Framework to Drive Continuous Improvement and Innovation* (the *Framework*) will assist you in this task. The *Framework* sets out how an understanding of health needs at an individual and population level should inform service delivery design. This requires thinking through the development of effective operational supports (health human resource management; information management/technology; operational capacity including governance, leadership, management, and system support to those delivering services) to achieve positive health outcomes for patients and populations. The *Framework* also provides the parameters for your data collection needs and is the basis for your monitoring, analysis, evaluation and reporting of how your health authority is performing.

As the Board of PHSA you will ensure your organization develops and maintains effective and collaborative working relationships with the Regional Health Authorities (RHAs), the First Nations Health Authority (FNHA), and other key service partners in the development and delivery of assigned provincial services to support an effective, integrated and well-coordinated system of health care for the residents of BC.

As the Board of PHSA you will also develop and maintain an effective working relationship with the FNHA, Métis Nation BC, the BC Association of Aboriginal Friendship Centres, and directly with Nations and communities to ensure a high-quality, culturally safe, integrated, and well-coordinated system of care for Indigenous peoples in BC. Specifically, you will work with the FNHA Board and Indigenous partners to:

- Ensure your health authority supports shared decision-making with Indigenous Peoples in service planning and delivery activities, including the health authority's Indigenous Health Plan, and implement priority actions to support the achievement of measures, goals, and objectives articulated in: the *Tripartite First Nations Health Plan*, *BC Tripartite Framework Agreement on First Nation Health Governance*, *Métis Nation Relationship Accord II*, Ministry of Health-FNHA Letter of Mutual Accountability, First Nations' Regional Health and Wellness Plans, and Regional Partnership Accords.
- Ensure your health authority participates in planning cross-sectoral work to support the social determinants of health approach to mental health and wellness in First Nations communities, pursuant to the commitment in the *Memorandum of Understanding - Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (July 2018).

...4

- Ensure your health authority prioritizes key initiatives and collaborates with key partners to embed cultural safety and humility in the design and delivery of quality health services, as set out in the *Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC* (July 2015).

As the Minister responsible for PHSA, I expect that you through your Executive Team will make substantive progress on the following priorities (set out in more detail for your executive team in their Health Authority Bilateral Agreement and Funding Letter) and reflect these priorities in your 2020/21 Service Plan.

- Overall, support a strong publicly funded health care system that provides timely, responsive and stable quality care meeting the needs of a diverse patient population of BC.
- Work with clinicians and service programs to ensure patients are treated with respect and compassion, with cultural safety and humility, and can voice their experience regarding the quality of care they are receiving, and are full partners in their own health care.
- Effectively address patient concerns, including working closely with the Ministry's Patients as Partners Initiative, the BC Patient Safety & Quality Council, and Patient Care Quality Review Offices and Review Boards.

More specifically, working closely with the Ministry of Health Executive, I expect you to focus your efforts on achieving the following goals for the health sector:

1. Health Sector Strategic Priorities

- In collaboration with the Ministry of Health and the RHAs, appropriately and effectively link provincial clinical policy, provincial health services, commercial services, and digital/IMIT services to the implementation of the Team-Based Primary Care strategy.
- In collaboration with the Ministry of Health and RHAs, appropriately and effectively link provincial clinical policy, provincial health services, commercial services, and digital/IMIT services to support improved Care for Seniors. In addition, PHSA will ensure effective referral pathways and service linkages for patients between regional health services and your provincial specialized services and programs.

...5

- In collaboration with the Ministry of Health and RHAs continue to improve Team-Based Care for patients accessing Mental Health and Substance Use Services through both primary care and specialized services ensuring improved access and care coordination across services through interdisciplinary teams to better meet the needs of clients and their families. With the Ministry of Health, continue to support the Ministry of Mental Health and Addictions in implementing the mental health and addictions strategy *Pathway to Hope* as it rolls out in 2020/21 which will include a focus on improving access and quality, early prevention, child and youth mental health services, mental wellness in Indigenous communities, and improving care for people needing substance use services and supports, including continuing to respond to the ongoing opioid overdose public health emergency.
- Continue to make substantive progress in improving timely access and reducing wait times for Scheduled Surgeries and MRIs, building on the 2019/2020 targeted base, through implementing more efficient and better coordinated patient-centred surgical and MRI processes and systems, and increasing volumes while maintaining quality.
- Proactively plan, recruit and manage health human resources to effectively deliver established and net new health services. Aligned with the passage of Bill 47, the *Health Sector Statutes Repeal Act*, and working closely with the Ministry of Health, ensure health authority service changes and practices provide stability and respect for workers, and continuity of care for patients.

2. Provincial Health Service Improvement Initiatives

As the Board of PHSA you will ensure that your Executive team focuses on the following areas for health service improvement:

Provincial Clinical Policy and Clinical Coordination

- As assigned by the Ministry of Health, PHSA will have accountability to collaboratively develop, implement, monitor, evaluate, and report on provincial clinical policy. Provincial clinical policy is to be applied across the health sector to ensure a consistent level of safe, high-quality clinical care across the BC health system.

Population Health, Health Promotion and Prevention

- Sustain and continue to strengthen the delivery of public health, health promotion, and illness and injury prevention services to promote population health and wellness and reduce long-term health system costs. Ensure that the BC Centre for Disease Control (BCCDC) provides both direct diagnostic and treatment services for people with diseases of public health importance and that it provides analytical and policy support to all levels of the health system and through to government as needed.

...6

Primary and Community Care

- Ensure Perinatal Services BC (PSBC) works collaboratively with RHAs to sustain, stabilize and where appropriate, expand access to team-based maternity services, including low risk maternity care.
- Continue to improve provincial coordination of clinical chronic pain management services in collaboration with RHAs for people living with chronic pain.

BC Cancer

- Continue to improve cancer care services across the continuum of cancer care, including prevention, diagnosis, treatment, rehabilitation and end-of-life care, including a focus on Indigenous Peoples through the Indigenous Cancer Strategy.

Diagnostic, Laboratory and Pharmaceutical Services

- Work collaboratively with RHAs to increase provincial integrated planning and coordination of services based on the Ministry of Health's approved three-year plan (2020/21 – 2022/23) for diagnostic imaging services.
- Working collaboratively with RHAs, PHSA's Provincial Lab Agency will implement the Ministry of Health's approved three-year plan (2020/21 – 2022/23) for pathology and laboratory medicine including overall budget oversight.
- Work collaboratively with RHAs and the Ministry of Health's Pharmaceutical Services Division to improve pharmacy services and access through increased cross-sector planning and coordination of pharmacy services based on building a coordinated approach for evidence-informed medicine review, listing, planning and budgeting processes to ensure patients have timely access to high-quality, appropriate and cost-effective pharmaceutical therapies and services.

Hospital Services

- BC Emergency Health Services will deliver safe, high-quality, cost-effective services working in partnership with regional health authorities to ensure appropriate supply and distribution of paramedic and transport services.
- Provide safe, high-quality hospital services through the BC Children's and Women's hospitals that meet the needs of your population ensuring adequate clinical management oversight and monitoring, analysis and follow up action as well as routine reporting through to the Board and Ministry of Health.

...7

3. Operational Management Initiatives

As the Board of PHSA you will ensure that your Executive team focuses on following operational management initiatives:

Health Human Resource Management

- Ensure effective recruitment and health human resource management systems to meet patient and population health service needs.
- Ensure effective engagement and relationships between your health authority and physicians practicing both in health authority facilities and programs as well as in regional communities.
- Ensure staffing models, including any contracted services, provide stable, consistent high-quality care for patients.
- Ensure effective working relationships with health sector unions and ensure compliance with collective agreement provisions.
- Ensure action, consistent with the Workplace Violence Prevention Framework and Policy, to protect the health and safety of health care workers, and implement the National Standard for Psychological Health & Safety.

Digital/Information Management and Information Technology, and Infrastructure Initiatives

- Based on the Ministry of Health's approved digital IMIT priorities, outcomes and strategies (based on the Ministry of Health/PHSA initiative undertaken in consultation with the RHA Chief Information Officer and CI leadership to build consensus on what should be key outcomes and strategies for the next 1, 3, 5, and 7 years - including Biomedical and Health Information Services) develop a multi-year investment strategy proposal with the Ministry of Health's Finance and Corporate Services Division and begin to align/prioritize digital IMIT projects going forward.
- Using the 2019/20 inventory report of current and proposed digital IMIT projects, PHSA, working collaboratively with RHAs, will ensure a provincially coordinated approach for the approval of projects moving forward and ensure that these projects align with the approved provincial priorities and strategies plan, including requirements for quality business cases, a project management structure, implementation plan, budget, and reporting requirements through to Health Authority Boards and the Ministry of Health.

...8

Commercial Services Initiatives

- Working closely with RHAs, follow through on implementation based on the outcome of the 2019/20 Leadership Council review, and Ministry of Health approval of both the focus and a paced and detailed plan for sequencing the consolidation of a range of commercial services.

Improvement of Operational Governance, Leadership, Management, Policy, Funding, Performance Management, Monitoring, Reporting and Evaluation

- Manage within budget allocation; demonstrate effective cost management and reporting; and continuously improve productivity and efficiency while maintaining a strong focus on quality service attributes and health outcomes.
- Support initiatives underway to increase the use of research evidence in your operational policy, planning, and practice, including the Strategy for Patient-Oriented Research Support Unit and the Academic Health Sciences Network, and the Ministry's *Putting Our Minds Together: Research and Knowledge Management Strategy*.

As the Board of PHSA you will:

- Continue to strengthen and improve your performance management processes and reporting through to the Board from the Executive Team to ensure appropriate oversight of performance, including ensuring Executive provide regular reporting of the performance of your organization through to the Ministry of Health and Health Authority Bilateral Review Process.
- Ensure effective review and continuous improvement of your own health authority governance practices.

Each board member is required to sign the Mandate Letter to acknowledge government's direction to your organization. The signed Mandate Letter is to be posted publicly on your organization's website in spring 2020.

I look forward to continuing to work with you and your Board colleagues to build a better BC.

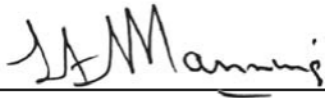
Sincerely,



Date: February 19, 2020

Adrian Dix
Minister

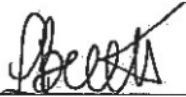
pc: Honourable John Horgan, Premier
Mr. Don Wright, Deputy Minister to the Premier and Cabinet Secretary
Ms. Lori Wanamaker, Deputy Minister, Ministry of Finance
Ms. Heather Wood, Associate Deputy Minister and Secretary to Treasury Board,
Ministry of Finance
Dr. Stephen Brown, Deputy Minister, Ministry of Health
Dr. Kenneth Bassett, Board Member, Provincial Health Services Authority
Lorianna Bennett, Board Member, Provincial Health Services Authority
Donisa Bernardo, Board Member, Provincial Health Services Authority
Sandra Harris, Board Member, Provincial Health Services Authority
Suki Kaur Hayre (Gill), Board Member, Provincial Health Services Authority
Dr. Kerry Jang, Board Member, Provincial Health Services Authority
Robert Kiesman, Board Member, Provincial Health Services Authority
Chief Clarence Louie, Board Member, Provincial Health Services Authority
Gary Singh Pooni, Board Member, Provincial Health Services Authority
Sharon Stromdahl, Board Member, Provincial Health Services Authority
David Turchen, Board Member, Provincial Health Services Authority
Benoit Morin, President and Chief Executive Officer,
Provincial Health Services Authority



Tim Manning
Board Chair
Provincial Health Services Authority



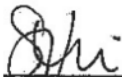
Kenneth Bassett
Board Member
Provincial Health Services Authority



Lorianna Bennett
Board Member
Provincial Health Services Authority



Donisa Bernardo
Board Member
Provincial Health Services Authority



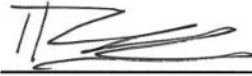
Sandra Harris
Board Member
Provincial Health Services Authority



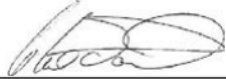
Suki Kaur Hayre (Gill)
Board Member
Provincial Health Services Authority



Kerry Jang
Board Member
Provincial Health Services Authority



Robert Kiesman
Board Member
Provincial Health Services Authority



Clarence Louie
Board Member
Provincial Health Services Authority



Gary Singh Pooni
Board Member
Provincial Health Services Authority



Sharon Stromdahl
Board Member
Provincial Health Services Authority



David Turchen
Board Member
Provincial Health Services Authority



1155360

Ms. Leah Hollins
Board Chair
Vancouver Island Health Authority
islandHealthBoardofDirectors@viha.ca

Dear Ms. Hollins:

I would like to extend appreciation on behalf of Premier Horgan and the Executive Council for your dedication, and that of your board members, in leading your organization and helping government deliver on our priorities to British Columbians.

Government remains focused on its three strategic priorities: making life more affordable, delivering services that people count on, and investing in a sustainable economy.

Every public sector organization is accountable to the citizens of British Columbia. The expectations of BC citizens are identified through their elected representatives, the members of the Legislative Assembly.

This mandate letter, which I am sending in my capacity as Minister responsible for Health, on behalf of the Executive Council, communicates expectations for your health authority. It sets out overarching government priorities that will inform your health authority's policies and programs, as well as specific direction on priorities and expectations for the coming fiscal year.

Our goal is to build a strong, sustainable economy that works for everyone. We are committed to working with you and other public sector organizations to provide quality, cost-effective services to BC families and businesses. By adopting the Gender-Based Analysis Plus (GBA+) lens and Framework for Improving British Columbians' Standard of Living to policy development, we will ensure that equity is reflected in government budgets, policies and programs. You are encouraged to apply the GBA+ lens in your operations and programs. In the same vein, appointments to agencies, boards and commissions reflect government's direction to promote equity and leadership at senior levels in the public and private sectors, with a view to building strong public sector boards that reflect the diversity of BC.

...2

Health authorities are expected to provide services and achieve health system strategic actions. It is critical that health authorities manage costs and optimize their budgets to deliver the best possible health care services to British Columbians within a balanced budget.

Two key priorities that will underpin lasting prosperity are advancing reconciliation with Indigenous Peoples and moving towards a low-carbon economy.

In November 2019, government passed the *Declaration on the Rights of Indigenous Peoples Act* which represents a crucial step towards true and lasting reconciliation. In keeping with the *Calls to Action of the Truth and Reconciliation Commission*, the Act was developed in collaboration with the First Nations Leadership Council to create a framework for reconciliation in BC. All Health Authorities are expected to incorporate the *Declaration on the Rights of Indigenous Peoples Act* and *Calls to Action of the Truth and Reconciliation Commission* within their specific mandate and context.

Announced in December 2018, the CleanBC plan puts our province on the path to a cleaner, better future – with a low-carbon economy that creates opportunities while protecting our clean air, land and water. As part of the new accountability framework established in CleanBC, and consistent with the *Climate Change Accountability Act*, please ensure your organization plans to align operations with targets and strategies for minimizing greenhouse gas emissions and managing climate change risk. Please be prepared to work with government to report out on these plans and activities.

The Crown Agencies and Board Resourcing Office (CABRO), with the Ministry of Finance, will continue to support you and your board on recruitment and appointments as needed, and will be expanding professional development opportunities in 2020/21. This will include online training modules and in-person conferences, as government works to support strong public sector boards that reflect the diversity of BC.

Finally, having Canada's Digital Supercluster located in British Columbia creates an opportunity for industries, government ministries, crown agencies, public institutions and non-government organizations to collaborate in digital research and development projects. Should your health authority intend to participate in or be a funding partner for Digital Supercluster projects, you are asked to work closely with Ministry of Health staff to ensure that investments are aligned with Government's priorities and wherever possible undertaken collectively with partner ministries and organizations. The Ministry of Health will work with the Deputy Minister's Committee on the Digital Supercluster to ensure that projects are coordinated effectively across government.

...3

As the Board of a Regional Health Authority you are accountable for delivering a full continuum of quality health services to meet the needs of the population within your geographic region. Actively using the *Health Sector Performance Management Framework to Drive Continuous Improvement and Innovation* (the *Framework*) will assist you in this task. The *Framework* sets out how an understanding of health needs at an individual and population level should inform service delivery design. This requires thinking through the development of effective operational supports (including health human resources; information management/technology; operational governance, leadership, management, and support to those delivering services) to achieve positive health outcomes for patients and populations. The *Framework* also provides the parameters for your data collection needs and is the basis for your monitoring, analysis, evaluation and reporting of how your regional health authority is performing.

As the Board of a Regional Health Authority you will work collaboratively with the Provincial Health Services Authority (PHSA) Board ensuring your Executive and organization works with the PHSA's Executive, programs, and services to support PHSA's mandate of providing collaborative province-wide leadership for provincial clinical policy, delivery of provincial clinical services, provincial commercial services, and provincial digital and information technology services and coordination.

As the Board of a Regional Health Authority you will also develop and maintain an effective working relationship with the First Nations Health Authority (FNHA), Métis Nation BC, the BC Association of Aboriginal Friendship Centres, and directly with Nations and communities to ensure a high quality, culturally safe, integrated, and well-coordinated system of care for Indigenous Peoples in BC. Specifically, you will work with the FNHA Board and Indigenous partners to:

- Ensure your health authority supports shared decision-making with Indigenous Peoples in service planning and delivery activities, including the health authority's Indigenous Health Plan, and implement priority actions to support the achievement of measures, goals, and objectives articulated in: the *Tripartite First Nations Health Plan*, *BC Tripartite Framework Agreement on First Nation Health Governance*, *Métis Nation Relationship Accord II*, Ministry of Health-FNHA Letter of Mutual Accountability, First Nations' Regional Health and Wellness Plans, and Regional Partnership Accords.
- Ensure your health authority participates in planning cross-sectoral work to support the social determinants of health approach to mental health and wellness in First Nations communities, pursuant to the commitment in the *Memorandum of Understanding - Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (July 2018).

- Ensure your health authority prioritizes key initiatives and collaborates with key partners to embed cultural safety and humility in the design and delivery of quality health services, as set out in the *Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC* (July 2015).

As the Minister responsible for your Regional Health Authority, I expect that you, through your Executive Team, will make substantive progress on the following priorities (set out in more detail for your Executive Team in their Health Authority Bilateral Agreement and Funding Letter) and reflect these priorities in your 2020/21 Service Plan.

- Overall, support a strong publicly funded health care system that provides timely, responsive and stable quality care meeting the needs of a diverse patient population of BC.
- Work with clinicians and service programs to ensure patients are treated with respect and compassion, with cultural safety and humility, and can voice their experience regarding the quality of care they are receiving and are full partners in their own health care.
- Effectively address patient concerns, including working closely with the Ministry of Health's Patients as Partners Initiative, the BC Patient Safety & Quality Council, and Patient Care Quality Review Offices and Review Boards.

More specifically, working closely with the Ministry of Health Executive, I expect you to focus your efforts on achieving the following goals for the health sector:

1. Health Sector Strategic Priorities

- In collaboration with the Ministry of Health, continue to implement integrated Team-Based Primary Care Networks as set out in policy through supporting the establishment of urgent and primary care centres, full service primary care clinics/patient medical homes, and community health centres including First Nations led primary care clinics to provide better access to appropriate care and services from physicians, nurse practitioners, midwives, pharmacists, mental health and substance use care providers, and other health professionals. You will work as part of primary care networks in collaboration with local divisions of family practice, community-based primary care providers and their associations across your Community Health Service Areas to provide integrated and well-coordinated care to patients, providing access to a basket of comprehensive primary care services based on patient and community population health needs.

...5

- In collaboration with the Ministry of Health, continue improving care for Seniors with complex medical conditions and/or frailty (including dementia) by developing integrated, team- and community-based health services and by ensuring those services improve access and are both well-planned and well-coordinated to better meet their needs. Key areas of focus will be: increasing access and improving the quality of home support and community-based professional services; improving access and the quality of support to caregivers, including access to adult day programs; improving community- and hospice-based palliative care; and improving the range of supports to clients in assisted living. You will also continue to improve and strengthen long-term care services to ensure seniors receive dignified and safe, high-quality care with a focus on achieving an average of 3.36 direct care hours per resident day across your health authority by the end of 2020/21.
- In collaboration with the Ministry of Health, continue to improve Team-Based Care for patients accessing Mental Health and Substance Use Services through both primary care and specialized services by ensuring improved access and care coordination across services through interdisciplinary teams to better meet the needs of clients and their families. With the Ministry of Health, continue to support the Ministry of Mental Health and Addictions in implementing the mental health and addictions strategy *Pathway to Hope* as it continues into 2020/21 with a focus on improving service access and quality, early prevention, child and youth mental health services, mental wellness in Indigenous communities, and improved care for people needing substance use services and supports, including continuing to respond to the ongoing opioid overdose public health emergency.
- Continue to make substantive progress in improving timely access and reducing wait times for Scheduled Surgery and MRIs, building on the 2019/2020 targeted base, through implementing more efficient and better coordinated patient-centred surgical and MRI processes and systems, and increasing volumes while maintaining quality.
- Proactively plan, recruit and manage health human resources to effectively deliver established and net new health services. Align with Bill 47, the *Health Sector Statutes Repeal Act*, and work closely with the Ministry of Health to ensure health authority service changes and practices provide stability and respect for workers, and continuity of care for patients and clients.

2. Regional Health Service Improvement Initiatives

As the Board of a Regional Health Authority you will ensure that your Executive team focuses on the following areas for health service improvement:

Population Health, Health Promotion and Prevention

- Sustain and continue to strengthen the delivery of public health, health promotion, and illness and injury prevention services to promote population health and wellness and reduce long-term health system costs.

...6

Primary and Community Care

- Work with Perinatal Services BC (PSBC) to sustain, stabilize and, where appropriate, expand access to team-based maternity services, including low risk maternity care.
- Collaborate with PHSA to continue improving clinical chronic pain management services for people living with chronic pain.

Diagnostic, Laboratory and Pharmaceutical Services

- Work collaboratively with PHSA to implement cross-sector provincial planning and coordination of services based on the Ministry of Health's approved three-year plan (2020/21 – 2022/23) for diagnostic imaging services.
- Work collaboratively with PHSA's Provincial Lab Agency to implement the Ministry of Health's approved three-year plan (2020/21 – 2022/23) for pathology and laboratory medicine.
- Work collaboratively with PHSA and the Ministry of Health's Pharmaceutical Services Division to improve pharmacy services and access through increased cross-sector planning and coordination of pharmacy services based on building a coordinated approach for evidence-informed medicine review, listing, planning and budgeting processes to ensure patients have timely access to high-quality, appropriate and cost- effective pharmaceutical therapies and services.

Hospital Services

- Provide safe, high-quality hospital services that meet the needs of your population, ensuring adequate clinical management oversight and monitoring, analysis, and follow up action, as well as routine reporting through to the Board and the Ministry of Health.

Provincial Clinical Services

- Ensure effective referral pathways and service linkages for patients between your regional health services and provincial specialized services and programs provided by PHSA.

3. Operational Management Initiatives

As the Board of a Regional Health Authority you will ensure that your Executive team focuses on following through on these operational management initiatives:

...7

Health Human Resource Management

- Ensure the Regional Health Authority has effective recruitment and health human resource management systems to meet patient and population health service needs.
- Ensure effective engagement and relationships between your health authority and physicians practicing both in health authority facilities and programs as well as in regional communities.
- Ensure staffing models, including any contracted services, provide stable, consistent high-quality care for patients.
- Ensure effective working relationships with health sector unions and ensure compliance with collective agreement provisions.
- Ensure action, consistent with the Workplace Violence Prevention Framework and Policy, to protect the health and safety of health care workers, and implement the National Standard for Psychological Health & Safety.

Digital/Information Management and Information Technology, and Infrastructure Initiatives

- Based on Ministry of Health approved digital IMIT priorities, outcomes and strategies (based on the Ministry of Health/PHSA initiative undertaken in collaboration with the Regional Health Authority Chief Information Officer and CI leadership to build consensus on what should be key outcomes and strategies for the next 1, 3, 5, and 7 years - including Biomedical and Health Information Services) work with PHSA to develop a multi-year investment strategy proposal with the Ministry of Health's Finance and Corporate Services Division and begin to align/prioritize Regional Health Authority digital IMIT projects going forward.
- Using the 2019/20 inventory report of current and proposed digital IMIT projects, Regional Health Authorities will work with PHSA to ensure a provincially coordinated approach for the approval of projects moving forward and ensure that these projects align with the approved provincial priorities and strategies plan, including requirements for quality business cases, a project management structure, implementation plan, budget, and reporting requirements through to Health Authority Boards and the Ministry of Health.

Commercial Services Initiatives

- Based on the outcome of the 2019/20 Leadership Council review, and Ministry of Health approval of both the focus and a paced and detailed plan for sequencing the consolidation of a range of commercial services, Regional Health Authorities will work with PHSA to follow through on implementation.

...8

Improvement of Operational Governance, Leadership, Management, Policy, Funding, Performance Management, Monitoring, Reporting and Evaluation

- Manage within budget allocation; demonstrate effective cost management and reporting; and continuously improve productivity and efficiency while maintaining a strong focus on quality service attributes and health outcomes.
- Support initiatives underway to increase the use of research evidence in your operational policy, planning, and practice, including the Strategy for Patient-Oriented Research Support Unit and the Academic Health Sciences Network, and the Ministry of Health's *Putting Our Minds Together: Research and Knowledge Management Strategy*.

As the Board of a Regional Health Authority you will:

- Continue to strengthen and improve your Regional Health Authority performance management processes and reporting through to the Board from the Executive Team to ensure appropriate oversight of performance, including ensuring Executive provide regular reporting of the performance of your organization through to the Ministry of Health and Health Authority Bilateral Review Process.
- Ensure effective review and continuous improvement of your own Regional Health Authority governance practices.

Each board member is required to sign the Mandate Letter to acknowledge government's direction to your organization. The signed Mandate Letter is to be posted publicly on your organization's website in spring 2020.

I look forward to continuing to work with you and your Board colleagues to build a better BC.

Sincerely,



Adrian Dix
Minister

Date: February 19, 2020

pc: Distribution List Follows


pc: Honourable John Horgan, Premier
Mr. Don Wright, Deputy Minister to the Premier and Cabinet Secretary
Ms. Lori Wanamaker, Deputy Minister, Ministry of Finance
Ms. Heather Wood, Associate Deputy Minister and Secretary to Treasury Board,
Ministry of Finance
Dr. Stephen Brown, Deputy Minister, Ministry of Health
Diane Brennan, Board Member, Vancouver Island Health Authority
Anne Davis, Board Member, Vancouver Island Health Authority
Ron Mattson, Board Member, Vancouver Island Health Authority
Anne McFarlane, Board Member, Vancouver Island Health Authority
Claire Moglove, Board Member, Vancouver Island Health Authority
Alana Nast, Board Member, Vancouver Island Health Authority
M.J. Whitemarsh, Board Member, Vancouver Island Health Authority
Kathy MacNeil, President and Chief Executive Officer,
Vancouver Island Health Authority



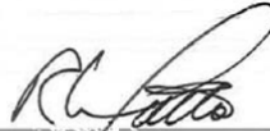
Leah Hollins
Board Chair
Vancouver Island Health Authority



Diane Brennan
Board Member
Vancouver Island Health Authority



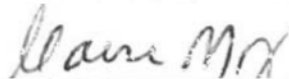
Anne Davis
Board Member
Vancouver Island Health Authority



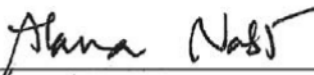
Ron Mattson
Board Member
Vancouver Island Health Authority



Anne McFarlane
Board Member
Vancouver Island Health Authority



Claire Moglove
Board Member
Vancouver Island Health Authority



Alana Nast
Board Member
Vancouver Island Health Authority



M.J. Whitemarsh
Board Member
Vancouver Island Health Authority

LEGISLATIVE SESSION - FACT SHEET

Primary Care Strategy Overview

TOPIC

In 2017 the Ministry of Health launched a transformational team-based primary care strategy envisioned to increase patient attachment and access to quality, comprehensive, culturally safe and person-centred primary care services across the province. Team-based primary care will be delivered using a number of different clinical service models including:

- Full-service Family Practices/Patient Medical Homes (PMHs)
- Urgent and Primary Care Centres (UPCCs)
- Community Health Centres (CHCs)
- First Nations Primary Care Clinics (FNPPCCs)
- Nurse Practitioner (NP) Primary Care Clinics (NPPCCs)
- These clinical service models and all primary care providers in a defined geography will be aligned together in local Primary Care Networks (PCNs) intended to better coordinate and leverage existing and new providers and services to better meet the needs of local citizens.
- PCNs will be locally planned and delivered through partnerships including Divisions of Family Practice, Health Authorities, First Nations, and other local community representatives.
- Additional enabling strategies including the Health Connect Registry (HCR), the PCN public facing website, and virtually enabled care options are assisting in the advancement of PCNs across the province.
- This strategy was developed in response to challenges including increasing numbers of British Columbians without a regular primary care provider, fragmented and varied care across multiple providers and increasing levels of provider burnout.

CURRENT SITUATION

Implementation of the primary care strategy is well underway. As of August 2020:

- 39 PCNs are at various stages of implementation (Year 1, Year 2) across the province Advice/Recommendations
The 2020/21 – 2022/23 Ministry of Health Service Plan sets the following targets for PCNs operating, or in implementation: 2019/20: 25; 2020/21: 45; 2021/22: 65; 2022/23: 65.
- There is a provincial commitment of up to 30 UPCCs across the province over three years. Currently, 21 UPCCs have been announced, 18 of which are operational, Advice/Recommendations
- 1 new CHC is fully operational and 2 significantly expanded CHCs are in final stages of implementation, Advice/Recommendations
- 1 FNPPCC has been implemented Advice/Recommendations
- 3 NPPCCs have been implemented across the province.

KEY FACTS

- British Columbians struggle to access primary care:
 - Approximately 17.7% of British Columbians report not having a regular primary care provider.¹
 - Only 45.4% of British Columbians report being able to access same or next day appointments with their primary care providers.²
- Team-based care will optimize the skills of our valued health-care professionals, where various providers work alongside other health-care professionals to provide comprehensive care to patients. This includes Family Practitioners (FPs), NPs, Registered Nurses (RNs), Licensed Practical Nurses (LPNs), clinical pharmacists, and other allied health professionals such as physiotherapists, occupational therapists, traditional healers, elders, social workers, and mental health and substance use workers.

¹ Statistics Canada, Table 13-10-0096-16, Has a regular healthcare provider, by age group, Canadian health characteristics, <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009616&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=3.1> Last Accessed November 4, 2020.

² CIHI, Commonwealth Fund survey, 2017. Accessed file "cmwf-2017-data-tables-en-web.xlsx" from <https://www.cihi.ca/en/commonwealth-fund-survey-2017>, November 4, 2020.

LEGISLATIVE SESSION - FACT SHEET

- Building on investments by the General Practice Services Committee (GPSC) to support FPs as they transition to the PMH model (i.e. where patients have a regular care provider to oversee their longitudinal care), regional Health Authorities have been working with Divisions of Family Practice and/or other stakeholders to undertake implementation of:
 - PCNs: PCNs bring together primary care providers across different service delivery models in a defined geography to collectively meet the unique and comprehensive primary care needs of local populations. In the PCN, new and existing providers and services are networked with each other to provide citizens with better attachment to primary care practices, access to an ongoing care relationship with a regular primary care provider and team, and access to extended hours of service. PCNs have established, clear mechanisms and referral pathways for providers to contribute to their patients' care planning through Specialized Community Service Programs, Specialized Surgical Programs and/or hospitals, regional and provincial programs.
 - PMHs: PMHs are family practice clinics and health authority primary care clinics that demonstrate the attributes of the BC PMH model including comprehensive, person-centred, culturally safe, quality primary care services delivered by interdisciplinary teams networked with other providers to enable better coordination, partnership, and integration with the broader system of care. Development of PMHs across the province will enhance primary care capacity, increase coordination and continuity of care and serve to decrease the variability of primary care services so that all British Columbians will have access to recognizable, quality primary care services.
 - UPCCs: UPCCs provide a flexible resource to meet both the urgent and ongoing primary care needs of people in communities across the province. UPCCs fulfill service gaps in select urban and metro communities, with an emphasis on providing urgent primary care (i.e. injuries and illnesses that are non-life threatening but should be seen by a health-care provider within 12-24 hours), and comprehensive primary care services including attachment. The establishment of UPCCs further improves access to urgent primary care services, particularly by offering extended hours in urban and metro communities for the general population, and increased attachment for underserved populations.
 - CHCs: CHCs are community-governed, not-for-profit, team-based, multi-sectoral health and social service organizations that deliver culturally safe primary health care, as well as specialized services. CHCs also prioritize the attachment of hard-to-reach, vulnerable, and underserved populations, and are a key resource in helping to address social determinants of health through linkages to other community agencies.
 - NPPCCs: NPPCCs are a unique service model developed by NPs who will work within a collaborative, team-based environment both within the practice and as part of the local PCN. They are an innovative solution to help support communities where a large part of the population has difficulty accessing a regular primary care provider – either an FP or NP.
 - FNPCCs: FNPCCs are primary health care clinics, developed in collaboration with the FNHA, that deliver team-based culturally safe primary health care as well as social services for First Nations peoples living in BC. FNPCCs combine both Western and Indigenous approaches to health and wellness, and incorporate and promote First Nations' knowledge, beliefs, values, practices, and models of health and healing, recognizing that these may be reflected uniquely in the different Nations and communities across BC.

FINANCIAL IMPLICATIONS

To support this initiative, government announced in the 2018/19 budget a net new \$221 million over three years to support the recruitment of additional FPs and NPs to full-service family practice, and an additional \$125 million over three years for net new primary care health professionals to implement team-based care.

Advice/Recommendations; Government Financial Information

Advice/Recommendations;
Government Financial

Approved:

October 30, 2020 - Shana Ooms obo Ted Patterson, ADM Primary Care Division

November 4, 2020 - Eric Larson obo Martin Wright, ADM, Health Sector Information, Analysis & Reporting

November 4, 2020 - Kerri Harrison, obo Philip Twyford, ADM Finance and Corporate Services

BC Program Note

Agenda Item	Best Practices in Long-term Care and Covid-19 and Measures to prepare for resurgence; latest efforts and initiatives to prevent infection in long-term care.
--------------------	---

Potential Key Messages/Speaking Points for Minister Consideration

- *BC appreciates the opportunity to share best practices with our FPT colleagues.*
- *COVID-19 has shown what we can achieve together. The investments to raise care standards across B.C. made an important difference when we were met with COVID-19.*
- *To protect those most vulnerable, several measures have been put in place to minimize the risk for introduction and transmission of COVID-19 in long term care settings.*

Position of Other Jurisdictions

PT jurisdictions continue to plan and implement long-term care measures that are designed to address the ongoing COVID-19 pandemic.

Intergovernmental Communications

Intergovernmental Communications

Analysis and BC Implications

Investments and Best Practices Pre-Covid-19

- Government is investing \$240M over 3 years to increase direct care hours in long term care (LTC) facilities to ensure each health authority reaches the target of 3.36 hours per resident day, on average by 2021. Advice/Recommendations; Government Financial Information
- On July 15, 2019, the policy regarding access to LTC was revised to ensure consistency with the Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCCFAA), which came into force November 4, 2019.
 - Part 3 of the HCCCFAA legally requires that consent is obtained for an adult's admission into a care facility, including LTC homes
 - The LTC Access Policy meets recommendations from the Ombudsperson to be more client-centred, consistent, transparent, and clear, including ensuring that clients receive comprehensive, clear and consistent information about options for care homes that meet the clients' needs, the admission process to an LTC home, and the process for choosing an Interim Care Home (ICH) and Preferred Care Homes (PCH), as well as transfers between care homes;
- Government is investing in a suite of initiatives aimed at increasing the Health Care Assistant (HCA) workforce to ensure adequate staffing to provide quality care in LTC:

BC Program Note

- The Ministry is investing \$2.26 million over 3 years on a provincial marketing and recruitment campaign for HCAs, including career consultation support, new website, print ads and social media, as well as a bursary program.
- In November 2019, the Ministry announced an expedited pathway to make it faster and easier for Canadian trained HCAs to work in B.C. Between January and June 2020, 90 Canadian trained HCAs have been registered through the expedited pathway.
- In October 2019, government announced \$3.64 million over two years to create an additional 418 new HCA seats in 14 post secondary institutions across B.C.

Investments and Best Practices in Response to COVID-19

- On March 13, 2020 (updated May 19th and June 30th), the *Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living* (IPC Guidance for COVID-19) was released to support IPC practices and clinical decision-making in key areas.
- On March 16, 2020 a targeted phase of the provincial testing strategy was implemented focusing on residents and staff of LTC homes and seniors AL residences.
- On March 17, 2020 BC's Provincial Health Officer (PHO) declared a public health emergency due to COVID-19 and on March 18, 2020 a provincial state of emergency was declared under the Emergency Program Act, to support the coordinated response to COVID-19 across all levels of government.
- In Mid-March 2020, government implemented measures to mitigate the risk of introduction and transmission of COVID-19 in LTC, providing direction to health authorities to:
 - Suspend admissions from community (community admissions resumed April 27 with a requirement for 14 day isolation of new admissions)
 - Suspend the provision of in-facility respite (in-facility respite resumed July 15 with a requirement for 14 day isolation of new admissions)
 - Halt interfacility transfers between LTC facilities (interfacility transfers resumed July 15 in accordance with local MHO direction)
 - Suspend all in-person adult day programs (the Ministry is currently working with health authorities on a selective phased re-opening of adult day programs)
- On March 31, 2020 (updated May 5) the Ministry modified policy direction regarding temporary absences from LTC homes to support families wanting to care for loved ones at home during the pandemic.
- In late March and early April, the Provincial Health Officer (PHO) issued a series of orders to restrict staff movement between LTC and AL facilities and on April 10 the Minister of Public Safety and Solicitor General issued an order under the Emergency Program Act (EPA) to mitigate labour relations issues associated with the PHO orders. Eligible staff assigned to a single site are to receive wage leveling to applicable HEABC collective agreement wage rates and applicable step increment.

Advice/Recommendations

Advice/Recommendations; Government Financial Information

BC Program Note

- On June 18, 2020 it was announced that staff assignment directives had been issued and single site staffing had been implemented at 100% of the 501 sites in-scope of the PHO/EPA Orders.
 - 100% of the 8,878 employees previously working at multiple impacted sites, had been assigned to work at a single site.
 - Employee preference was considered where possible in staffing assignment.
- April 3, 2020 \$10 million was provided to the BC Care Providers Association to facilitate the EquipCare program to support LTC and AL operators, publicly funded and private with IPC and infrastructure enhancements.
- On May 19, 2020, the Ministry, in partnership with the federal government, announced Temporary Pandemic Pay for more than 250,000 front-line health and social workers. Eligible front-line workers to receive a lump-sum payment of approximately \$4 per hour for a 16-week period, starting March 15, 2020.
- On June 30, 2020, the Ministry updated the IPC Guidance for COVID-19 in LTC and AL to include practice requirements for operators to allow for family/social visits and announced investments in a suite of initiatives to protect long-term care and seniors' assisted-living residents from COVID-19, as facilities began allowing visitors.
 - More than \$120 million for LTC and AL facilities, both publicly funded and private, to hire up to four additional FTEs dedicated to ensuring IPC measures for COVID-19 are followed and to support safe visitation.
 - \$26.5 million for LTC and AL operators, both publicly funded and private, to address costs incurred between March 1 and June 30, 2020 including additional screening, sick time/self isolation, changes to services (e.g., meal delivery), enhanced cleaning and other IPC measures.
 - LTC and AL facilities were required to develop a written safety plan and designate visitor screening staff. Social visits could then occur according to the following guidelines:
 - Visits must be booked in advance with the facility.
 - All visitors are required to bring and wear a mask for their visit.
 - If the visitor is feeling sick, they are not permitted to enter the facility.
 - Designated visiting areas are provided to facilitate physical distance measures for the duration of the visit.
 - If there is an active outbreak of COVID-19 at a facility, social visits are not permitted.

Preparations for Fall/Winter in Response to COVID-19

- On September 9, 2020 it was announced that the Ministry is launching a Health Career Access Program to recruit an estimated 7,000 health-care workers positions in long-term care homes and assisted living facilities throughout the province.
 - The program will provide a path for applicants who may not previously have had health-care experience to receive on-the-job training.
 - \$44.1 million is being invested to recruit and train new HCAs

BC Program Note

- \$97.5 million will be provided for an average of five new staff per facility to increase staffing in the LTC and AL sector
- On September 9, 2020 \$374 million was announced to bolster public health measures, including significantly building out the fall flu immunization campaign.
 - Fluzone-High Dose is a higher dose vaccine designed specifically to protect people over 65 from influenza. 45,500 Fluzone-High Dose immunizations will be made available to all long-term care and assisted living residents.
 - BC is ordering 442,600 more flu vaccine doses in 2020/21 compared to 2019/20.
 - BC's total flu vaccine order for 2020/21 is 1.965M doses

Government Financial Information; Advice/Recommendations

BC Program Note

Advice/Recommendations

Prepared by: Karen Neilson, September 4, 2020
Approved by: Teri Collins, ADM Health Services Division

Re: Attached document – BC Program Note

- The attached BC Program Note outlines the BC Health Systems response to Covid in Long-term Care and was drafted to support the September 16, 2020 FPT Health Ministers Teleconference:
 - Best practices in Long-term Care and Covid-19 and Measures to prepare for resurgence.
 - Latest efforts and initiatives to prevent infection in long-term care.

Re: Status of attached document – Seniors Strategy 2019-21

- The attached Seniors Strategy 2019-21, Investments to Support Seniors, is an overview on BC's three core areas of focus:
 - Focus on healthy aging
 - Focus on team-based primary care for seniors
 - Ensure access to well-coordinated and integrated services across the continuum of community care
- It was created in December 2019 and there is not yet an updated version given the Ministry's shift to focus on Covid initiatives

SENIORS STRATEGY 2019-2021



2019/20

INVESTMENTS TO SUPPORT SENIORS

SENIORS STRATEGY 2019-2021

INVESTMENTS TO SUPPORT SENIORS

TABLE OF CONTENTS

FOCUSSING ON SENIORS.....	2
INVESTMENTS.....	3
COMMUNITY BASED SENIORS/NGO.....	4
PRIMARY AND COMMUNITY CARE	5
Home Support (including Assisted Living).....	6
Primary & Community Based Professional Services.....	7
Community Based Caregiver Supports	8
Technology & Infrastructure.....	8
System Redesign/Education	9
Specialized Community Services Programs.....	9
Long Term Care – Hours Per Resident Day (HPRD)	9
SCSP Monitoring and Reporting.....	10
Increased Access & Improved Quality Monitoring and Reporting.....	10
OTHER INITIATIVES	11

Advice/Recommendations

FOCUSSING ON SENIORS

About 882,700 seniors lived in B.C. in 2017. B.C.'s population is aging, and a growing number of older British Columbians are living with illness, disability and/or frailty. In 2017, almost one-fifth of B.C.'s population was over 65 years old.

The BC government has made seniors' care a priority. BC's focus on improving care for seniors currently has three core areas of focus:

1. **Focus on healthy aging:** a population-based strategy for seniors' health care that begins with supporting seniors to remain active in their daily life, stay well and live independently through partnership with community-based seniors' services.
2. **Focus on team-based primary care for seniors:** ensure seniors are attached to accessible and full-service primary care services that can meet their health care needs.
3. **Ensure access to well-coordinated and integrated services across the continuum of community care** – from home health services through to residential care, for those seniors who experience increasingly complex medical health-care needs and/or frailty.

With a focus on healthy aging and strengthening links between community-based seniors' services and the health system, there are opportunities to promote healthy-aging, enhance early intervention and better support older adults at risk of frailty or living with chronic conditions. Core areas of focus are nutritional supports; wellness programs; physical activities; educational, recreational, and creative arts; information, referral, and advocacy; and transportation.

With an emphasis on increasing care in community settings and reducing avoidable hospital and facility care where possible, BC is investing to better meet the present and future demand for primary care as well as home and community care through the development and redesign of the full suite of primary, community care and community-based services. In addition, BC is investing in improving the level of care for individuals needing long term facility care.

We know that some seniors are at risk of becoming frail unnecessarily and are prone to increased reliance of healthcare services, including acute care and emergency departments. The evidence shows that through better integration of primary care services, home and community care services, as well as community-based services and non-government organizations - including seniors' centers, it is possible to delay or slow the progression of frailty and support seniors to live in their own homes for as long as possible.

Many seniors who are living at home and receiving publicly funded home care for complex health conditions need support as do their caregivers. Without adequate support and where caregivers are unable to continue in their role, there is increased risk of institutionalization, potentially for both the senior and the caregiver.

For those seniors who require 24-hour professional services provided in long term care facilities, we want to ensure they have the supports in place to ensure they are receiving the high quality, dignified relationship-based care they need.

INVESTMENTS

Budget 2018 announced \$548 million new funding over three years for home and community care to better support seniors in getting the care they need. This funding from the BC Government is enhanced by a federal government funding commitment to support home and community care and palliative care, which began in late 2017/18 with \$26.19 million (\$21.26M for home and community care/\$4.93M for palliative care) and increased to \$78.74 million (\$66.93M home and community/\$11.81M for palliative care) for 2018/19.

Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government Financial Information

Government Financial Information

The Ministry of Health Budget 2019/20 provides Regional Health Authorities access to up to **\$80.00M** to support the Long-Term Care Staffing initiative to move toward the goal of 3.36 hours per resident day.

Long Term Care Staffing (HPRD)

\$80.00M

Grand Total:

Government Financial
Information

COMMUNITY BASED SENIORS/NGO

Collaboration with community-based organizations and NGOs will support seniors to remain in their communities longer. A focus will be on programs supporting nutritional supports; health and wellness; physical activity; cultural, educational and recreational programs; information, referral and advocacy; and transportation. Continued funding for the Better at Home Program of the United Way of the Lower Mainland will support continued delivery of that valuable program.

Government Financial Information

In addition, the United Way of the Lower Mainland received **\$11M** in funding to support the Better at Home Program and to expand into 10 new communities and to top up an additional 30 existing community programs:

Advice/Recommendations; Government Financial Information

PRIMARY AND COMMUNITY CARE

Government Financial Information

Advice/Recommendations; Government Financial Information

Home Support (including Assisted Living)

Enhancements to home support focus on increasing access to in-home assistance with activities of daily living care and in-home respite. Key focus areas are both increasing service hours for long term home care clients to enable them to live independently in their own homes and increasing hours for short term home care clients immediately following hospital discharge.

Service redesign in some areas will better enable continuity of care within communities through models such as cluster care or neighborhood care where workers are supported to see several clients multiple times daily; enhanced scheduling and increasing capacity to ensure responsive, client-focused care; supporting clients in their homes, establishing re-ablement programs to facilitate mobility and independence; and redesigned acute discharge programs to ensure clients have the supports they need through an interdisciplinary care team.

Advice/Recommendations; Government Financial Information

Primary & Community Based Professional Services

Primary & Community Based Professional Services (CBPS) encompass a range of services and professionals across multiple environments. Included are direct client clinical services: community-based nursing, community rehab, community social work, palliative care, as well as primary care nursing and allied health to support seniors in primary care and in community settings. Also included are indirect client clinical services: intake and assessment, triage services, care planning and service coordination. For Palliative/End of Life Care the focus is on improving and expanding hours of service for clients to access 24/7 palliative and end-of-life services.

Advice/Recommendations; Government Financial Information

Advice/Recommendations

Community Based Caregiver Supports

Caregiver supports assist informal family/friend care providers to continue to care for complex clients living in their homes.

Advice/Recommendations

Advice/Recommendations

	Baseline ADC 2016/17	2017/18	2018/19
FHA	61,159	66,044	70,704
IHA	63,579	60,434	63,359
NHA	14,615	11,369	11,541
VCHA	49,194	48,863	54,265
VIHA	51,151	48,858	52,773
BC	239,697	235,568	252,642

Advice/Recommendations; Government Financial Information

Technology & Infrastructure

Investments in technology and infrastructure are to support increased home and community care services to clients; improve communication with clients and improve communication between interdisciplinary care teams. Systems to support scheduling and recording of hours for home support, secure texting, home health monitoring and infrastructure to support UPCCs.

Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government Financial Information

Long Term Care – Hours Per Resident Day (HPRD)

In 2018/2019 an initial investment of \$48.4 million Government Financial Information
Government Financial Information
Government Financial Information for an additional 0.04 million hours of direct care resulting in all owned and operated sites achieving a funded HPRD of 3.36. These initial investments brought the provincial average HPRD from 3.13 in 2017/18 to 3.25 in 2018/19.

Government Financial Information
Government Financial Information In addition, direction was given to HAs to maximize the number of facilities at 3.36 while increasing the overall HA HPRD Governme

Government Financial Information

Advice/Recommendations; Government Financial Information

Monitoring and Reporting

The Ministry has developed a routine monitoring and reporting framework to ensure successful implementation of SCSPs and achievement of increased services to support seniors.

Advice/Recommendations

Increased Access & Improved Quality Monitoring and Reporting

Advice/Recommendations

OTHER INITIATIVES

There are other initiatives underway in the Ministry of Health to support seniors, including:

Refresh Seniors' Guide – Last updated in 2016, the BC Seniors' Guide is a book-style compilation of information and resources to help seniors plan for and live a healthy lifestyle. It includes information on provincial and federal programs, with sections on benefits, health, lifestyle, housing, transportation, finances, safety and security, and other services. The Guide is translated and available in several languages.

Advice/Recommendations

Bill 16 – Assisted Living Regulations – implementation planning, support for clients and providers, education and training as well as communications resources will all be undertaken to enable these regulations to come into force December, 2019.

Long Term Care Access Policy – implementation began July 15, 2019 and will be monitored throughout the year to assess the benefits for clients and their families and impact on the system.

Part 3 Consent to Care Facility Admission - implementation planning, support health authorities and facility operators, education and training as well as communications resources will all be undertaken to enable these regulations to come into force November, 2019.

Page 066 of 205 to/à Page 067 of 205

Withheld pursuant to/removed as

Advice/Recommendations; Government Financial Information

LEGISLATIVE SESSION - FACT SHEET

Commitment to Surgical Renewal 2020

TOPIC

- On March 16, 2020, due to the COVID-19 pandemic the decision was made to postpone non-urgent scheduled surgeries and only perform emergency and urgent surgeries to ensure hospital capacity was maintained throughout British Columbia for potential COVID-19 patients.
- On May 7, 2020, the Commitment to Surgical Renewal was announced¹. The plan aims to increase surgical capacity to address postponed surgeries that resulted from the first wave of COVID-19 and to meet the growing demand for surgery within the province. In a July 30² update on the plan, a timeline of 15-22 months for recovery of all postponed cases was proposed.
- There are five key steps that the Commitment to Surgical Renewal outlines: 1) increasing surgeries; 2) increasing essential personnel; 3) focusing on patients; 4) adding more resources; and 5) reporting on progress.

CURRENT SITUATION

- On May 18 non-urgent scheduled surgeries resumed across all health authorities.
- Phase One of the Commitment to Surgical Renewal prioritizes urgent surgeries; patients who had their surgery postponed and have been waiting over twice their clinical benchmark; day surgeries; and maximising surgeries that can be performed outside of operating rooms.
- Three key components of renewal are being tracked and reported publicly on a period basis:
 - Focusing on Patients, where progress is expected in four areas: making calls to patients, prioritizing and completing postponed surgeries, performing urgent scheduled surgeries, and completing non-urgent scheduled surgeries;
 - Increasing Surgeries, where progress is expected in four areas: extending operating room hours, expanding summer capacity, improving operating room efficiency, and performing more surgeries; and
 - Increasing Essential Personnel, through progress in training and recruitment.
- From June 15, 2020 to March 3, 2021, surgical capacity in B.C. is planned to increase by 16% and this increase will rise to 24% in the following year.³
- All health authorities are projected to catch-up to postponed surgeries by the end of next year.³
- Two^{4,5} public progress reports have been released covering the period from May 18 – July 23.
- As the Commitment to Surgical Renewal makes clear, a resurgence of COVID-19 this fall and/or winter could affect progress and timelines.

KEY FACTS

- Due to COVID-19, by May 18, 2020, health authorities had performed an estimated 32,400 fewer scheduled surgeries than expected (postponed or not scheduled).
- From May 17 to August 20 surgeries were completed on 12,589 (72%) patients who had their surgery postponed due to COVID-19.
- From May 7 to September 27, a total of 96,087 patients on surgical waitlists have been contacted to see if they are ready and willing to have their surgery rescheduled.³
- From May 18 to September 27, health authorities have completed a total of 116,828 surgeries.⁶
- As of August 20, health authorities have safely returned the time it takes to perform surgeries to about pre-COVID-19 levels. During the initial COVID-19 response surgeries were taking 26% longer to complete.

¹ BC Gov News. (May 7, 2020). Province Launches Renewal Plan for Surgeries. Retrieved from: <https://news.gov.bc.ca/releases/2020HLTH0026-000830>

² Province of BC. (July 30, 2020). COVID-19 BC Update, July 30 [Video]. YouTube. https://www.youtube.com/watch?v=e4uSY-tKMqM&list=PLbER4Sxdn0R7Sef9_eWi-RNOnsZOIP_6c&index=111

³ BC Gov News. (September 17, 2020). Joint statement on B.C.'s COVID-19 response, latest updates. Retrieved from: <https://news.gov.bc.ca/releases/2020HLTH0052-001794>

⁴ BC Gov News. (July 21, 2020). A commitment to surgical renewal in B.C. - progress report #1: May - June 2020. Retrieved from: https://news.gov.bc.ca/files/2020_surgical-renewal-commitment-progress-report-June-July-2020.pdf

⁵ BC Gov News. (September 1, 2020). A commitment to surgical renewal in B.C. - progress report #2: June – July 2020. Retrieved from: https://news.gov.bc.ca/files/2020_surgical-renewal-commitment-progress-report-June-July-2020.pdf

LEGISLATIVE SESSION - FACT SHEET

- From July 24 – August 20:
 - Health authorities performed 1,409 more surgeries than in the same timeframe last year.
 - Health authorities achieved a 6% increase in operating room hours compared to the same timeframe last year.
 - Health authorities achieved a 6% increase in scheduled, unscheduled, and urgent surgeries compared to the same timeframe last year.
 - Health authorities performed 2,078 non-urgent surgeries on patients waiting longer than two times their target wait time – more than double (218%) the number compared to the same timeframe last year.
- Since April 1, 36 anesthesiologists and four general practitioner anesthesia have been recruited (27 permanent and 13 locums).
- Since April 1, 201 perioperative registered, 15 perioperative licensed practical nurses, 105 post-anesthetic recovery registered nurses, and 88 medical device reprocessing technicians have been recruited.
- Between April 1 and August 20, 102 perioperative and post-anesthetic recovery nurses started training, and 47 completed their programs.
- All health authorities have completed training plans for the additional 400 nursing and 100 medical device reprocessing staff. This training will take place over 2020/21 and 2021/22, with additional training sessions offered to complete training as quickly as possible.
- Work is underway with staff, unions, and the Health Employers Association of B.C. to determine how best to extend daily – and initiate Saturday and Sunday – operating room hours; time that has historically not been used for scheduled surgeries.
- Private contracts have been expanded across all regional health authorities in accordance with the *Canada Health Act*.

Next Steps:

- The threat of a resurgence of COVID-19 is likely and is anticipated to occur in the fall/winter of 2020/21. That means that phase one of the recovery plan must be an immediate and rapidly implemented response with strong system co-ordination.
- A plan for the fall/winter is currently under development.

FINANCIAL IMPLICATIONS

- On May 7, the Government announced it is allocating \$250 million⁶ to support the Surgical Renewal Plan 2020.
- On September 9, the Government announced that the Ministry of Health has received approval to access an operating budget increase of up to \$1.6 billion in operating funding and a capital budget increase of \$150 million in 2020/21 to respond to the health-care requirements of COVID-19.⁷ Of this amount, approximately \$187.5 million has been committed for enhanced surgical capacity, including additional nursing staff and operating room costs.

Approved:

October 6, 2020 – Kristy Anderson, ED, Surgical Renewal, obo ADM Teri Collins, Health Services Division

October 9, 2020 – Christine Voggenreiter obo ADM Martin Wright, Health Sector Information, Analysis & Planning & Reporting Division

November 4, 2020 - Gordon Cross obo ADM Philip Twyford, Finance and Corporate Services Division

November 4, 2020 – ADM Ian Rongve, COVID Response and Health Emergency Management Division

⁶ Vancouver Sun (May 8, 2020). COVID-19: B.C. unveils plan to tackle surgeries postponed by pandemic. Retrieved from:

<https://vancouversun.com/news/covid-19-b-c-government-announces-250-million-plan-to-reopen-surgeries>

⁷ BC Gov News. (September 9, 2020). Investment brings new support to those most vulnerable to COVID-19 and communities where they live. Retrieved from: <https://news.gov.bc.ca/releases/2020PREM0050-001694>

LEGISLATIVE SESSION - FACT SHEET

Surgical Strategy (Pre-COVID-19)

TOPIC

Under the B.C. Surgical & Diagnostic Imaging Strategy¹ (announced March 2018), the surgical action plan goals were 1) improve access to appropriate surgical services 2) improve the patient experience.

CURRENT SITUATION

- Due to COVID-19, the Ministry of Health (the Ministry) made the decision on March 16, 2020, to postpone all non-urgent scheduled surgeries thus impacting the ability of the health authorities to reach the volume and wait time targets of the above strategy by 2019/20 fiscal year end.
- On May 7, 2020, the Commitment to Surgical Renewal was announced² replacing the pre-COVID-19 Surgical Strategy. The plan aims to increase surgical capacity to address postponed surgeries that resulted from the first wave of COVID-19 and to meet the growing and ongoing demand for surgery within the province.

KEY FACTS

Volumes:

- 249,234 scheduled surgeries were completed in 2019/20 (10,690 below the 259,924³ target)⁴.
- Cumulatively, scheduled surgery targets for hip and knee replacements, dental and all other surgeries were set for 2019/20 that built on the 2018/19 actuals by a total of 10,046 additional surgeries².
- In 2019/20 health authorities collectively met the following target levels: **94.4% hip and knee replacements**, **97.6% dental surgeries**, and **96.0% all the other surgeries** (table 1)².
- At P12 health authorities estimated, without COVID-19, they collectively were on track to have exceeded the dental surgery target (101.8%) and come close to the hip and knee replacement (99.4%) and all other surgery (98.8%) targets⁵.

Table 1: Scheduled Surgery Targets and Actuals 2016/17-2019/20²

Procedure	2016/17 Actuals	2017/18 Actuals	2018/19 Actuals	2019/20 Targets	2019/20 Actuals	% of 2019/20 Target Met	% Change 2016/17 to 2019/20
Hip and Knee Replacements	14,378	15,391	18,739	19,750	18,635	94.4%	29.6%
Dental	6,135	6,277	7,107	7,246	7,075	97.6%	15.3%
All Other	214,301	214,823	224,032	232,928	223,524	96.0%	4.3%

Wait times:

- From 2016/17 to 2019/20, the percent of patients waiting over 26 weeks improved for hip and knee replacement surgeries and dental surgeries.
- Of note is that in 2019/20 VCHA exceeded the wait time target of no more than 5% of patients waiting longer than 26 weeks for dental surgery. At P13 in VCHA, only 2.2% of dental surgeries were waiting longer than 26 weeks².

Table 2: Progress Made on Surgical Wait Times Percent Waiting Over 26 Weeks²

Procedure	2016/17	2017/18	2018/19	2019/20	2016/17 to 2019/20 % Point Change	2018/19 to 2019/20 % Point Change
Hip and Knee Replacements	35.3%	30.2%	26.5%	24.3%	-11.0	-2.2
Dental	17.1%	10.8%	7.3%	10.3%	-6.8	3.0
All Other	21.0%	21.8%	23.1%	28.2%	7.2	5.1

Capacity:

¹ Diagnostic Imaging Strategy announced March 2018: <https://news.gov.bc.ca/releases/2018PREM0010-000460>

² Retrieved September 22, 2020 from: <https://news.gov.bc.ca/releases/2020HLTH0026-000830>

³ Community and Cross Sector Branch; Health Sector Information Analysis and Reporting Division, Ministry of Health (2019/20). Master Locked-in Numbers. These totals only include scheduled surgeries, standard reporting exclusions applied. This differs from 2020/21 surgical renewal reporting in which all surgeries are reported.

⁴ This value includes scheduled surgeries only and does not include exclusions, under renewal all surgeries are being included in reporting

⁵ HSIAR, Community and Cross Sector Branch; PAS 3000.0961 (March 2020); Surgical, MRI and Colonoscopy Volume Projections/2019-20/HA Forecast Submissions/P12

LEGISLATIVE SESSION - FACT SHEET

- Work on increasing surgical capacity has been focused on extending operating room hours and gaining a true understanding of the potential operating room capacity.
- In 2019/20 operating rooms ran 2,195 more hours than the previous year, despite COVID-19.
- The total number of surgeries performed under contract with private surgical clinics in accordance with the *Canada Health Act* was 12,336 in 2019/20.

Integration and coordination:

- Surgical Services Programs (SSPs) are first being implemented as Hip and Knee Replacement Programs (HKRPs). They are responsible for coordinating and/or providing all of the surgical services that a patient requires.
- Due to the COVID-19 pandemic several sites in progress have experienced delays. It is expected that these will complete all elements of an SSP over 2020/21.
- Eight HKRPs have been established with another 11 in progress across all health authorities (Appendix A, table 5).

Waitlist management:

- A proof of concept for a provincial surgical waitlist management and scheduling system is being implemented. Vancouver Coastal, Fraser, and Interior health authorities are leading this work.
- Work is continuing, now in balance with the Surgical Renewal Plan⁶, to make sure patients are prioritized based on clinical need and scheduling is optimized with available resources.

Patient experience:

- Work is ongoing to notify patients of the key information they need as they wait, and ensure they have a point of contact to make enquiries about their status on the waitlist.

Support for existing and new staff:

- Success of the surgical strategy is in part dependent on having the necessary health human resources available to provide services, by way of interdisciplinary team-based care.
- In April 2018, the Ministry completed the Provincial Health Workforce Strategy 2018/19 – 2020/21⁷. It identifies 13 priority occupations and four priority service areas, some of which directly support the government's surgical strategy. These include anesthesia services, specialty nursing, physiotherapists, occupational therapists, sonographers and perfusionists.

FINANCIAL IMPLICATIONS

- In 2018/19, the Ministry provided up to \$100 million in targeted funding to support the Surgical and Diagnostic Imaging Strategy. In 2019/20, the Ministry increased the available funding up to \$125 million. In 2020/21 the available funding has increased to \$175 million.
- The Ministry of Health has also received approval to access an operating budget increase of up to \$1.6 billion in operating funding and a capital budget increase of \$150 million in 2020-21 to respond to the health-care requirements of COVID-19. Of this, \$187.5 million has been committed for enhanced surgical capacity, including additional nursing staff and operating room costs.⁸

Approved:

September 24, 2020 – Kristy Anderson, obo ADM Teri Collins, Health Services Division

October 1, 2020 – Christine Voggenreiter, obo ADM Martin Wright, Health Sector Information, Analysis & Reporting Division

November 4, 2020 - Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division

November 4, 2020 – Ian Rongve, COVID Response and Health Emergency Management Division

⁶ Surgical Renewal Plan 2020 <https://www2.gov.bc.ca/assets/gov/health/conducting-health-research/surgical-renewal-plan.pdf>

⁷ Provincial Health Workforce Strategy <https://hlth.sp.gov.bc.ca/sites/HLTH4/DMO/Facts/layouts/15/DocIdRedir.aspx?ID=C565SY5XS6RD-588078954-44>

⁸ <https://news.gov.bc.ca/releases/2020PREM0050-001694>

LEGISLATIVE SESSION - FACT SHEET

Preparations for Future COVID-19 Surges

TOPIC

The Ministry of Health is working collaboratively with the health sector to develop comprehensive plans for health service delivery through times of increased COVID-19 transmission.

CURRENT SITUATION

- British Columbia is now in Phase 3 of its Restart Plan. September is bringing a return of K-12 and post-secondary studies.
- BC will soon enter its regular influenza season, which combined with COVID-19, has the potential to overwhelm the health system resulting in delays in care.
- There is a need for a provincial, coordinated approach to delivering health services through the expected times of increased transmission in BC until there is a vaccine available.
- This approach must enable health services to be maintained safely wherever possible and decrease the unintentional impacts on British Columbians where services must be limited.
- There are three strategies underway to support this surge planning:
 1. The Provincial Health Services Authority has developed service utilization thresholds to trigger an escalated approach to preventing transmission and a change in service delivery.
 2. The Office of the Provincial Health Officer and the BC Centre for Disease Control are working with cross sector partners to identify the *unintended health, social, economic and environmental consequences* of public health measures. This analysis will inform decisions on the scale of measures for future surges, informing the balance between the need for services and potential impacts of delayed or deferred services.
 3. The Ministry of Health (the Ministry) is working with the health authorities and other health system partners to identify how their services will adapt to potential increased surges in a way that is proportionate and prevents harms.
- On September 9, 2020, the Province released “Management of COVID-19: Health Sector Plan for Fall/Winter 2020/21”, which sets out the proposed actions to the health system as well as detailing the potential bed capacity in a low, medium, high and high+ transmission scenario.
- The three key areas of ongoing focus are:¹
 1. Building out access to testing capacity for up to 20,000 tests per day for the mid-fall through winter when there is a higher prevalence of flu and colds in the community, and an increased need to quickly and accurately assess positive COVID-19 cases.
 2. Increased contact tracing and case management capacity by adding up to an additional 600 contact tracers over the early part of the fall.
 3. An enhanced fall flu immunization campaign, with close to two million doses available

KEY FACTS

- Health authorities and the Ministry have been working collaboratively since the onset of the COVID-19 response in early February to develop provincial wide and regionally specific guidelines and supports.
 - The Health Emergency Coordination Centre (HECC) was stood up to Level 3 in mid-March 2020 and was responsible for the Ministry’s response to COVID-19 and coordinating and supporting health authorities in their own responses.
 - On May 28, the HECC moved to Level 2; and was moved to Level 1 June 19, 2020.
- With the stand down of the HECC, the Ministry announced the creation of the COVID Response and Health Emergency Management Division. This division is focused on a well-coordinated provincial and regional approach as BC experiences the expected increases and decreases in COVID-19 transmission until there is a vaccine available.

¹ BC Ministry of Health (2020). *Management of COVID-19: Health Sector Plan for Fall/Winter 2020/21*. Retrieved September 11, 2020
https://news.gov.bc.ca/files/COVID-19_fall-winter_preparation.pdf

LEGISLATIVE SESSION - FACT SHEET

- Each health authority has appointed a COVID-19 Pandemic Planning and Management lead to be the oversight for their organization's response.

Surge Planning

- BC is using the latest evidence, including ongoing epidemiologic and mathematical modelling, to plan for how to deliver services safely during times of increased community transmission until there is a vaccine available.
- This approach aims to maintain hospital and other health care services in the safest manner possible while preventing outbreaks and further transmission.
- BC has modelled the bed utilization for critical and acute care in four scenarios. Planning for these four scenarios focuses on supporting the readiness of the 19 COVID-19 designated hospital sites.
 1. **Low COVID-19 cases:** This mirrors the June situation, with low numbers of daily new cases and admission. It represents a minimal number of COVID-19 beds required among a limited number of sites – ICU 25/Acute 57 occupancy.
 2. **Moderate COVID-19 cases:** Increasing transmission, resulting in a moderate number of COVID19 cases and admissions – ICU 55/Acute 98 occupancy.
 3. **High COVID-19 cases:** The number of COVID-19 new cases and admissions mirrors the March May pandemic high point levels – ICU 108/Acute 201 occupancy.
 4. **High++ COVID-19 cases:** The number of COVID-19 new cases and admissions mirrors an extreme scenario, with twice as many cases as during the March-May pandemic experience as is being used a stress test scenario for contingency planning purposes only – ICU 214/Acute 400 occupancy.
- Health authority partners have identified the foundations for a co-ordinated, strategic, provincial approach in low, medium, high and high+ transmission scenarios, and have identified key lessons learned from the rapid response in Spring 2020.
- Health authorities are finalizing regionally specific surge plans to identify how their services will adapt to those transmission scenarios.
- These plans will include attention to vital services, including primary care; hospital-based care; contact tracing, immunizations and other public health services; worker, patient, and visitor safety; and caring for people in long term care facilities. They will also identify regional plans for addressing dual public health emergencies related to COVID-19 and overdoses.
- The Ministry of Health will report out on progress against the implementation of plans and the operational and strategic agenda of the health sector.

FINANCIAL IMPLICATIONS

The Ministry has approval to access up to \$1.6B to support the Fall/Winter COVID-19 response. This was announced publicly on September 9th, 2020.²

Approved:

September 18, 2020 – Ian Rongve, ADM, COVID Response and Health Emergency Management Division

October 7, 2020 – Gordon Cross obo Philip Twyford, ADM, Financial and Corporate Services Division

² BC Gov News. (2020). *Investment brings new support to those most vulnerable to COVID-19 and communities where they live*. Retrieved September 11, 2020. <https://news.gov.bc.ca/releases/2020PREM0050-001694>

EXECUTIVE MEMBER BIOGRAPHY

Mark Armitage – Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services

Mark Armitage was appointed Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services Division (previously Health Human Resources and Labour Relations) on August 9, 2018. His portfolio includes beneficiary services and strategic priorities, labour and agreements, diagnostic services, compensation policy and programs, physician services, workforce planning and development, professional regulation and oversight, and the Nursing Policy Secretariat.

Prior to this appointment, Mark served as the Executive Director of Strategic Priorities, Planning and Engagement in the Health Sector Workforce Division and was the Executive Director of the Primary and Community Care Branch at the Ministry of Health, a position he was appointed to in March 2014.

Mark is a committed and dedicated public servant with 25 years in the public service before joining the Ministry of Health. He has worked in Community Corrections with the Attorney General as a Probation Officer and has held a number of management and senior executive positions in regional operations and strategic priorities with the Ministry of Children and Families.

Mark holds a Bachelor of Social Work (Honours) and a Master of Public Administration, both from the University of Victoria.



EXECUTIVE MEMBER BIOGRAPHY

Corrie Barclay – Assistant Deputy Minister, Health Sector IM/IT

Corrie Barclay was appointed Assistant Deputy Minister, Health Sector Information Management/Information Technology Division (HSIMIT), Ministry of Health on April 16, 2018. Under Corrie's leadership, HSIMIT is playing a pivotal role in the transformation of BC's health system by advancing digital health solutions across the health sector, and supporting Ministry services. HSIMIT is also helping to strengthen the Ministry's stewardship role and focus on improving health system governance, outcome measurement and maximizing the value of provincial digital and IMIT investments. Program areas under HSIMIT include a Vendor Management Office, business transformation initiatives, Ministry IT services, Health IT strategy, digital policy, security and privacy, strategic projects, and HIBC procurement.

Corrie has significant experience with business transformation, creating a culture of innovation and driving a technology vision to achieve better business outcomes. Corrie's health experience includes leading the first clinical deployments across the Province of BC for the Pan-Canadian public health surveillance solution.

Before joining the public service, Corrie spent three years as the VP, Information Technology Services Division and Chief Information Officer at BC Assessment where she advanced the business vision for the company and led the creation and implementation of the digital strategy. Corrie holds a professional accounting designation with the Chartered Professional Accountants of BC.



EXECUTIVE MEMBER BIOGRAPHY

Teri Collins – Assistant Deputy Minister, Health Services

Teri Collins is currently Assistant Deputy Minister of the Health Services Division (HSD), a large and diverse portfolio. As part of her accountabilities, Teri also holds Ministerial appointments as the Provincial Director of Community Care Licensing, the Assisted Living Registrar, and Chief Hospital Inspector. Teri previously served as the Assistant Deputy Minister of Health Sector Information, Analysis and Reporting Division in the Ministry of Health (2015-2018).



HSD is responsible for strategic policy and implementation oversight of community, specialized and acute care services delivered by health authorities and does so through bilateral engagements between the Division and the health authorities. Currently, HSD brings together key mandated initiatives such as increasing access and reducing wait times to surgical and diagnostic care, specialized services for priority populations (including seniors and those complex medically frail and mental health and substance use), provincial specialized service programs (i.e., Renal, Cancer, Emergency Health Services) along with the development of standardized, centralized approaches to managing patient and client access to a suite of high quality and timely services.

For the past fifteen years, Teri has been a key member of the Health team, holding several executive positions within the Ministry. Teri's previous accountabilities included: executive leadership and oversight of health services quality assurance, clinical guidelines and regulatory standards, and the patient safety and patient care quality programs. In her previous Assistant Deputy Minister role, Teri led transformative change in health data management, stewardship and analytics operations within the Ministry of Health and championed citizen-centered services within the Vital Statistics Agency.

Teri's background is in public administration, and she holds a Master's Degree in Leadership (Health Specialty) from Royal Roads University. Teri is a committed public servant who, over the past twenty-six years, has proudly built her public service career gaining experience in several ministries, including natural resource and social sectors, where she led and championed many initiatives focused on public policy improvements. As a result, she and her teams have been finalists in several Premier's Award Nominations in the categories of organizational excellence; and partnerships and innovation. She is passionately committed to engagement and enhancing patient centred care.

EXECUTIVE MEMBER BIOGRAPHY

Mitch Moneo – Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services

Mitch Moneo was appointed as Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services Division (formerly Pharmaceutical Services) in August 2017. Mitch has had a role within the Division since 2004, taking on increasing responsibility over the years. Prior to his appointment as Assistant Deputy Minister, he was the Executive Director responsible for policy and evaluation.

His current portfolio includes responsibility for a robust and effective policy framework for provincial pharmaceutical services (including health authority pharmaceutical and life support therapies) in addition to the PharmaCare public drug program. He is also responsible for the for overall strategic planning, policy development, monitoring and evaluation of provincial laboratory medicine and blood services.



Mitch is a well-respected leader serving as a jurisdictional board member for the Canadian Agency for Drug Technology in Health representing Western Canada, vice-chair of the pan Canadian Pharmaceutical Alliance; a member of the Canadian Institutes of Health Research's Drug Safety and Effectiveness steering committee, and co-chair of the ISPOR North American Health Technology Assessment Roundtable.

Mitch obtained a bachelor's degree in Journalism and Communication at the University of Regina. He worked as a print journalist and editor for over a decade before joining the public service in 2001. He obtained a Graduate Certificate in Health Systems Leadership in 2008.

Mitch and his team have been recognized as Premiers Award Provincial Finalists on five occasions in the categories of organizational excellence and partnership.

EXECUTIVE MEMBER BIOGRAPHY

Ted Patterson – Assistant Deputy Minister, Primary Care

Ted Patterson was appointed Assistant Deputy Minister, Primary Care Division on August 23, 2017. In this portfolio he is responsible for leading the provincial primary care transformation strategy, which includes development and implementation of team-based models of primary care such as patient medical homes, urgent and primary care centres, community health centres, First Nations primary care initiatives, Nurse Practitioner clinics, all linked together in geographic primary care networks, and ensuring integration of primary care services with community services programs. The Primary Care Division also includes HealthLink BC due to its role as a key community services enabler of primary care.



Prior to this appointment he was the Assistant Deputy Minister for the Health Sector Workforce Division at the Ministry of Health, starting in that role on August 6, 2013. His responsibilities in this role included health human resource forecasting and planning, education and training, compensation strategies, professional regulation and labour relations and negotiations.

Previously, Ted was Executive Director at the Public Sector Employers' Council (PSEC) Secretariat in the Ministry of Finance, where he was responsible for collective bargaining and compensation strategies for the Health, K-12 and University sectors. In this role, Ted also served as a member of the Board of Directors for the BC Public School Employers' Association and represented government at a number of major negotiation tables.

Before the PSEC Secretariat, Ted worked in a number of senior level positions at the Ministry of Health, including Director of Labour Relations and Special Initiatives in the Office of the Chief Administrative Officer, as well as Director of Patient Safety in the Clinical Innovation and Integration Division, where he played a key role in establishing the BC Patient Safety and Quality Council.

Ted holds a Bachelor of Arts (High Honours) and a Master of Arts in Political Studies, both from the University of Saskatchewan

EXECUTIVE MEMBER BIOGRAPHY

Dr. Ian Rongve – Assistant Deputy Minister, COVID Response and Health Emergency Management

The COVID Response and Health Emergency Management Division will ensure an ongoing, focused response to supporting the health system within the context of COVID-19. This portfolio includes logistics strategy, as well as planning, analysis and reporting.

Dr. Ian Rongve joined the Ministry of Health in June 2016 as the Assistant Deputy Minister Provincial, Hospital and Laboratory Health Services Division. In May 2020, Ian was appointed Assistant Deputy Minister of the COVID Response and Health Emergency Management Division.

Prior to joining the Ministry of Health, Dr. Rongve was the Assistant Deputy Minister, Knowledge Management and Accountability, at the Ministry of Education. From March 2012 to November 2013, he was the Assistant Deputy Minister, Sector Strategy and Quality Assurance Division, at the Ministry of Advanced Education.

Dr. Rongve holds a Ph.D. in economics. He spent eight years as an Assistant Professor at the University of Regina, before moving back to BC and joining the public service. He has worked in senior roles in the Ministries of Finance, Health, Advanced Education and Education.



EXECUTIVE MEMBER BIOGRAPHY

Philip Twyford – Assistant Deputy Minister, Finance and Corporate Services

Philip Twyford joined the Ministry of Health as the Assistant Deputy Minister of Finance and Corporate Services Division and Executive Financial Officer (EFO) on July 2, 2019. His portfolio includes audits and investigations, capital services, regional grants and decision support, finance and decision support, and business financial transformation.

Prior to this appointment, Philip was the Assistant Deputy Minister of Finance and Corporate Services and EFO in the Ministry of Children and Family Development and has also served as the Chief Financial Officer in the Ministry of Citizens' Services. Earlier in his career, Philip also worked in the Capital Branch at the Ministry of Health. He was also a Treasury Board Analyst and an Executive Director for IM/IT Capital Investment in the office of the Government Chief Information Officer

Prior to joining the BC Public Service in 2003, Philip worked for the United Nations Department of Peacekeeping in Europe, Africa and New York.



EXECUTIVE MEMBER BIOGRAPHY

Susan Wood – Assistant Deputy Minister, Workforce Planning and Strategic Initiatives

Susan Wood was appointed Assistant Deputy Minister, Workforce Planning and Strategic Initiatives Division on June 3, 2019. Her portfolio includes strategic change initiatives, leadership, direction and oversight of organizational development practices across BC health authorities, ministry and divisional planning, organizational development, human resource services, internal communications and engagement.

She also acts as the Ministry Ethics Advisor and Executive lead for Gender Based Analysis+ across the Ministry of Health and health sector.

Prior to this appointment Susan served as the Executive Lead, Organizational Development Division since August 13, 2018.

Before joining the Ministry of Health, Susan held several senior leadership roles with the BC Public Service Agency. She has led operations with a strong client service focus and held positions in research, policy and alternative service delivery. She has represented BC on the FTP Public Service Commissioners' Committee and currently sits on the VPs of HR Committee with the BC health authorities.

Susan holds a Bachelor of Arts in Sociology from the University of Victoria and holds several certifications for leading change and strategy across organizations.



EXECUTIVE MEMBER BIOGRAPHY

Martin Wright – Assistant Deputy Minister, Health Sector Information, Analysis and Reporting

Martin has been the Assistant Deputy Minister, Health Sector Information, Analysis and Reporting Division since November 19, 2018. His portfolio includes leading sector analytics and data stewardship strategies and BC Vital Statistics. Martin is a board member of the Canadian Institute of Health Information and Population DataBC and co-Chairs, with Health Canada, the Canadian Health Information Forum.

Most of Martin's two decades of experience in the BC Public Service have been spent leading analytics teams focussed on influencing organizational strategy and operations to improve performance.

Martin joined the Ministry of Health from the Ministry of Children and Family Development where he led a team recognized nationally for excellence in analytics in the social sector. He has also previously worked in similar roles in the Ministry of Health and the Premier's Office.

He has an M.Sc. in Economics from the University of Wales, Cardiff, UK.



EXECUTIVE MEMBER BIOGRAPHY

David Byres – Associate Deputy Minister, Clinical Leadership

The Clinical Leadership Associate Deputy Minister provides leadership and advice to the Ministry, health authorities and the broader health sector and is responsible for the oversight of clinical integration and practice on behalf of the Ministry and provides leadership and direction to key priority projects as outlined in the Ministry's Strategic Plan.

Divisions and offices under the oversight of the Office of the Associate Deputy Minister, Clinical Leadership are: Population and Public Health, Pharmaceutical, Laboratory and Blood Services, Partnerships and Innovation, Health Sector Workforce and Beneficiary Services, the Office of Indigenous Health, and Corporate Issues and Client Relations.

David Byres was appointed Associate Deputy Minister, Clinical Leadership on November 19, 2018.



Prior to this appointment, David served as the Assistant Deputy Minister Clinical Integration, Regulation and Education and Chief Nursing Executive since October 2017 and was previously Chief Nursing Advisor to the Ministry of Health. Before joining the Ministry, he held leadership roles including Executive Vice President, Clinical Integration and Renewal, Vice President Acute Clinical Programs and Chief of Professional Practice and Nursing at Providence Health Care where he provided leadership to the St. Paul's Hospital renewal, acute care operations, and professional practice.

David holds a Fellowship in Management for Executive Nurses from the Wharton School of Business, University of Pennsylvania. He is a Fellow of the Canadian Academy of Nurses, a past co-chair of the Nursing Research Advisory Council for the Michael Smith Foundation for Health Research and a Past President of the Xi Eta Chapter of the Sigma Theta Tau International Honor Society of Nursing. He has previously served on the Board of Directors for the Registered Nurses Foundation of BC.

David is a registered nurse who has worked in community, mental health, emergency, and medical settings. He holds a Doctorate in Nursing Practice focused on leadership and policy. He is a certified health executive with the Canadian College of Health Leaders, is an active researcher and holds adjunct faculty appointments with the Schools of Nursing at the University of Victoria and the University of British Columbia.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: David Byres
Associate Deputy Minister, Clinical Leadership

Core Business/Program Area Description/Critical Business Processes:

Provides leadership and advice to the Ministry, health authorities and the broader health sector and is responsible for the oversight of clinical integration and practice on behalf of the Ministry and provides leadership and direction to key priority projects as outlined in the Ministry's Strategic Plan.

Offices under the oversight of the Associate Deputy Minister, Clinical Leadership are the Office of Indigenous Health (OIH) and Corporate Issues and Client Relations (CICR):

- OIH provides an Indigenous lens to strategic priorities, legislation, policy and program development in the Ministry of Health, as well as other ministries where appropriate. OIH works collaboratively with the First Nations Health Authority, the regional health authorities, and the Provincial Health Services Authority during service planning, policy development and to ensure culturally safe and appropriate service delivery is hardwired across the health system. OIH also collaborates with key Indigenous partners and organizations such as Métis Nation BC and the BC Association of Aboriginal Friendship Centres.
- CICR works with health authorities and ministry program areas to manage patient and client relations and support the resolution of complex care concerns. CICR is:
 - responsible for central ministry intake and dissemination of adverse events and emerging service issue reports and provides centralized and timely issues management;
 - oversees the dissemination and management of documents across the Ministry through the Corporate Operations Unit;
 - provides oversight direction and the assignment of FOI and litigation requests and provides reports of branch work through the FOI, Litigation and Reporting Unit; and
 - provides administrative, technical and investigative support to the Patient Care Quality Review Boards.

Budget: Government
Financial
Information

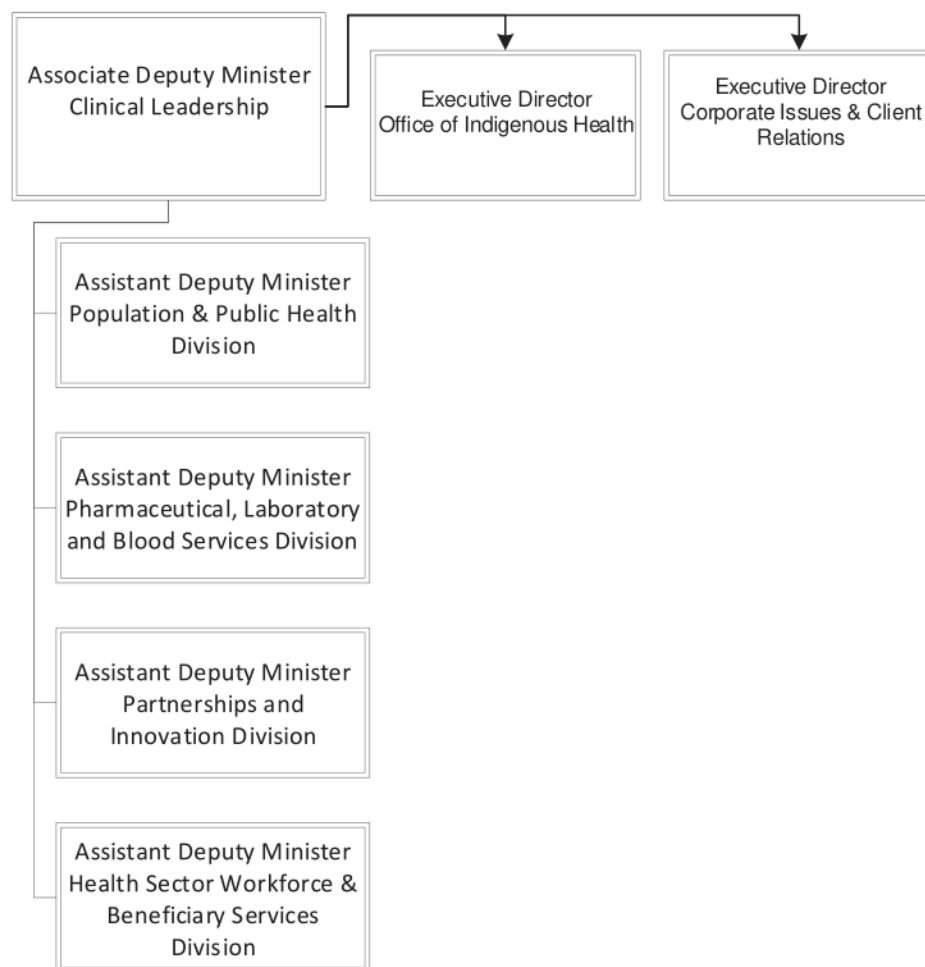
Full Time Equivalents (FTEs): 64

Related Legislation:

- *Ministry of Health Act* - specifies the functions and duties of the Minister and the Ministry of Health.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY

Peter Pokorny – Associate Deputy Minister, Corporate Services

The Associate Deputy Minister of Corporate Services provides leadership and direction to the following divisions and offices: Finance and Corporate Services, Covid Response and Health Emergency Management, Health Sector IM/IT, Health Sector Information, Analysis and Reporting.

Peter Pokorny was appointed Associate Deputy Minister Corporate Services on June 14, 2019.

Prior to joining the Ministry of Health, Peter was with the Ministry of Energy, Mines and Petroleum Resources where he was the Executive Lead responsible for oversight and coordination of Provincial decision-making relating to the Trans Mountain Expansion Project. He also spent four years working with the BC Oil and Gas Commission as the Vice-President Operational Policy and Environment and has held senior roles with a range of Provincial Ministries including the Ministry of Finance, Ministry of Transportation and Infrastructure, and the Ministry of Forests, Lands and Natural Resource Operations.



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Associate DM Responsible: Peter Pokorny
Associate Deputy Minister, Corporate Services

Core Business/ Program Area Description/Critical Business Processes:

The Office of the Associate Deputy Minister, Corporate Services, provides oversight to individual Assistant Deputy Ministers in meeting their divisional accountabilities, facilitate value-added coordination and linkages between divisional strategic agendas, and ensure effective communication and linkages within the Ministry. The Associate provides leadership and direction to key priority projects as outlined in the Ministry's Strategic Plan.

Budget: Government Financial Information

Full Time Equivalent (FTEs): 3

Related Legislation:

- *Ministry of Health Act* - specifies the functions and duties of the Minister and the Ministry of Health.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Ian Rongve
COVID Response and Health Emergency Management Division

Core Business/ Program Area Description/Critical Business Processes:

Providing integrated coordination services and strategic planning to the provincial pandemic response, the COVID Response and Health Emergency Management Division delivers focused coordination, decision-making and analytics that effectively supports the health system within the context of COVID-19 and other situations requiring emergent and urgent response.

The Assistant Deputy Minister of the Division has responsibility for the overall coordination of the response, coordination with health authority COVID leads, liaison with the Office of the Provincial Health Officer and the BC Centre for Disease Control, and working with stakeholder relations and with GCPE on the overall communication of the response

Working with health authorities, providers, other ministries and organizations, the Logistics Strategy Branch coordinates the overall logistics strategy to ensure an adequate and reliable supply of equipment and supplies for the health care system, and the Planning, Reporting and Analysis Branch provides support and monitoring of the system-wide response to the COVID epidemic. The Emergency Management Unit prepares for an overall emergency response to a variety of possible scenarios.

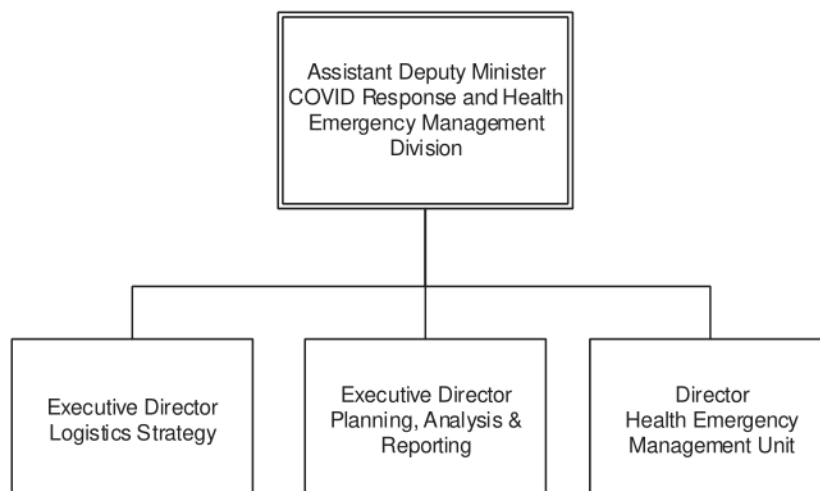
Budget: Government Financial
Information

Full Time Equivalents (FTEs): 55

Related Legislation:

- *Emergency Program Act*
- *COVID-19 Related Measures Act*
- *Public Health Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY

Stephen Brown – Deputy Minister

The Deputy Minister is accountable for all matters relating to publicly funded health care services and is responsible for the policy, legislative and organizational framework within which publicly funded health care services are provided to British Columbians. The Deputy Minister acts as the agent of the Minister of Health in carrying out the office's responsibilities and supports the Minister in his or her duties.

Stephen Brown was appointed Deputy Minister of Health on June 10, 2013.

Stephen Brown was Deputy Minister, Ministry of Children and Family Development from March 2011 to June 2013. Before being appointed as Deputy Minister, Stephen held the position of Chief Administrative Officer, Ministry of Health Services, since July 22, 2008. Stephen was responsible for the Health System Planning Division, Primary Health Care, Labour Relations, Legislation and Professional Regulation and Corporate Policy, Research and Library Services branches.



Prior to his appointment as Chief Administrative Officer, Stephen was the Assistant Deputy Minister of the Medical and Pharmaceutical Services Division, Ministry of Health Services, from April 15, 2002 to February 2, 2009. In his role, Stephen led BC's physician negotiations for the Ministry and was responsible for the strategic portfolios of the Medical Services Plan, Primary Health Care and Physician Human Resource Management.

Effective September 2007, Stephen was appointed as a member of the Advisory Board for the Centre for Health Leadership and Research at Royal Roads University.

Stephen came to the Ministry of Health from the Government of Alberta's Ministry of Children's Services where he was the Executive Manager for that province's Child Welfare Act Review. Prior to this role, he was Chief Executive Officer of the Ma-mowe Capital Region, Child and Family Service Authority. He has a PhD focusing on the management of strategic change in the public service and holds Masters Degrees in Business Administration and Organizational Psychology.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Deputy Minister Responsible: Stephen Brown
Deputy Minister

Core Business/ Program Area Description/Critical Business Processes:

The Office of the Deputy Minister is in charge of all matters relating to publicly funded health care services and is responsible for the policy, legislative and organizational framework within which publicly funded health care services are provided to British Columbians. The Deputy Minister acts as the agent of the Minister of Health in carrying out the office's responsibilities and supports the Minister in his or her duties.

Program areas under the oversight of the Office of the Deputy Minister are Executive Operations and Stakeholder Engagement:

- Executive Operations is responsible for the operational performance of the organization, and communication and process flow between the Ministry, Minister's Office and central government. Executive Operations also provides the management and leadership of the strategic and service planning activities across the Ministry and health authorities to ensure alignment with the strategic direction set by the Ministry and Cabinet. It also manages and supports the development and implementation of the strategy framework monitoring and reporting expectations, tools, and process for all strategic and mandated initiatives and actions.
- The Stakeholder Engagement Branch is responsible for communicating and engaging with the public and health sector stakeholders on the Ministry's strategic priorities, including primary care, seniors, community care and acute care. The Branch also:
 - Provides internal and stakeholder communications support for the Ministry's COVID-19 response.
 - Supports ministry program areas to effectively manage stakeholder relations issues, provide advice and meet communication needs. To support this, the team regularly collaborates with Government Communications and Public Engagement teams, core government agencies, industry, and other stakeholders.

Budget: Government Financial
Information

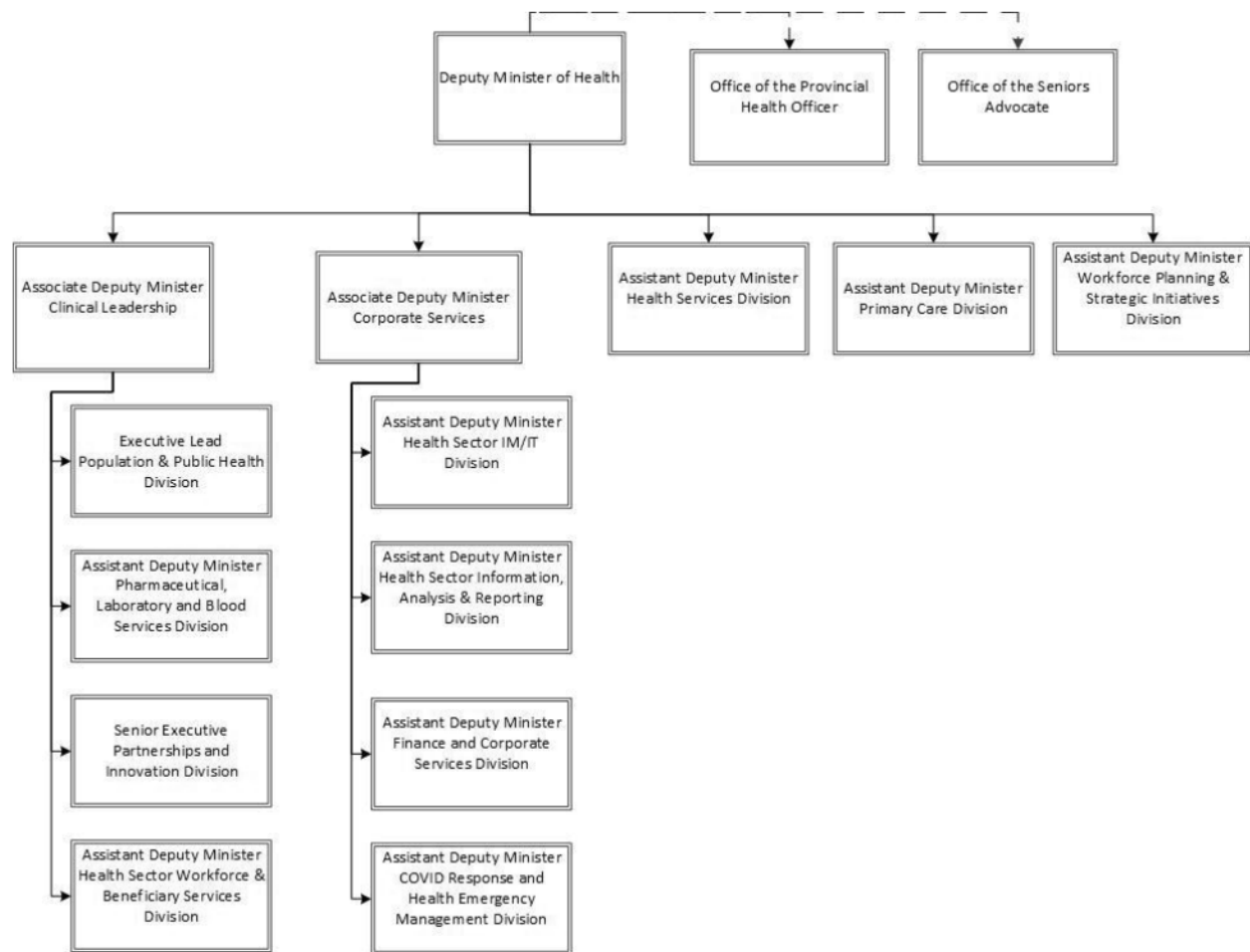
Full Time Equivalents (FTEs): 17

Related Legislation:

- *Ministry of Health Act* - specifies the functions and duties of the Minister and the Ministry of Health.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY

Lorie Hrycuik – Executive Lead, Population and Public Health

Lorie Hrycuik was appointed Executive Lead, Population and Public Health Division on May 21, 2019.

Her portfolio includes healthy living and health promotion, injury prevention, health protection, communicable disease prevention, harm reduction and mental health promotion, women's, maternal & child health, and public health planning & core public health functions.

Lorie first joined the Division in 2005 where she held a number of roles in Healthy Living, the Women's Healthy Living Secretariat, and Health Protection until 2012 when she was seconded to the Ministry of Agriculture. She held various roles in policy and operations there until returning to the Ministry of Health in 2019. Prior to joining the provincial government, Lorie worked in public health at the Vancouver Island Health Authority (now Island Health) for over 16 years.

Lorie has a BSc. (Nutrition) from the University of Saskatchewan, and a Master's in Leadership from Royal Roads University.



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Philip Twyford
Finance and Corporate Services Division

Core Business/Program Area Description/Critical Business Processes:

The Finance 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 Audit and Investigations, Business Financial Transformation, Capital Services Management, Health Authority Regional Grants Decision Support, Facilities Management, 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: Government Financial
Information

Full Time Equivalents (FTEs): 205

Related Legislation:

- *Balanced Budget and Ministerial Accountability Act*
- *Budget Transparency and Accountability Act*
- *Financial Administration Act*
- *Financial Information Act*
- *Health Authorities Act*
- *Health Care Costs Recovery Act*
- *Hospital Act*
- *Hospital District Act*
- *Hospital Insurance Act*
- *Laboratory Services Act*
- *Medicare Protection Act*
- *Opioid Damages and Health Care Costs Recovery Act*
- *Pharmaceutical Services Act*
- *Pharmacy Operations and Drug Scheduling Act*
- *Tobacco Damages and Health Care Costs Recovery Act*

Audit and Investigations

- *Community Care and Assisted Living Act*
- *Continuing Care Act*
- *Offence Act*
- *Criminal Code (Canada)*

Societies, Corporations and Land Matters

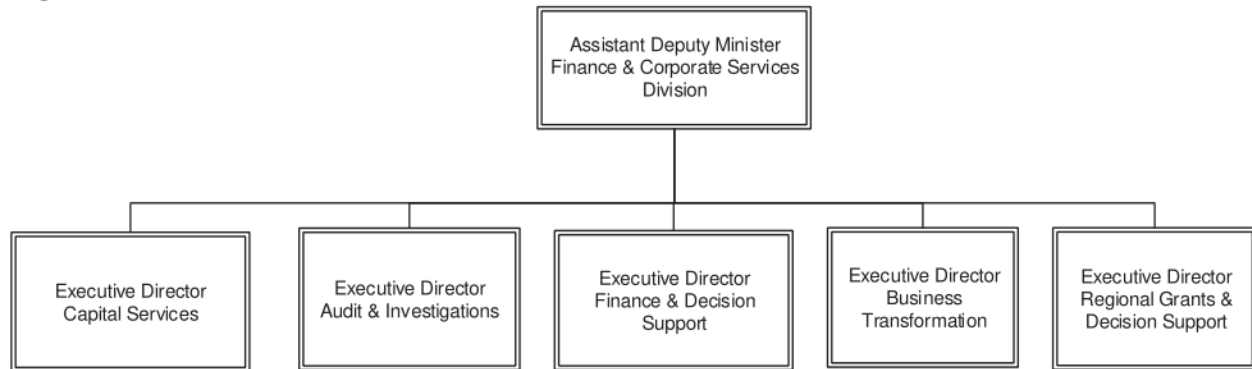
- *Land Title Act*
- *Mental Health Act*
- *Societies Act*
- *Community Charter*
- *Vancouver Charter*

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Finance and Decision Support

- *Emergency Health Services Act*
- *Health Special Account Act*

Organizational Chart:



MINISTRY PROFILE

Ministry: Health

Key initiatives to support the Ministry of Health's contribution to the physical and mental health, and economic and environmental wellbeing of BC and its citizens include: keeping people healthy by addressing the social determinants of health; connecting patients to services through primary care strategy implementation and strengthened community supports for seniors and those with mental health and substance use issues; improving access to critical services such as surgery and diagnostic imaging, medications, and emergency services; and ensuring that services are cost effective and optimized through the improved utilization of objective health research.

Ministry Mandate:

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

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

Budget:

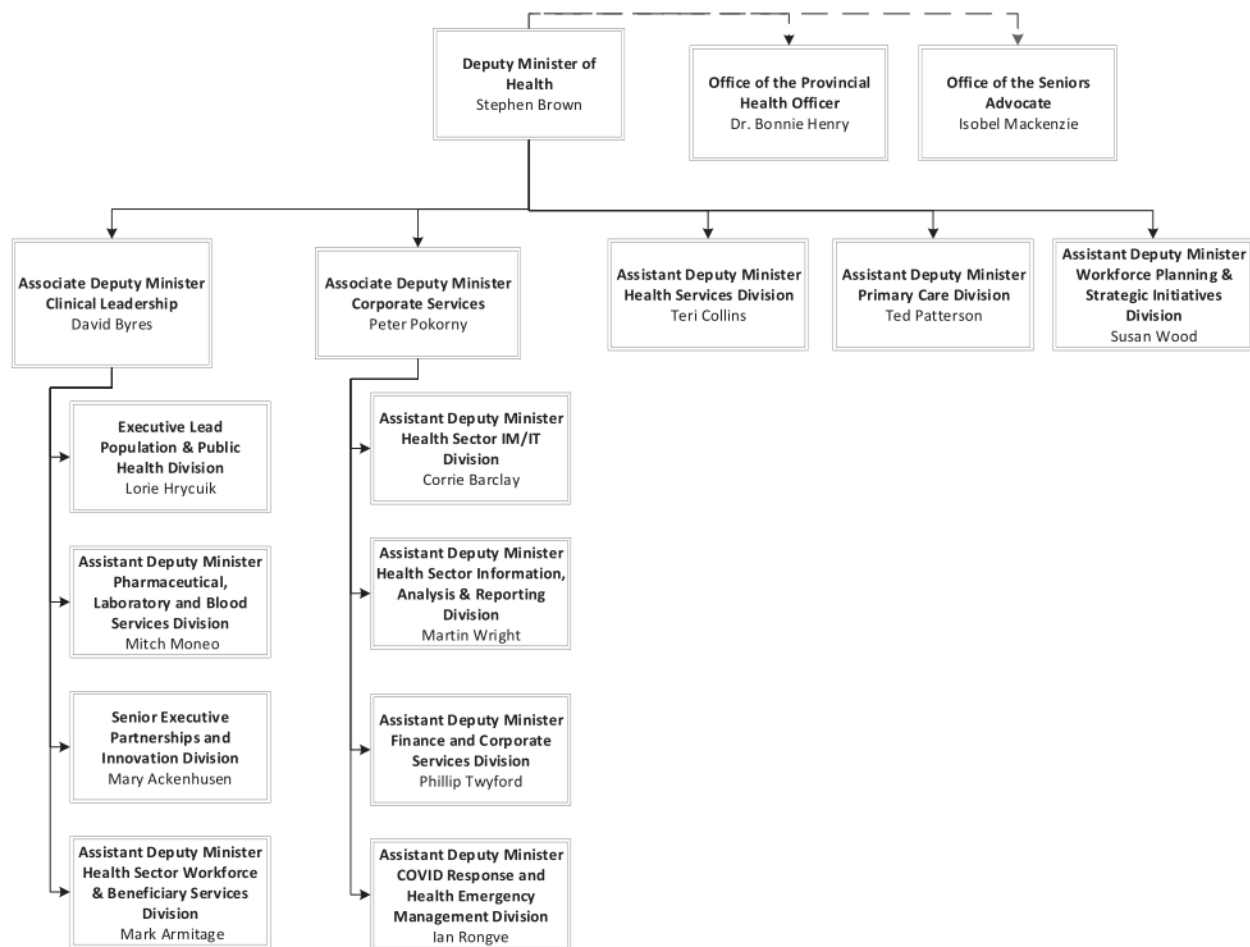
Core Business Area	2019/20 Restated Budget ¹	2020/21 Estimate	2021/22 Plan	2022/23 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	14,215,526	15,232,619	15,915,960	16,386,989
Medical Services Plan	4,969,810	5,242,763	5,462,727	5,692,825
Pharmacare	1,349,592	1,411,098	1,445,454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

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

Full Time Equivalents (FTEs): 1,421 FTEs as of September 25, 2020

MINISTRY PROFILE

Executive Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Teri Collins
Health Services Division

Core Business/Program Area Description/Critical Business Processes:

The Health Services Division (HSD) provides strategic oversight, policy development, performance management, issues monitoring, program evaluation, and innovation for community, hospital, and specialized services delivered through the Province's six health authorities.

HSD leads service transformation across the health sector and facilitates bilateral efforts between the Ministry and health authorities on all matters related to service delivery and system transformation.

Currently, HSD brings together key mandated initiatives such as increasing access and reducing wait times to surgical and diagnostic care, specialized services for priority populations (including seniors and those complex medically frail and mental health and substance use), provincial specialized service programs (i.e., Renal, Cancer, Emergency Health Services) along with the development of standardized, centralized approaches to managing patient and client access to a suite of high quality and timely services.

Budget: Government Financial
Information

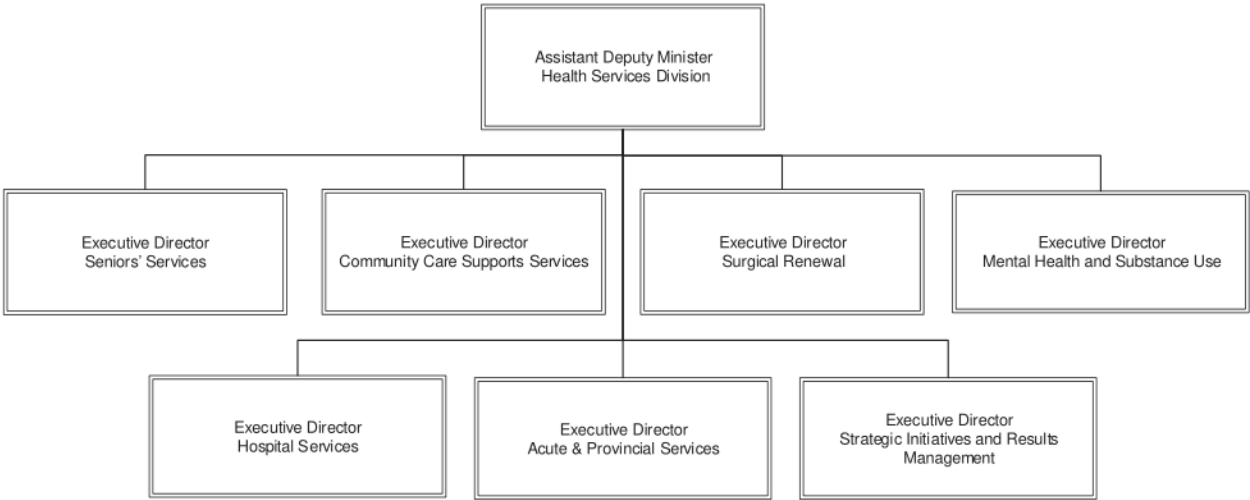
Full Time Equivalents (FTEs): 95

Related Legislation:

- *Access to Abortion Services Act*
- *Anatomy Act*
- *Continuing Care Act*
- *Community Care and Assisted Living Act*
- *Emergency Health Services Act*
- *Evidence Act (s51)*
- *Health Care (Consent) and Care Facility (Admission) Act*
- *Hospital Insurance Act*
- *Hospital Act*
- *Human Tissue Gift Act*
- *Mental Health Act*
- *Forensic Psychiatry Act*
- *Patient Care Quality Review Board Act*
- *Representation Agreement Act*
- *Seniors Advocate Act*

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Martin Wright
Health Sector Information, Analysis and Reporting Division

Core Business/Program Area Description/Critical Business Processes:

The Health Sector Information, Analysis and Reporting Division (HSIAR) sets the foundation for the delivery of high-quality health sector information, analytics and reporting and leads key information management functions including data stewardship, governance, security, access; analytics and reporting, quality assurance, performance measurement and evaluations functions.

HSIAR sets out to exercise effective governance over secondary use data resources, while enabling timely and secure access to data, and supporting an integrated, modernized model of information sharing across the health sector.

HSIAR leads the overarching provincial analytic strategy and approach, and performs comprehensive, robust and integrated analytics, research and evaluation of health sector performance.

Budget: Government Financial
Information

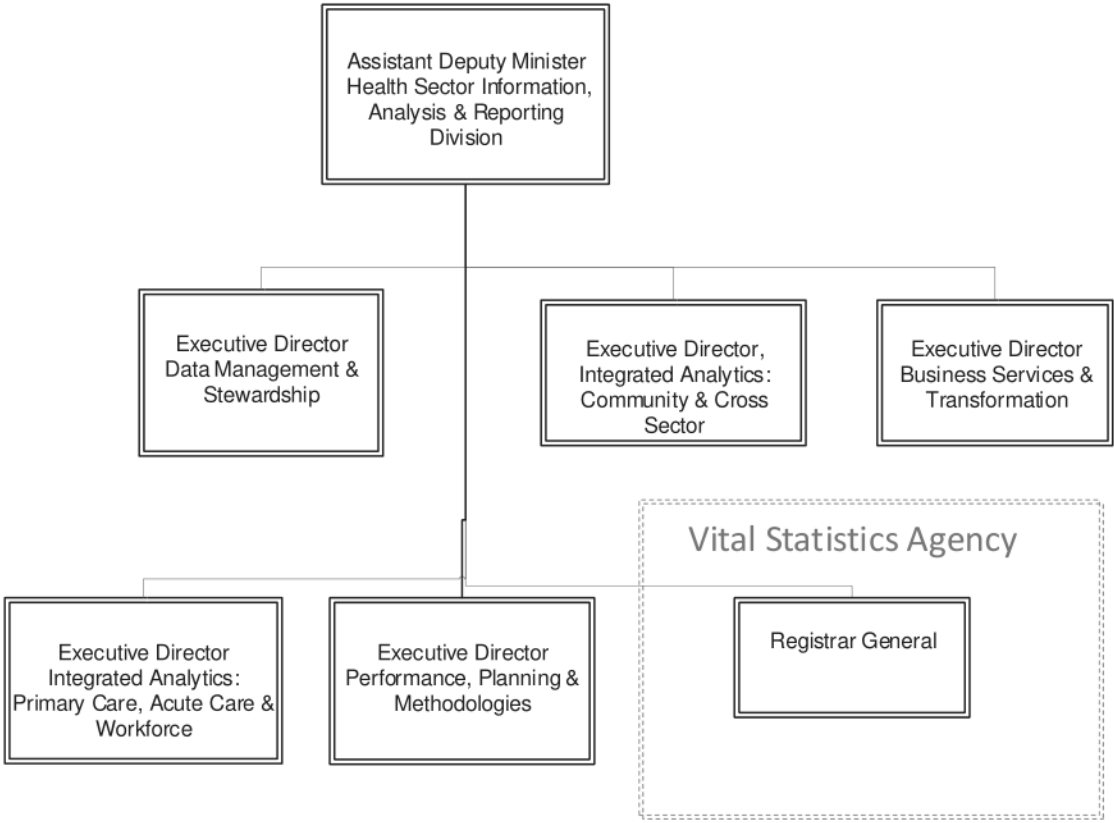
Full Time Equivalents (FTEs): 233

Related Legislation:

- *E-Health (Personal Health Information Access and Protection of Privacy) Act*
- *Marriage Act*
- *Name Act*
- *Vital Statistics Act*

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Corrie Barclay
Health Sector Information Management/Information Technology Division

Core Business/Program Area Description/Critical Business Processes:

Guided by the Ministry of Health's Digital Health Strategy, the work of the Health Sector Information Management / Information Technology Division (HSIMIT) is focused on advancing digital health capabilities and innovations across the health sector as part of collective efforts to modernize the health system, and supporting Ministry divisions in utilizing digital products and services to meet their business needs, achieve their business objectives and perform their work.

HSIMIT is also helping to strengthen the Ministry's stewardship role in the health sector by improving health system IM/IT governance, leading the health sector's efforts to strengthen identity and access management, and privacy and security, and maximizing the value of provincial digital and IM/IT investments.

Current divisional priorities include:

- Leading the work of the Digital Health Response Team to prepare for COVID-19 Wave 2
- Improving citizens' access to personal health information
- Expanding access to virtual health services across the province
- Digitally enabling primary and community care delivery
- Helping to transform hospital-based care
- Enabling provincial interoperability exchange services
- Expanding health sector identity and access management
- Building on foundational clinical systems

Budget: Government Financial Information

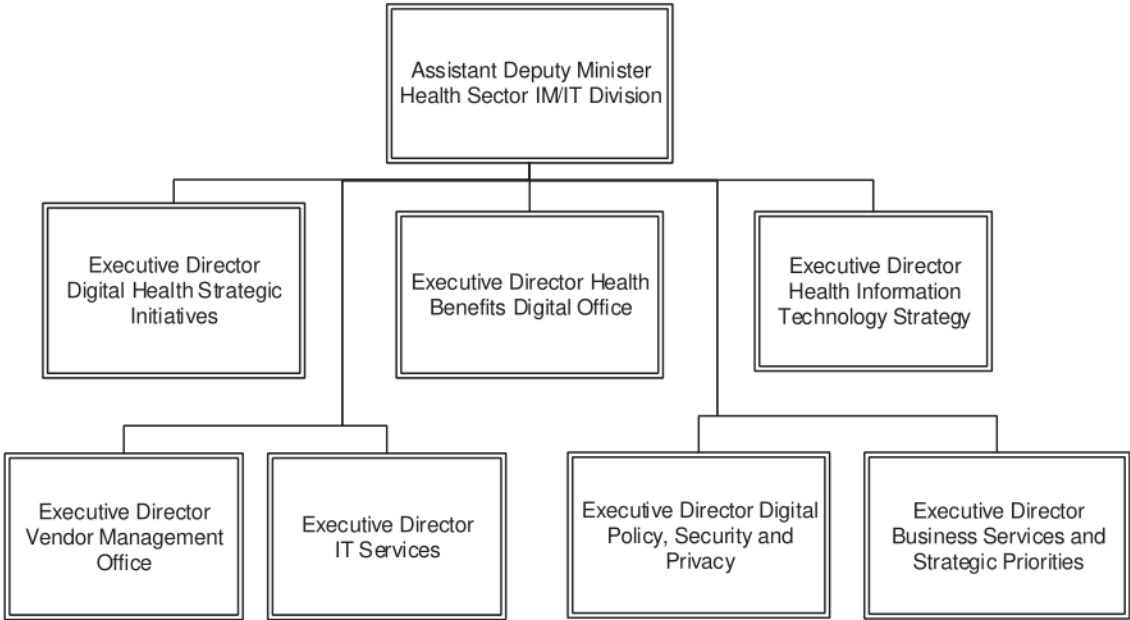
Full Time Equivalent (FTEs): 152

Related Legislation:

- *E-Health (Personal Health Information Access and Protection of Privacy) Act*

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Mark Armitage
Health Sector Workforce and Beneficiary Services Division

Core Business/Program Area Description/Critical Business Processes:

The Health Sector Workforce and Beneficiary Services Division is responsible for workforce strategies and operational delivery of provider services that contribute to effectively meeting patient and population health needs and improving patient outcomes through the efficient delivery of health services.

The Division has the following primary areas of responsibility for the health system:

- Agreements and Negotiations
- Compensation Policy and Programs
- Publicly-funded Medical Services
- Professional Regulation
- Workforce Planning and Development
- Physician, Nursing and Allied Health Care Provider Education and Training
- Beneficiary and Diagnostic Services

Budget: Government Financial
Information

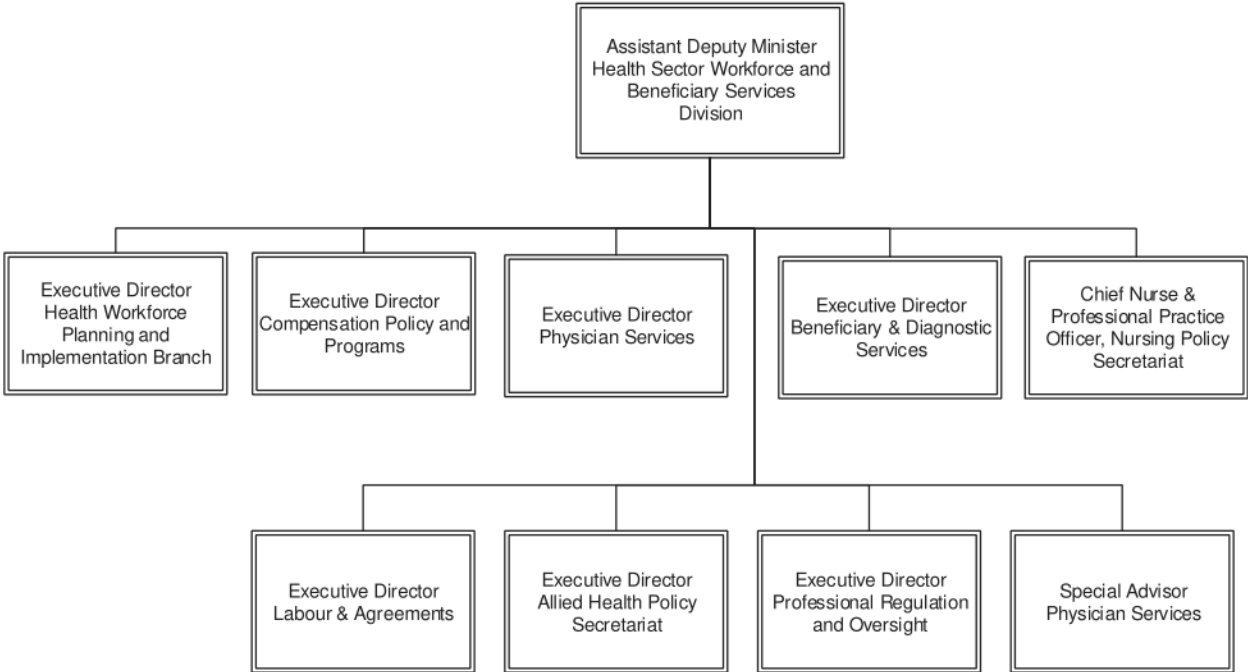
Full Time Equivalents (FTEs): 187

Related Legislation:

- *Administrative Tribunals Act*
- *Emergency Health Services Act*
- *Evidence Act*
- *Health Authorities Act*
- *Health Professions Act*
- *Hospital Act*
- *Labour Mobility Act*
- *Labour Relations Code*
- *Medicare Protection Act*
- *Pharmacy Operations and Drug Scheduling Act*
- *Public Sector Employers Act*
- *Workers Compensation Act*

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Ted Patterson
Primary Care Division

Core Business/Program Area Description/Critical Business Processes:

The Primary Care Division (PCD) is responsible for setting provincial strategy and policy direction to support achieving a high functioning primary health care system that meets the needs of all British Columbians. PCD leads reforms that support primary care as the foundation of an integrated system of person and family-centred, full-service, community-based system of care with a focus on improving attachment and access to quality, evidence-based primary care services.

Current priorities include implementing the provincial team-based primary care strategy through a number of different service delivery models, including patient medical homes, urgent and primary care centres, community health centres, First Nations primary care initiatives, nurse practitioner clinics, among others, all linked together in primary care networks in communities throughout BC.

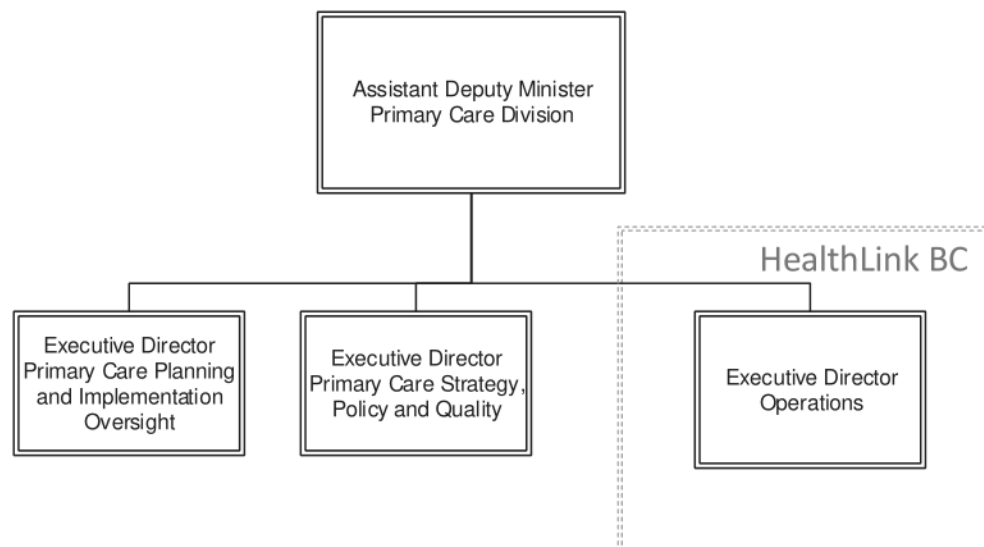
PCD also includes HealthLink BC (HLBC), which supports PCD's mandate as an enabler of effective primary and community care. HLBC delivers high quality digital and telehealth services to positively impact the health care experience, health outcomes and the availability and use of health human resources and improve the affordability and sustainability of health care in the province. By calling 811, British Columbians can speak directly to a health service navigator for health system advice and information, or with a registered nurse (and more recently, a physician) for symptom triage and advice, a registered dietitian for nutrition counselling, licensed pharmacists for medication support and a qualified exercise professional for physical activity guidance. HLBC's specialized services include chronic disease management, pediatric, allergy, bariatric, and palliative services, as well as registry services for primary care providers and patients throughout BC. HLBC also provides 811 services for residents of the Yukon.

Budget: Government Financial
Information

Full Time Equivalents (FTEs): 243

Related Legislation: N/A

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Mary Ackenhusen, Senior Executive
Partnerships and Innovation Division

Core Business/Program Area Description/Critical Business Processes:

The Partnerships and Innovation Division supports the Ministry of Health to lead a sustainable and high performing publicly funded system by enabling an innovative and evidence-based approach to setting the strategic direction and cross-sector objectives in collaboration with key healthcare partners. It consists of the following four branches:

- The Research and Technology Branch manages health research policy and priorities, promoting health research translation and innovation as well as manages and executes BC's health technology review process.
- The Innovation and Intergovernmental Relations Branch supports the development of creative solutions through innovation, collaboration and co-creation through leadership of the Health Innovation Hub; leads the implementation of the Ministry knowledge management strategy to support the effective use of evidence and organizational knowledge in policy development and decision-making; and coordinates and provides advice to support BC's participation in Federal/Provincial/Territorial work related to health and seniors.
- The Legislation Branch manages legislative and regulatory initiatives and develops the annual legislation plan for the Ministry as well as manages processes for proclamations, appointments to agencies boards and commissions, and manages approvals for use of the word "BC" in health-related entity names.
- The Planning and Project Management Branch collaborates with internal and external partners to ensure the successful delivery of priorities and projects that support the corporate, strategic, and operational business functions of the division, ministry, and other public sector organizations as well as leads planning approaches and monitoring processes including regular reporting mechanisms to identify and manage priorities and aid decision-making.

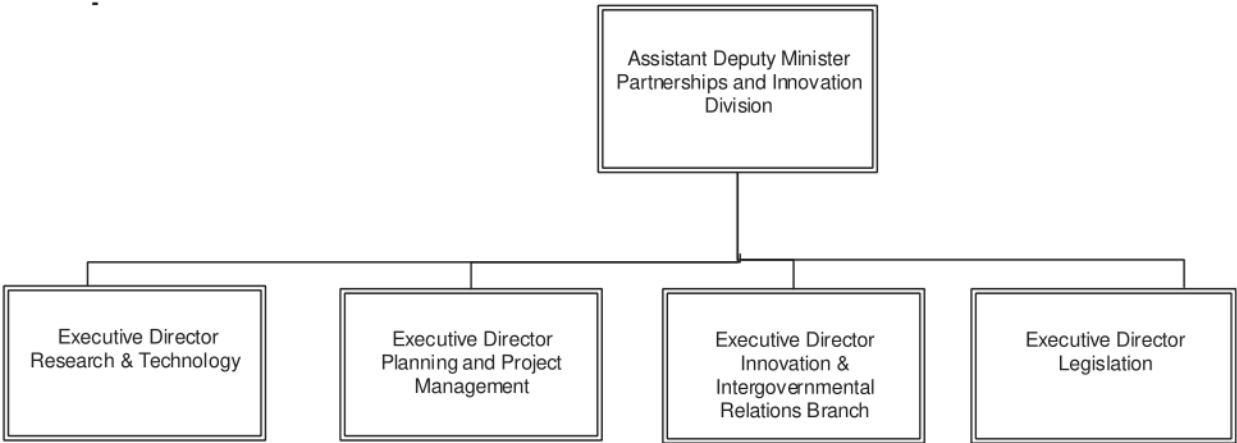
Budget: Government
Financial
Information
Full Time Equivalents (FTEs): 48

Related Legislation:

The Legislation Branch coordinates the enactment and amendment of all statutes and regulations the Ministry is responsible for administering, working with the responsible policy and program divisions, with the exception of those relating directly to the health professions, which are managed by the Professional Regulation & Oversight Branch in the Health Sector Workforce & Beneficiary Services Division.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Mitch Moneo
Pharmaceutical, Laboratory and Blood Services Division

Core Business/Program Area Description/Critical Business Processes:

Providing overall management and leadership, the Pharmaceutical, Laboratory & Blood Services Division is responsible for a robust and effective policy framework for both pharmaceutical services (including gene therapies, health authority pharmaceutical and life support therapies) and the PharmaCare public drug program.

The division also provides strategic oversight, support, policy development, performance, and issues monitoring, program evaluation, and innovation for laboratory medicine and blood services. The Division engages with other Divisions within the Ministry of Health and the health sector (including interprovincial collaboration) to achieve results.

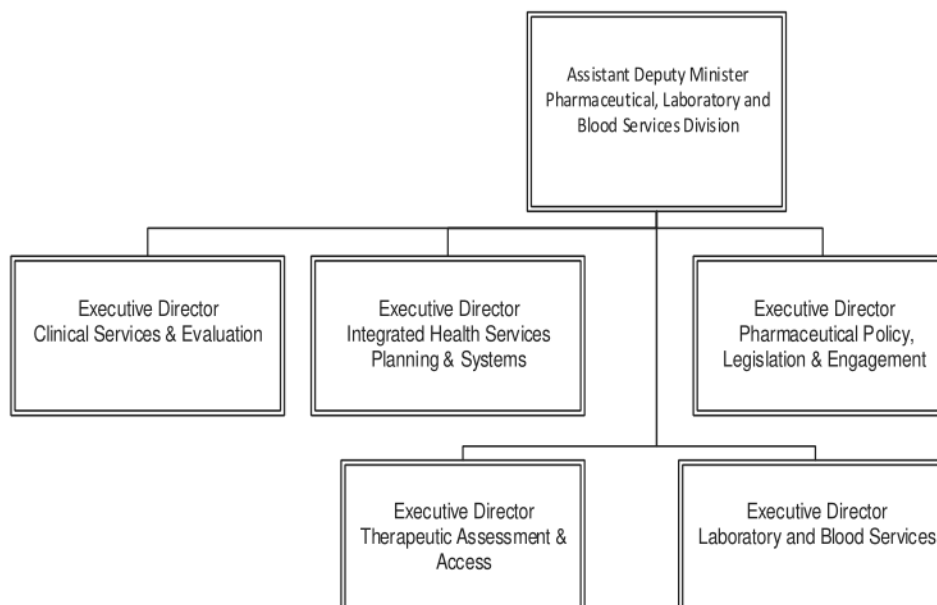
Budget: Government
Financial Information

Full Time Equivalents (FTEs): 139

Related Legislation:

- *Laboratory Services Act*
- *Pharmaceutical Services Act*
- *Pharmacy Operations and Drug Scheduling Act*
- *Voluntary Blood Donations Act*

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Lorie Hrycuik, Executive Lead
Population and Public Health Division

Core Business/Program Area Description/Critical Business Processes:

The Population and Public Health Division primary responsibility is to provide leadership, strategic policy direction, monitoring and reporting on key public health priorities:

- Advance the Guiding Framework for Public Health with health system, Indigenous and cross government partners.
- Develop population health and wellness strategies related to healthy eating and food security, physical activity, healthy weights, injury prevention, healthy built environments, aging well, and legal substances including alcohol and cannabis, and problem gambling.
- Oversight for drinking water protection, food safety, climate preparedness and adaptation, tobacco and vapour product control, industrial camps, personal service establishments, land use, and emerging environmental health hazards.
- Provincial health system planning for public health programs and services e.g. immunizations, early childhood vision and hearing screening, preventing health care associated infections (e.g. C. difficile).
- Addressing women and children's health e.g. addressing gender-based violence, contraception and abortion access, patient-centered maternity care, reproductive mental health.
- Advancing clinical prevention for the general asymptomatic population across the life course through the Lifetime Prevention Schedule.

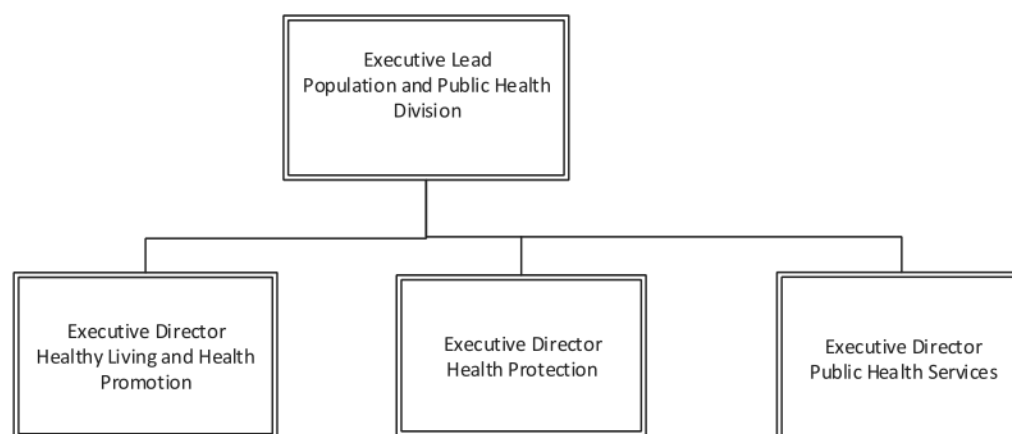
Budget: Government Financial Information

Full Time Equivalents (FTEs): 93

Related Legislation:

- *Drinking Water Protection Act*
- *Food Safety Act*
- *Medical Research (BC Cancer Agency) and Health Status Registry Act*
- *Milk Industry Act*
- *Public Health Act*
- *Tobacco and Vapour Products Control Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY

Mary Ackenhusen – Senior Executive, Partnerships and Innovation

Mary Ackenhusen began her role as Senior Executive, Partnerships and Innovation Division in July 2020. Prior to this, Mary spent thirteen years as a senior leader at the Vancouver Coastal Health Authority (VCHA).

Her portfolio includes legislation, innovation & intergovernmental relations, and research & technology. Mary is leading an initiative to create a framework for innovation within the health system, building on the launch of the Ministry Innovation Hub last year. This new challenge combines her passion for transformation and her keen interest in innovation.

Mary has had an impact on the health sector in BC for close to 20 years. Prior to joining VCHA, she served on the Fraser Health Authority's leadership team for almost a decade. Mary joined VCHA as a Chief Operating Officer in 2007 and was appointed President and CEO in 2013.



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Susan Wood
Workforce Planning and Strategic Initiatives Division

Core Business/Program Area Description/Critical Business Processes:

The Workforce Planning and Strategic Initiatives division (WPSI) core business is leading strategy and implementation of ministry planning and healthy organizational culture for the Ministry of Health. This includes leading and implementing a talent management framework and workforce planning.

WPSI's program areas include: Ministry Planning, Internal Communications, Human Resources Services, Organizational Development, and Learning & Development. These program areas focus on leading planning and delivery of organizational development programs and services for the Ministry including internal communications, centralized learning and development, succession planning and diversity and inclusion initiatives. Along with its partners in the BC Public Service Agency, WPSI leads the development and implementation of a new delivery model for human resource services within the Ministry of Health.

Critical business processes include leadership and oversight of the Ministry Reconciliation Program within Ministry of Health in direct response to Ombudsperson recommendations. It also includes leadership and oversight of Ministry and divisional business planning and evaluation, and implementation of Gender Based Analysis+ across the Ministry and health sector.

WPSI is also responsible for leading a collective, systemic approach to organizational development practices across BC health authorities.

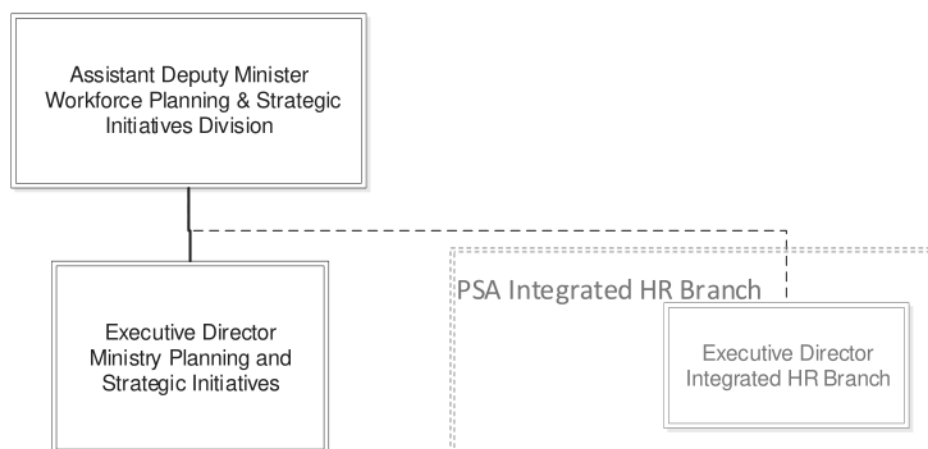
Budget: Government Financial Information

Full Time Equivalents (FTEs): 9

Related Legislation:

- *Public Interest Disclosure Act*
- *Public Service Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY

Dr. Bonnie Henry – 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 Minister of Health, the Ministry and the public on public health issues and population health. Portfolio includes monitoring the health status of British Columbians, and through the provision of reports, recommendations, advice and oversight strive to maintain, improve and protect that status.

Dr. Bonnie Henry was appointed as Provincial Health Officer for the Province of BC effective February 1, 2018.

Dr. Bonnie Henry was the Deputy Provincial Health Officer for three years starting in August of 2014 and prior to that served as the interim Provincial Executive Medical Director of the BC Centre for Disease Control from December 2013 until August 2014.



She was also the Medical Director of Communicable Disease Prevention and Control and Public Health Emergency Management with the BC Centre for Disease Control and Medical Director for the provincial Emerging and Vector-borne Diseases program as well as a provincial program for surveillance and control of healthcare associated infections; a position she started in February 2005.

She joined Toronto Public Health in September 2001 as Associate Medical Officer of Health where she was responsible for the Emergency Services Unit and the Communicable Disease Liaison Unit. In 2003 she was the operational lead in the response to the SARS outbreak in Toronto. She was a member of the executive team of the Ontario SARS Scientific Advisory Committee.

She is a specialist in Public Health and Preventive Medicine and is Board Certified in Preventive Medicine in the US. She graduated from Dalhousie Medical School and completed a master's in public health in San Diego, residency training in preventive medicine at University of California, San Diego and in community medicine at University of Toronto.

Dr. Henry has worked internationally including with the World Health Organization/UNICEF Polio eradication program in Pakistan and with the World Health Organization to control the Ebola outbreak in Uganda.

Dr. Henry is an Associate Professor at the University of British Columbia, Faculty of Medicine. She is the past Chair of Immunize Canada and a member of the Canadian National Advisory Committee on Immunization and the National Infection Control Guidelines Steering Committee. She chaired the Canadian Public Health Measures Task Group and was a member of the Infection Control Expert Group and the Canadian Pandemic Coordinating Committee responding to pandemic H1N1 (2009) influenza.

She has been involved with planning, surveillance and response to mass gatherings in Canada and internationally, including with the 2010 Vancouver Olympic and Paralympic Games. She is the author of "Soap and Water and Common Sense" a guide to staying healthy in a microbe filled world.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Dr. Bonnie Henry
Provincial Health Officer

Core Business/Program Area Description/Critical Business Processes:

The Provincial Health Officer is the senior public health official for BC and provides independent advice to the Minister, public officials and the public on public health issues, including health promotion and health protection, and on the need for legislation, policies and practices respecting those issues. The responsibilities of the Provincial Health Officer are outlined in the *Public Health Act*. Each year, the Provincial Health Officer must report publicly, through the Minister, to the Legislature on the health of the population, the extent to which population health targets established by the government have been achieved and may include recommendations relevant to health promotion and health protection.

Core Business areas include: communicable diseases control and prevention, psychoactive substances, environmental health, community care facilities licensing, Indigenous health, emergency management, determinants of health, population health surveillance and injury prevention.

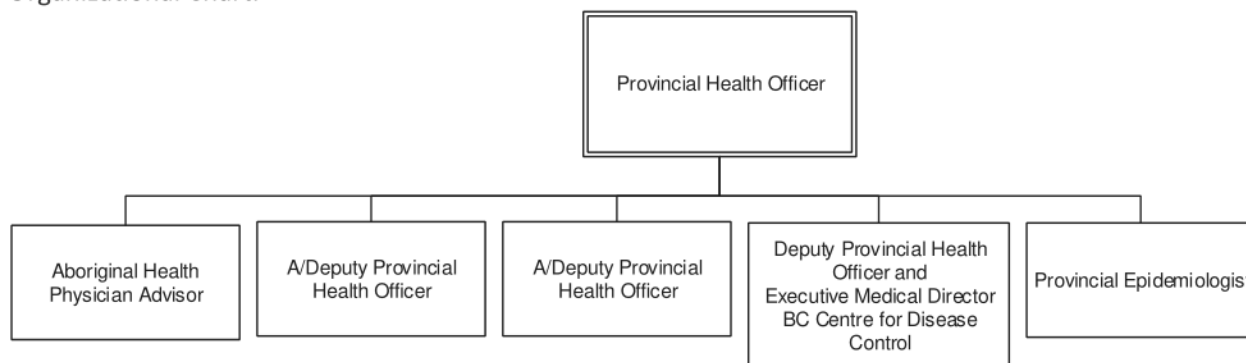
Budget: Government
Financial
Information

Full Time Equivalents (FTEs): 18

Related Legislation:

- *Drinking Water Protection Act*
- *Public Health Act*
- *Public Interest Disclosure Act*
- Also has an oversight role of Medical Health Officers (MHO) and may act as an MHO so can use the powers and duties of legislation in which MHOs are mentioned. This legislation includes the:
 - *Community Care and Assisted Living Act*
 - *Community Charter, Public Health Bylaws Regulation*
 - *Cremation, Interment and Funeral Services Act*
 - *Environmental Management Act, Contaminated Sites Regulation, Organic Matter Recycling Regulation*
 - *Food Safety Act*
 - *School Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY

Isobel Mackenzie – Seniors Advocate

Isobel Mackenzie was appointed as BC's first Seniors Advocate on March 19, 2014. She serves as an independent adviser to the Minister of Health and others and acts as a strong voice for BC seniors. She is responsible for monitoring seniors' services, promoting awareness of seniors' issues and supports, and working collaboratively to identify solutions and make recommendations about system-wide issues facing seniors.



Isobel has over 25 years' experience working with seniors in home care, licensed care, community services and volunteer services. Isobel led BC's largest not-for-profit agency, serving over 6,000 seniors annually. In this work Isobel was a leader in pioneering a new model of dementia care that has become a national best practice, led the first safety accreditation for homecare workers and headed the first BC Home Support agency to receive accreditation from Accreditation Canada, among many other accomplishments. Isobel has been widely recognized for her work and was named BC CEO of the Year for the Not-for-Profit Sector and nominated as a Provincial Health Care Hero.

Prior to her appointment Isobel served on a number of national and provincial boards and commissions including the BC Medical Services Commission, the Canadian Homecare Association, BC Care Providers, BC Care Aide and Community Health Worker Registry, the Capital Regional District Housing Corporation, and the University of Victoria's Board of Governors.

Isobel received both her undergraduate and graduate degrees from the University of Victoria and has a Certificate in Health Care Leadership from the University of Toronto.

Personal Information

Personal Information

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Isobel Mackenzie
Seniors Advocate

Core Business/ Program Area Description/Critical Business Processes:

The Office of the Seniors Advocate monitors and analyzes seniors services and issues in BC and makes recommendations to government and service providers to address systemic issues. The Office also provides information and referrals for individuals who are navigating seniors Services and tracks their concerns, which helps inform future work.

The services which the Office monitors are in five key areas: health care, housing, income supports, personal supports and transportation.

The Office collaborates with service providers, government and health authorities to improve effectiveness, efficiency and outcomes. A 30-member council of advisers, made up of BC seniors, provides the Seniors Advocate with advice and feedback from the perspective of seniors with diverse backgrounds, ages, geographical areas and cultures.

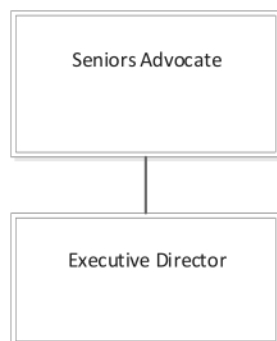
Budget: Government
Financial
Information

Full Time Equivalent (FTEs): 12

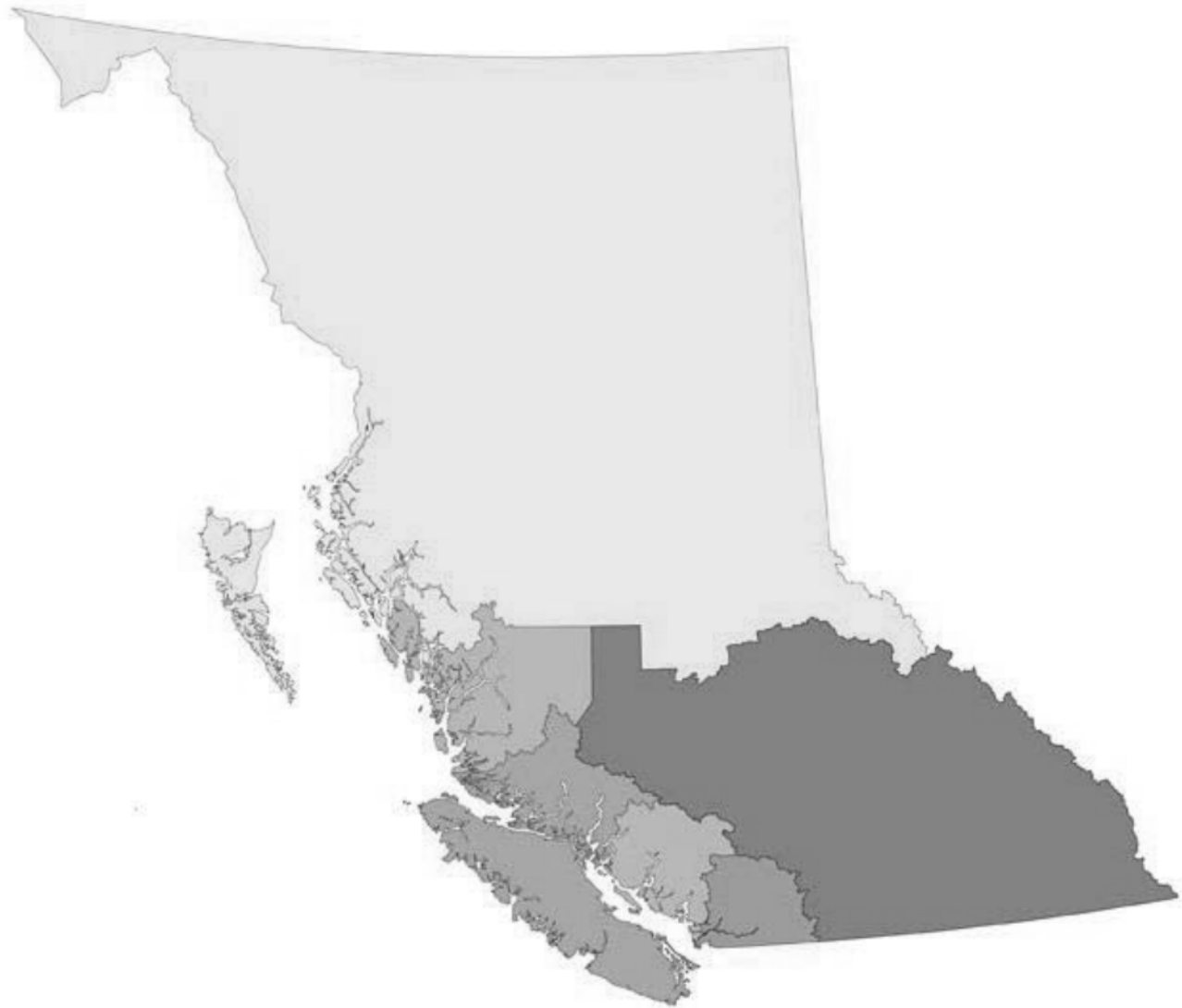
Related Legislation:

- *Seniors Advocate Act*

Organizational Chart:



Provincial Health Services Authority Overview (PHSA)



Head Office: Suite 700 – 1380 Burrard St
Vancouver BC V6Z 2H3
Website: www.phsa.ca
Phone: 604 675-7400



PHSA VISION, MISSION AND VALUES

<i>Vision:</i>	Province-wide solutions for excellence in health, every time.
<i>Mission:</i>	Provincial Health Results through caring, leading and learning together.
<i>Values:</i>	<ul style="list-style-type: none">• Respect people• Be compassionate• Dare to innovate• Cultivate partnerships• Serve with purpose
<i>PHSA Agencies & Services:</i>	<ul style="list-style-type: none">• BC Cancer Agency (BCCA);• BC Centre for Disease Control (BCCDC);• BC Children’s Hospital and Sunny Hill Health Centre for Children (BCCH);• BC Emergency Health Services (BCEHS)• BC Mental Health and Substance Use Services (BCMHAS);• BC Renal Agency (BCRA);• BC Transplant (BCT);• BC Women’s Hospital & Health Centre (BCWH);• Cardiac Services BC (CSBC); and• Perinatal Services BC (PSBC) <p>Leads provincial health services including: the BC Autism Assessment Network; the BC Early Hearing Program; BC Surgical Patient Registry; Health Emergency Management BC; Indigenous Health; Lower Mainland Pathology and Laboratory Medicine; Mobile Medical Unit; Provincial Infection Control Network of BC; Provincial Language Service; Provincial Retinal Disease Treatment; Services Francophone; Stroke Services BC; Trans Care BC; and Trauma Services BC.</p>

Health Authority Board and CEO

Chair	
MANNING, Tim	until December 31, 2020
CEO	
MORIN, Benoit	since February 2020

PHSA BUDGET¹

The figures below are sourced from the Resource Summary of the 2019/20 Provincial Health Services Authority Service Plan.

Total Revenue (\$ millions; to the third decimal)	\$ 3,631.722 million (19/20)
Provincial government sources	\$ 3,456.516 million
Non-provincial government sources	\$ 175.206 million

Budget Breakdown by Service Delivery

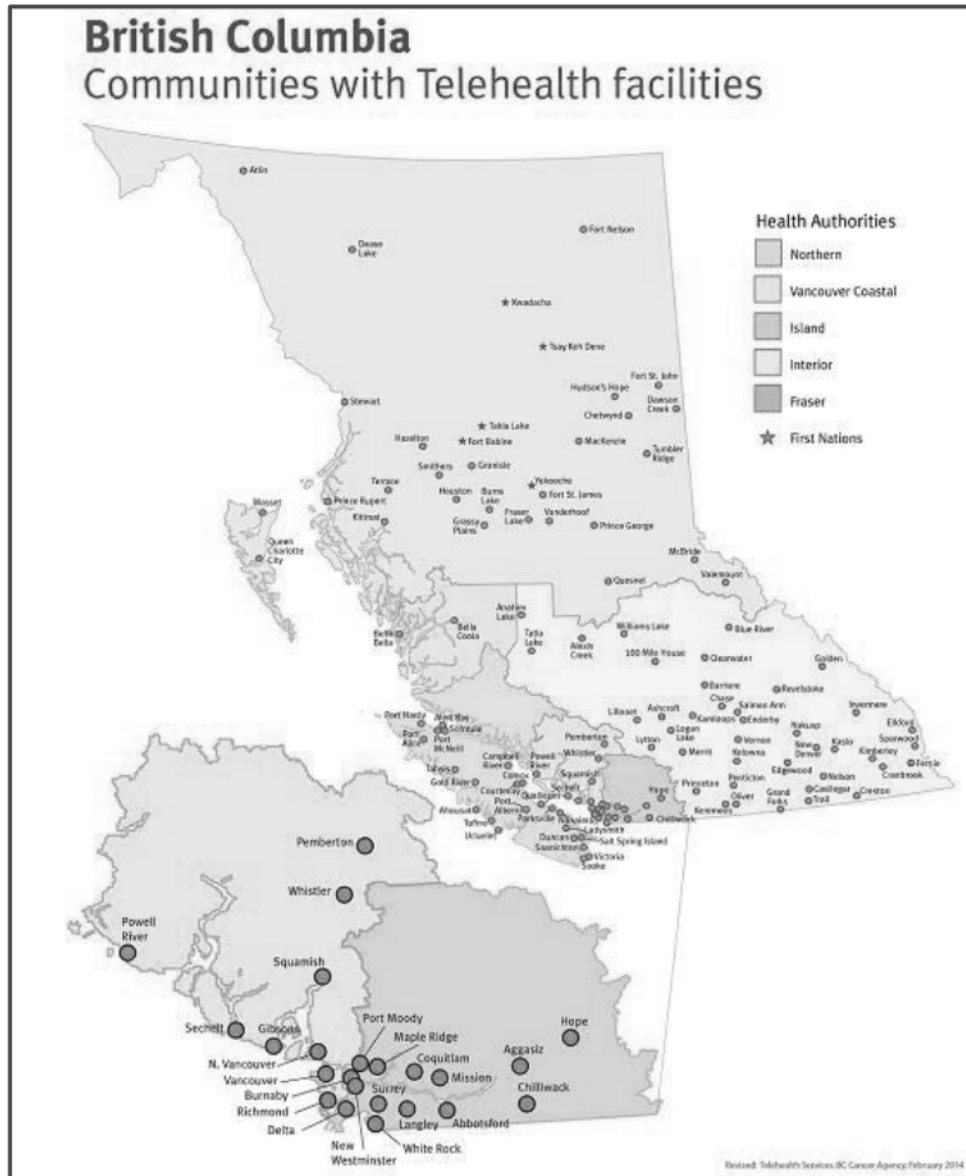
Total Expenditures (\$ millions; to the third decimal)	Budget	Percentage of Budget
Acute Care	\$ 2,412.822	66%
Residential Care	\$ 7.066	1%
Community Care	\$ 192.307	5%
Mental Health & Substance Use	\$ 187.186	5%
Population Health & Wellness	\$ 206.672	6%
Corporate	\$ 625.669	17%
Total	\$ 3,631.722	100%

¹ PHSA Service Plan 2019/20, p. 28

PHSA GEOGRAPHY

As part of its service delivery role, PHSA collaborates with the five regional health authorities and the First Nations Health Authority (FNHA) to provide access to specialized provincial services, either through a decentralized model of care with provincial linkages or through a single service delivery resource. Its geography spans the whole province.

Figure 1. Community Telehealth Services and Facilities (BC Cancer Agency, 2014)



PHSA DEMOGRAPHICS

Patient Population

- PHSA provides a range of services to approximately 4,777,157 residents of the province, either directly or through partnership with the five regional health authorities.²
- Currently, 18 per cent of BC's total population is 65 or older, and by 2022, it is expected one in five British Columbians will be over 65 years old.³
- Based on 2016 census data, there are 270,585 Indigenous peoples in BC, and 203 First Nations communities, with 60-70% of the population living off reserves.

Health Care Providers & Volunteers

- PHSA has approximately:
 - 23,000+ employees/team members⁴
 - 3,000+ students trained at PHSA facilities in 2018/19⁵
 - 2,000+ investigators, researchers, and students involved in lab-based, clinical, and community health research (2018/19⁶)

Services

- With \$134 million⁷ in total external funding, PHSA is one of Canada's largest academic health science organizations
- BC Cancer Agency has six regional cancer centres across the province
 - 18,629 new patients appointments (2015/16)
 - Screening Mammography Program of BC serves 120+ communities through 37 fixed sites, and three mobile screening vans
- BC Women's and Children's Hospital has 312 speciality care beds, and 68,925 inpatient days (2019/20)
 - 9,146 operating room visits
 - 6,423 surgical daycare visits
- BC Emergency Health Services has 183 ambulance stations and five aircraft bases throughout the province
 - 571,000 ambulance dispatches in 2014/15
 - 7,000 patients transported by air ambulance annually (2015/16)

² BC Stats website: file: <http://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population>

³ BC Vital Statistics Agency and Statistics Canada

⁴ PHSA Service Plan 2019/20: <http://www.phsa.ca/Documents/2019-20%20PHSA%20Service%20Plan.pdf>

⁵ PHSA Research and Student Education Metrics:
http://www.phsa.ca/research/Documents/PHSA_ConsolidatedReport_2019_Final.pdf

⁶ Ibid 5

⁷ Ibid 5

First Nations Health Authority (FNHA)



501-100 Park Royal South
Coast Salish Territory
West Vancouver, BC V7T 1A2
Website: <http://www.fnha.ca>
Phone: 604-693-6500 / Toll free: 1-866-913-0033
(From <http://www.fnha.ca/contact-us>)



First Nations Health Authority
Health through wellness

FNHA Vision, Mission and Values

Vision: Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

Mission: The FNHA supports BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by: working with them on their health and wellness journeys; honouring traditions and cultures; and championing First Nations health and wellness within the FNHA organization and with all of our partners.

Values: Respect, Discipline, Relationships, Culture, Excellence, Fairness¹

¹ <http://www.fnha.ca/about/fnha-overview/vision-mission-and-values>

Health Authority Board & CEO

Chair	
ERICKSON, Marion Colleen	Since 2018
CEO	
JOCK, Richard	Interim CEO since October 2019

FNHA Budget²

Total Revenue	\$ 624.3 million
Federal revenue:	\$ 568.9 million
Provincial revenue:	\$ 43.6 million
Other sources:	\$ 11.8 million

Budget Breakdown

Total Expenditures	Budget
Program Services	\$ 604.7 million
Corporate Operations	\$ 51.9 million
Governance & First Nations Engagement	\$ 11.2 million
Total	\$ 667.8 million

² 2020-21 FNHA Service Plan <https://www.fnha.ca/Documents/FNHA-Summary-Service-Plan-2020-2021.pdf>

FNHA Mandate (“Geography”)

The First Nations Health Authority works with BC First Nations, government partners and others to improve health outcomes for BC First Nations people. Mandated by a number of health agreements (Transformative Change Accord: First Nations Health Plan [2006], Tripartite First Nations Health Plan [2007], and Tripartite Framework Agreement on First Nations Health Governance – collectively “the Health Plans”), and direction given by BC First Nations leadership.

The Health Plans envision a First Nations Health Authority that would take over administration of Health for federal health programs for First Nations in BC. The FNHA mission “Supporting BC First Nations to implement the Tripartite First Nations Health Plan” received unprecedented support from First Nations leaders in BC. The transfer of First Nations Inuit Health Branch Pacific Region programs and service responsibilities to FNHA occurred in 2013.

The mandate of the FNHA is to:

- Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia;
- Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;
- Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia;
- Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
- Be constituted with good governance, accountability, transparency and openness standards;
- Establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
- Collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law;
- Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
- Design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs;
- Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care;
- Carry out research and policy development in the area of First Nations health and wellness;
- The FNHA may undertake other functions, roles and responsibilities connected to health and wellness of First Nations and other aboriginal people in BC.

(From <http://www.fnha.ca/about/fnha-overview/mandate>)

FNHA Demographics

FNHA operates in five regions:

- Fraser Salish: 32 First Nations communities
(From <http://www.fnha.ca/Documents/FNHA-Fraser-Salish-Regional-Health-and-Wellness-Plan.pdf>)
- Interior: 54 First Nations communities
(From http://www.fnha.ca/Documents/Interior_IRWHP_June2014.pdf)
- North: 54 First Nations communities
(From <http://www.fnha.ca/Documents/FNHA-Northern-First-Nations-Health-and-Wellness-Plan.pdf>)
- Vancouver Coastal: 14 First Nations communities
(From <http://www.fnha.ca/Documents/FNHA-Vancouver-Coastal-Region-Interim-Regional-First-Nations-Health-and-Wellness-Plan.pdf>)
- Vancouver Island: 50 First Nations communities
(From <http://www.fnha.ca/Documents/FNHA-Vancouver-Island-First-Nations-Regional-Health-and-Wellness-Plan.pdf>)

FNHA provides First Nations Health Benefits Program to all Status First Nations resident in BC, and some services for the at home (on-reserve) population, as well as has a mandate to undertake work of benefit to the Aboriginal population in BC.

(From OAH Aboriginal Health in BC May 2017 PPT)

Information on First Nations Health Benefits Program eligibility:

The FNHA administers these benefits for eligible First Nations in BC. You are eligible for FNHA Health Benefits if you are ALL of the following:

- A First Nations person with a Status Number OR a child (under 1 year of age) of a First Nations person with a Status Number; and
- A resident of British Columbia as defined by BC's Medical Services Plan (you've resided in BC for at least 3 months – not as a student) with active coverage; and
- Not covered under any other benefits provided by the Federal Government or First Nations organization through self-government or land claims agreements.

Inuit and non-BC resident First Nations using health services in BC will continue to be covered through Health Canada's Non-Insured Health Benefits (NIHB) program. Similarly, outside of BC, these goods and services continue to be covered through Health Canada's Non-Insured Health Benefits (NIHB) program for registered First Nations and recognized Inuit. The FNHA and Health Canada are committed to ensuring that no one falls through the cracks. In cases where there is confusion about eligibility, valid claims will be paid out and the FNHA and Health Canada will reconcile after the fact. First Nations people who are unsure of their coverage should contact FNHA Health Benefits to confirm their eligibility.

(From http://www.fnha.ca/Documents/FNHA_Programs_Compendium.pdf)

As of 2019, there were an estimated 303,600 Indigenous people in B.C.³

As of 2019, there were an estimated 192,400 First Nations people in B.C.⁴

In 2011, an estimated 51,000 First Nations people lived on reserve in B.C.⁵

Health Care Providers

³ BC Statistics (May 2019). 2011-2044 British Columbia Indigenous Population Estimate and Projections Report.

⁴ BC Statistics (May 2019). 2011-2044 British Columbia Indigenous Population Estimate and Projections Report.

⁵ 2011 Census. <http://www.statcan.gc.ca/pub/89-656-x/89-656-x2016011-eng.htm>

There are 748 permanent employees at FNHA (including health directors, clinicians, mental health workers, and more).

(From January 2020 Evaluation of First Nations Health Authority: Final Evaluation Report
<https://www.fnha.ca/Documents/FNHA-Evaluation-Report.pdf>)

Services

FNHA programs and services include:

- First Nations Health Benefits Program
 - Health Benefits Support
 - Community Dental Program
- Community Health and Wellness Services
 - Nursing
 - Environmental Public Health Services
 - Surveillance Services and Data Analytics
 - Mental Wellness
 - Health Promotion
 - eHealth
- Corporate Services
 - Capital Assets
 - Community accreditation and Quality Improvement Program
 - Funding Arrangements Advisory Team

(From http://www.fnha.ca/Documents/FNHA_Programs_Compendium.pdf)

- **Ten National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centres**

(From <http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres>)

- **Eight nursing stations** (staffed by two to four Community Health Nurses in locations ranging from coastal to northern communities. Nursing stations are comprised of full-time, part-time and casual positions. Current locations: *Anahim Lake, Fort Ware, Tsay Keh Dene, Hartley Bay, Port Simpson, Kitkatla, Klemtu, and Telegraph Creek*)

(From <https://www.fnha.ca/what-we-do/nursing-services>)

Fraser Health Authority Overview (FHA)



Head Office: Suite 400 Central City Tower
13450 – 102 Ave. Surrey BC V3T 0H1
Website: www.fraserhealth.ca
Phone: 1 877 935-5669 / 604 587-4600



FHA VISION, MISSION AND VALUES

Vision: Better health. Best in health care.

Mission: To improve the health of the population and the quality of life of the people we serve.

Values: Respect, caring and trust characterize our relationships.

Health Authority Board & CEO

Chair	
SINCLAIR, James	until March 31, 2020
CEO	
LEE, Victoria	Since October 2018

FHA BUDGET¹

The figures below are sourced from the Resource Summary of the 2019/20 Fraser Health Authority Service Plan.

Total Revenue (\$ millions; to the first decimal)	\$ 3,950.0 (19/20)
Provincial government sources	\$ 3,820.0
Non-provincial government sources	\$ 130.0

Budget Breakdown by Service Delivery

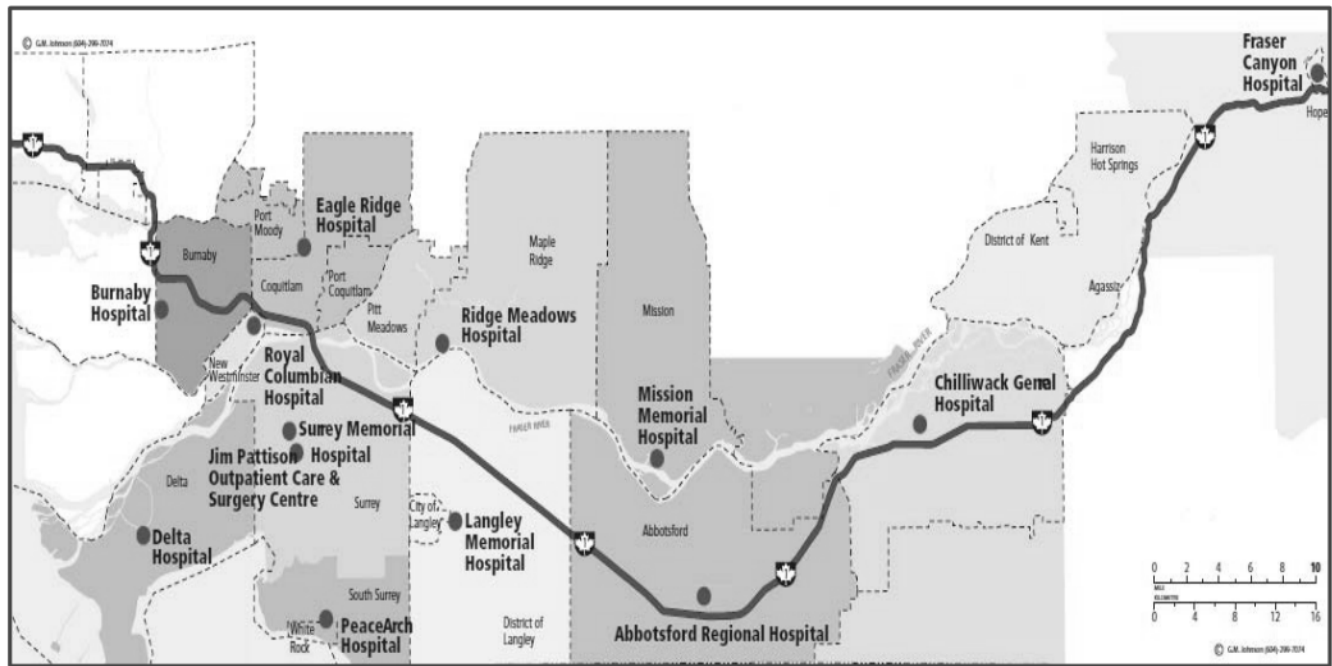
Total Expenditures (millions; to the first decimal)	Budget	Percent of budget
Acute Care	\$ 2,200.0	56%
Residential Care	\$ 630.0	16%
Community Care	\$ 400.0	10%
Mental Health & Substance Use	\$ 300.0	8%
Population Health & Wellness	\$ 100.0	2%
Corporate	\$ 320.0	8%
Total	\$ 3,950.0	100%

¹ FHA Service Plan 2019/20 – 2021/22, p. 24

FHA GEOGRAPHY

The mandate for the Fraser Health Authority applies to the geographic region stretching from Burnaby to Boston Bar and includes the communities of Delta, Surrey, White Rock, New Westminster, Maple Ridge, Pitt Meadows, Tri Cities, Mission, Abbotsford, Langley, Chilliwack, Agassiz, Harrison Hot Springs and Hope.² FHA has 13 geographical service areas, four metro, seven urban/rural and two rural.

Geographic Region including 12 hospitals (and Jim Pattison Care Centre)



² FHA Government Letter of Expectations 2012/13

FHA DEMOGRAPHICS

Patient Population

- FHA serves over 1.8 million people, just over one third of the total provincial population.³
- In 2019, roughly 16 percent of the population in Fraser Health is estimated to be over 65 years of age; this figure is projected to increase to 21.5 percent in 2030.⁴
- FHA has a high cultural diversity with 15 percent of the population identifying as South Asian, and 10 percent as Chinese.
- Over 40 percent of all B.C. immigrants and more than 80 percent of province's government assisted refugees settle in the region.
- FHA is home to nearly 23 percent of the Indigenous population in B.C. As of 2019, approximately 70,000 Indigenous people live in the FHA region, representing almost four percent of the region's population⁵. There are 32 First Nations communities.
- There are four umbrella health organizations serving First Nations people in the Fraser Salish region (the Sto:lo Nation Health Services, Seabird Island Health Services, Sts'ailes Health Services, Fraser Thompson Indian Services Society)⁶

Health Care Providers & Volunteers

- FHA has approximately⁷:
 - 3,000 physicians
 - 29,000 employees
 - 6,000+ volunteers

Services

- 12 acute care hospitals⁸
- 240 surgeries are performed every day
- 15,680 babies are born in FHA hospitals every year
- 15,244 naloxone kits distributed in a year
- 1,936 visits FHA Emergency Departments every 24 hours
- 594 seniors are supported through the Home First program each year
- 531 mental health and substance use clients are being supported in their own communities through mobile Assertive Community Treatment teams
- 283 active research studies fostered a culture of curiosity
- Approximately 400,000 hours of service are given by volunteers each year
- Approximately 12,000 people are cared for in long term care⁹ each year

³ FHA Detailed Operational Action Plan 2017/18

⁴ FHA Detailed Operational Action Plan 2017/18

⁵ BC Statistics (May 2019). 2011-2044 British Columbia Indigenous Population Estimates and Projections Report.

⁶ FNHA website: <http://www.fnha.ca/about/regions/fraser-salish>

⁷ FHA website: <https://www.fraserhealth.ca/about-us/about-fraser-health#.X3tG4-1lBaQ>

⁸ FHA website: <https://www.fraserhealth.ca/about-us/about-fraser-health#.X3tG4-1lBaQ>

⁹ FHA manual submission as of September 2020

Interior Health Authority Overview (IHA)



Head Office: 505 Doyle Avenue, Kelowna BC V1Y 0C5
Website: www.interiorhealth.ca
Phone: 250-469-7070 / 250-469-7068



IHA VISION, MISSION AND VALUES

Vision: To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Mission: Promote healthy lifestyles and provide needed health services in a timely, caring, and efficient manner, to the highest professional and quality standards.

Values:

- Quality – We are committed to safety and best practice.
- Integrity – We are authentic and accountable for our actions and words.
- Respect – We are courteous and treat each other as valued clients and colleagues.
- Trust – We are free to express our ideas.

Health Authority Board and CEO

Chair	
COCHRANE, David (Doug)	until December 31, 2020
CEO	
BROWN, Susan	since October 2018

IHA BUDGET¹

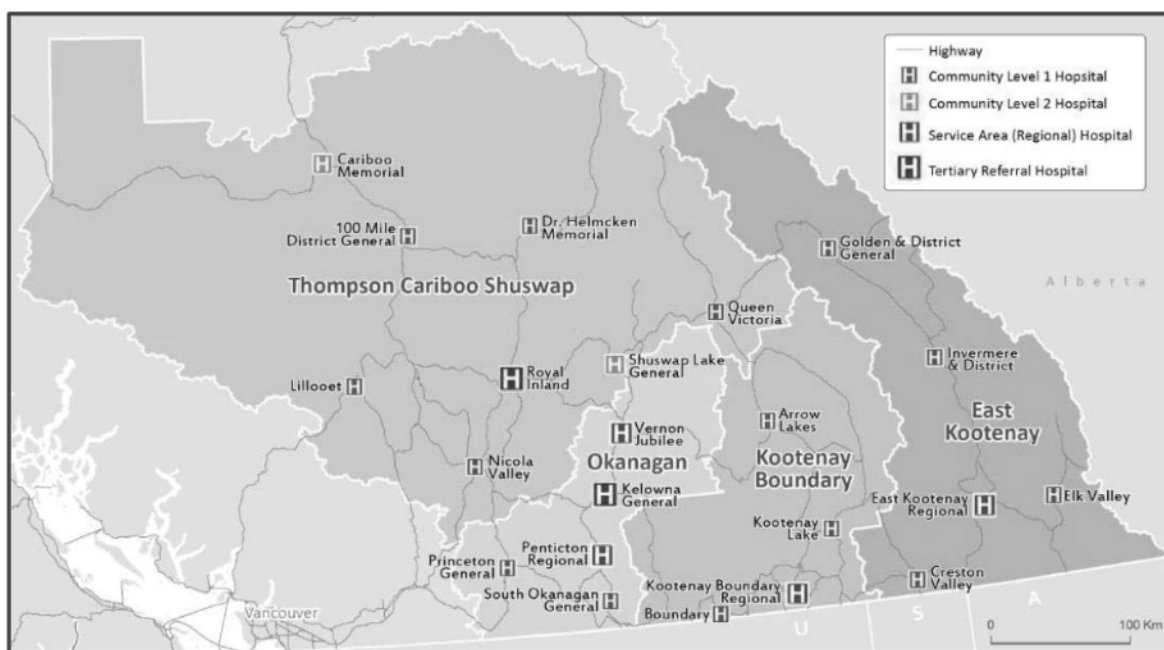
The figures below are sourced from the Resource Summary of the 2019/20 Interior Health Authority Service Plan.

Total Revenue (\$ millions; to the first decimal)	\$ 2,488.4 (19/20)
Provincial government sources	\$ 2,301.5
Non-provincial government sources	\$ 186.9

Budget Breakdown by Service Delivery

Total Expenditures (\$ millions; to the first decimal)	Budget	Percent of budget
Acute Care	\$ 1,366.8	55%
Residential Care	\$ 444.1	18%
Community Care	\$ 271.0	11%
Mental Health & Substance Use	\$ 166.5	6%
Population Health & Wellness	\$ 67.5	3%
Corporate	\$ 172.5	7%
Total	\$ 2,488.4	100%

¹ IHA Service Plan 2019/20 – 2021/22, p. 20



IHA DEMOGRAPHICS

Patient Population

- Interior Health serves nearly 800,000 residents.²
- The population in IHA over the age of 65 was an estimated 23.3 percent in 2019 and projected to increase to 29.6 percent in 2030³.
 - The over 75 population is projected to grow from 9.7 percent in 2019 to 14.6 percent in 2022.
 - The population over age 85 is also growing and presents the health system with an increased need to provide appropriate care for those with frailty or dementia, who are unable to live independently at home. This group consists of 2.8 percent of the population in 2019 and is forecasted to grow to 4.0 percent by 2030.⁴
- As of 2019, IHA is home to approximately 72,000 Indigenous people⁵, and there are 54 First Nations communities, and 15 Métis communities. Indigenous persons represent 9.0 percent of the region's total population.
- There are five umbrella health organizations serving First Nations people in the Interior region (the Heskwen'scutxe Health Services Society, Q'wemtsi'n Health Society, Fraser Thompson Indian Services Society, the Three Corners Health Services Society, and the Scw'exmx Community Health Services Society).⁶

Health Care Providers & Volunteers

- IHA has approximately⁷:
 - 1,900 physicians
 - 21,000+ staff
 - 4,800+ volunteers

Services

- 16 community hospitals
- 4 regional hospitals
- 2 tertiary hospitals
- 22 health care centres
- 1,433 hospital beds
- 7,034 publicly funded long-term care beds and assisted living units⁸
- 1 Regional Cancer Centres (BCCA), and 10 community oncology clinics

² IHA Quick Facts 2016-17 IHA Quick Facts 2020-21 BC Statistics (Aug 2020). P.E.O.P.L.E.

³ BC Statistics (Aug 2020). P.E.O.P.L.E.

⁴ BC Statistics (Aug 2020). P.E.O.P.L.E.

⁵ BC Statistics (May 2019). 2011-2044 British Columbia Indigenous Population Estimates and Projections Report.

⁶ FNHA website: <http://www.fnha.ca/about/regions/interior>

⁷ IHA website: <https://www.interiorhealth.ca/AboutUs/QuickFacts/Pages/default.aspx>

⁸ HCC Beds Inventory Reports as of March 31, 2020

Northern Health Authority Overview (NHA)



Head Office: 600 – 299 Victoria St.
Prince George BC V2L 5B8
Website: www.northernhealth.ca
Phone: 1 886 565-2999 / 250 565-2649



NHA VISION, MISSION AND VALUES

Vision: Northern Health leads the way in promoting health and providing health services for Northern and rural populations.

Mission: Through the efforts of dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners.

Values: We will succeed in our work through:

- **Empathy** - Seeking to understand each individual's experience.
 - **Respect** - Accepting each person as a unique individual.
 - **Collaboration** - Working together to build partnerships.
 - **Innovation** - Seeking creative and practical solutions.
-

Health Authority Board and CEO

Chair (Interim)	
NYCE, Colleen	until December 31, 2020
CEO	
ULRICH, Cathy	since 2007

NHA BUDGET¹

The figures below are sourced from the Resource Summary of the 2019/20 Northern Health Authority Service Plan.

Total Revenue (\$ millions; to the first decimal)	\$ 928.0 million (19/20)
Provincial government sources	\$ 843.0 million
Non-provincial government sources	\$ 85.0 million

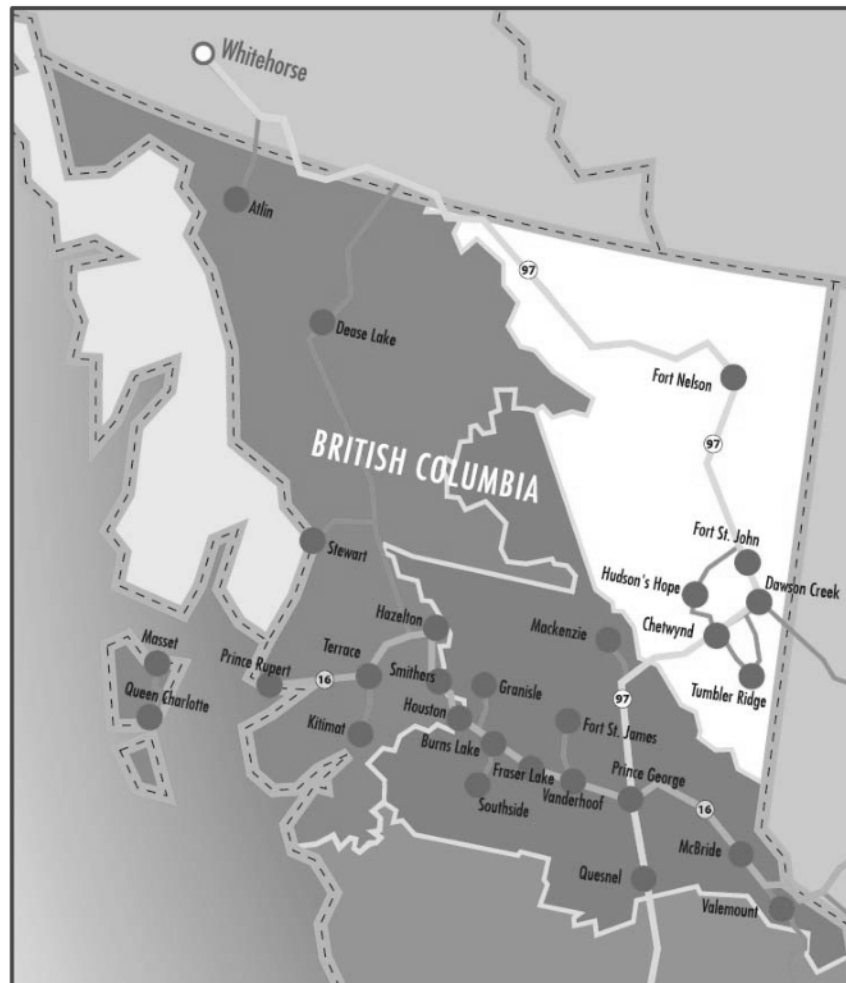
Budget Breakdown by Service Delivery

Total Expenditures (\$ millions; to the first decimal)	Budget	Percentage of Budget
Acute Care	\$ 494.7	53%
Residential Care	\$ 123.8	13%
Community Care	\$ 150.0	16%
Mental Health & Substance Use	\$ 53.5	7%
Population Health & Wellness	\$ 31.0	3%
Corporate	\$ 75.0	8%
Total	\$ 928.0	100 %

¹ NHA Service Plan 2019/20, p. 32

NHA GEOGRAPHY

The mandate for the Northern Health Authority applies to the geographic region stretching from (and including) Quesnel, and is bordered by the Northwest and Yukon Territories, Alberta, Alaska and the Pacific Ocean. NHA has 15 geographic service areas, one urban/rural, eight rural, and six remote.



NHA DEMOGRAPHICS

Patient Population

- Northern Health provides a full range of health care services to approximately 300,000 residents (about six percent of the B.C. population) over the largest geographic region in the province.²
- In 2019, the population of seniors 65+ was estimated to be 41,700 and is projected to grow to 68,400 in 2030.
 - During this period, the 85+ population is expected to grow from 4,000 in 2019 to 7,000 in 2030.³
- Indigenous people represent approximately 21 percent of the NHA population, the highest percentage among B.C.'s health regions⁴. There are 54 First Nations communities in the region.
- There are four umbrella health organizations serving First Nations people (including the Carrier-Sekani Family Services, Gitxsan Health Society, Nisga'a Valley Health Authority, and the Tahltan Health and Social Services Society).⁵

Health Care Providers & Volunteers

- NHA has approximately:
 - 250 family physicians, and approximately 125 medical and surgical specialists
 - 7,000+ employees

Services⁶

- Over 24 hospitals
- 568 hospital beds (2020/21 Q1)
- 25 long-term care facilities⁷
- 1,166 publicly funded long-term care beds (2020/21)⁸
- 15,419 scheduled surgeries were performed (2019/20)⁹
- 1 Regional Cancer Clinic (BCCA), and 10 community oncology clinics

² BC Statistics (Aug 2020). P.E.O.P.L.E.

³ BC Statistics (Aug 2020). P.E.O.P.L.E.

⁴ BC Statistics (May 2019). 2011-2044 British Columbia Indigenous Population Estimates and Projections Report.

⁵ FNHA website: <http://www.fnha.ca/about/regions/north>

⁶ Northern Health Quick Facts: <https://www.northernhealth.ca/about-us/quick-facts>

⁷ HCC Beds Inventory Reports, as of March 31, 2020

⁸ HCC Beds Inventory Reports, as of March 31, 2020

⁹ Ministry of Health, Priority Wait Times Reporting 'Locked-in' Numbers

Vancouver Coastal Health Authority Overview (VCHA)



Head Office: 11th Floor 601 West Broadway
Vancouver BC V5Z 4C2
Website: www.vch.ca
Phone: 1 866 884-0888 / 604 736-2033



VCHA VISION, MISSION AND VALUES

Vision: Healthy lives in healthy communities.

Mission: We are committed to supporting healthy lives in healthy communities with our partners through care, education and research.

Values:

- We Care for Everyone. We believe being caring is at the heart of what we do, caring for our patients, their families, our colleagues, and ourselves.
- We are Always Learning. We believe in staying curious, always open to innovative ideas and ways to improve health care.
- We Strive for Better Results. We believe in achieving better results across all function of health care leading to better patient outcomes and improving health care.

Health Authority Board and CEO

Chair	
BALLEM, Penny	until December 31, 2021
CEO	
ELIOPOULOS, Vivian	Interim CEO since May 2020

VCHA BUDGET¹

The figures below are sourced from the Resource Summary of the 2019/20 Vancouver Coastal Health Authority Service Plan.

Total Revenue (\$ millions; to the first decimal)	\$4,151.1 million (19/20)
Provincial government sources	\$3,877.6 million
Non-provincial government sources	\$273.5 million

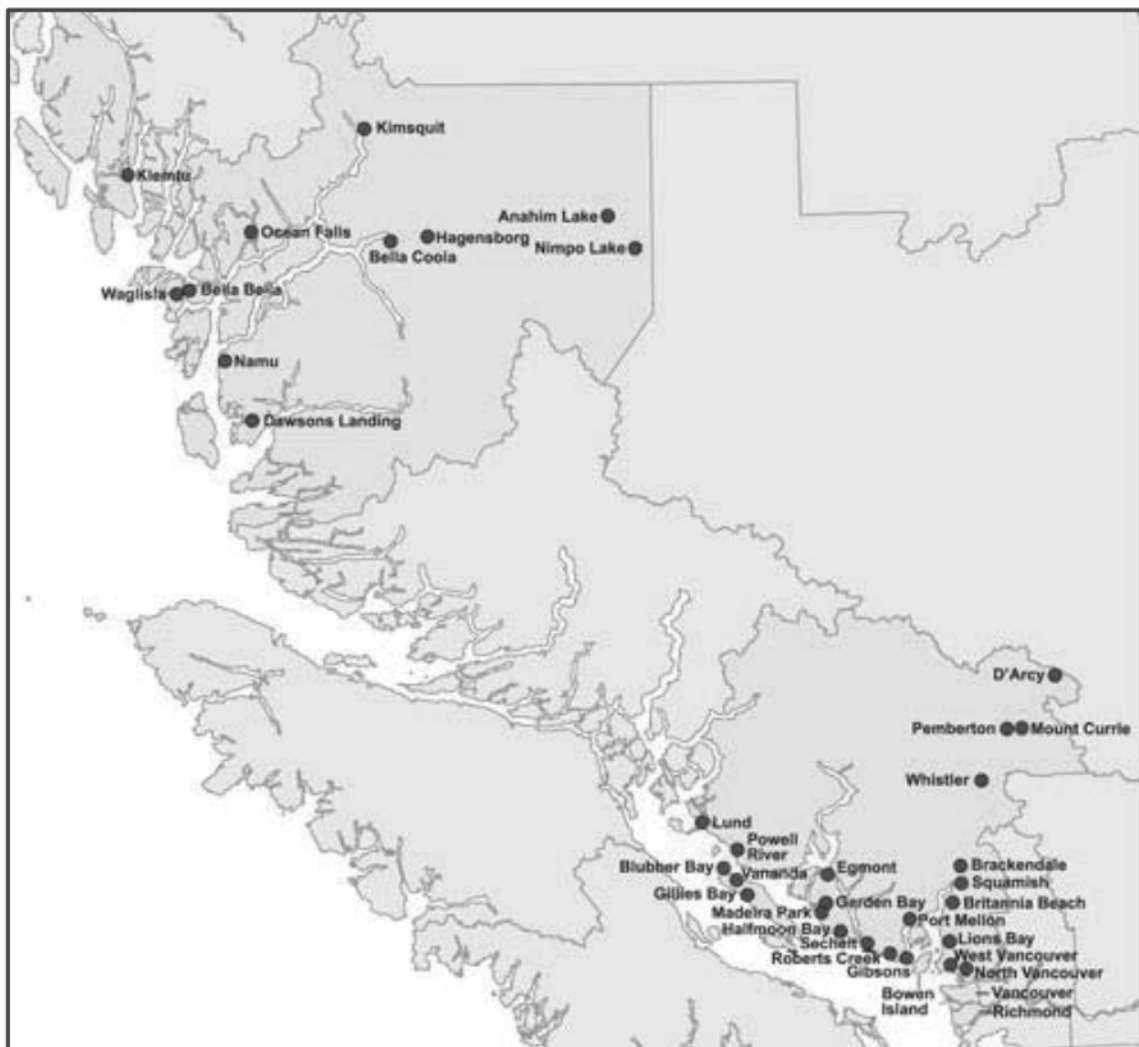
Budget Breakdown by Service Delivery

Total Expenditures (\$ millions; to the first decimal)	Budget	Percentage of Budget
Acute Care	\$ 2,421.3	58.3%
Residential Care	\$ 561.7	13.5%
Community Care	\$ 339.8	8.2%
Mental Health & Substance Use	\$ 362.2	8.7%
Population Health & Wellness	\$ 111.8	2.7%
Corporate	\$ 354.4	8.5%
Total	\$ 4,151.1	100%

¹ VCHA Service Plan 2019-20 – 2021/22, p. 22

VCHA GEOGRAPHY

The mandate for the Health Authority applies to the geographic region stretching from Vancouver, Richmond, the North Shore and communities in the coastal region, including: Squamish, Whistler and Pemberton in the Sea-to-Sky corridor; Gibsons and Sechelt on the Sunshine Coast; and Powell River. Through denominational service agreements with non-profit societies, the Health Authority serves the residents of Bella Bella, Bella Coola and other communities on the Central Coast. The Health Authority also partners with Providence Health Care in Vancouver. VCHA has five geographical service areas, three metro, one rural, and one remote.



VCHA DEMOGRAPHICS

Patient Population

- VCHA serves over 1.22 million people, accounting for approximately a quarter of B.C.'s population²
- An estimated 34,000 Indigenous people live in VCHA's region, representing 11 percent of the Indigenous population in B.C.³ There are 14 First Nations communities in the region and three Métis Chartered communities within our region.
- There is one umbrella health organization in the region (Southern Stl'atl'imx Health Society).

Health Care Providers & Volunteers

- VCHA has approximately⁴:
 - 2,700 physicians and 5,500 nurses
 - 14,000 full time/part time staff
 - 3,000 volunteers

Services⁵

- Provides nearly 500,000 inpatient days
- 300,000 emergency departments visits
- 63,336 scheduled surgeries (2019/20)⁶
- 6,772 publicly funded long-term care beds⁷
- 1 Regional Cancer Centre, and nine community oncology clinics

² BC Statistics (Aug 2020). P.E.O.P.L.E.

³ BC Statistics (May 2019). 2011-2044 British Columbia Indigenous Population Estimates and Projections Report.

⁴ <http://www.vch.ca/about-us>

⁵ <http://www.vch.ca/Documents/Newspaper-Infographic-VCH.pdf>

⁶ Ministry of Health, Priority Wait Times Reporting 'Locked-in' Numbers

⁷ HCC Beds Inventory Reports, as of March 31, 2020

Island Health Authority Overview (VIHA)



Head Office: 2101 Richmond Ave Victoria BC
Mailing Address: 1952 Bay St Victoria BC V8R 1J8
Website: www.viha.ca
Phone: 1 877 370-8699 / 250 370-8699



VIHA VISION, MISSION AND VALUES

Vision: Excellent health and care for everyone, everywhere, every time

Purpose: To provide superior health care through innovation, teaching and research and a commitment to quality and safety—creating healthier, stronger communities and a better quality of life for those we touch.

Values: C.A.R.E. guides everything we do:

- *COURAGE:* To do the right thing—to change, innovate and grow.
- *ASPIRE:* To the highest degree of quality and safety.
- *RESPECT:* To value each individual and bring trust to every relationship.
- *EMPATHY:* To give the kind of care we would want for our loved ones.

Health Authority Board

Chair	
HOLLINS, Leah	until December 31, 2021
CEO	
MACNEIL, Kathy	since February 2018

VIHA BUDGET

The figures below are sourced from the Resource Summary of the 2019/20 Island Health Authority Service Plan.

Total Revenue (\$ millions; to the first decimal)	\$2,675.6 million (19/20)
Provincial government sources	\$2,525.6 million
Non-provincial government sources	\$150.0 million

Budget Breakdown by Service Delivery

Total Expenditures (\$ millions; to the first decimal)	Budget	Percent of Budget
Acute Care	\$ 1,440.5	53.8%
Residential Care	\$ 436.0	16.3%
Community Care	\$ 321.1	12.0%
Mental Health & Substance Use	\$ 202.4	7.6%
Population Health & Wellness	\$ 69.1	2.6%
Corporate	\$ 206.5	7.7%
Total	\$ 2,675.6	100%

VIHA GEOGRAPHY

Vancouver Island Health Authority applies to the geographic region stretching from Vancouver Island, to the Gulf and Discovery Islands, and part of the mainland opposite northern Vancouver Island. VIHA

includes the communities of Comox Valley, Strathcona, North Island, Nanaimo, Oceanside, Alberni-Clayoquot, Cowichan, Saanich Peninsula, Southern Gulf Islands, Sooke Region, West Shore, and Urban Greater Victoria¹.

VIHA has 49 Community Health Services Areas across its 3 Health Service Delivery Areas. 17 of its Community Health Service Areas are classified as rural or remote.²



Source: https://www2.gov.bc.ca/assets/gov/data/geographic/land-use/administrative-boundaries/health-boundaries/4_vancouver_island_health_authority.pdf

¹ Island Health. 2020. *Locations by community*. Accessed: <https://www.islandhealth.ca/our-locations/locations-by-community>

² B.C. Ministry of Health. B.C.'s Health Boundaries, Version 2018, Project Summary Report. April 2019.

VIHA DEMOGRAPHICS

Patient Population

- VIHA serves over 850,000 people, approximately 17% of the total provincial population.
- In 2019, roughly 24 percent of the population in Vancouver Island Health Authority is estimated to be over 65 years of age; this figure is projected to increase to 29 percent in 2030.³
- VIHA is home to nearly 22 percent of the Indigenous population in B.C. As of 2019, approximately 64,700 Indigenous people live in the VIHA region, representing roughly 7.5 percent of the region's population.⁴

Health Care Providers & Volunteers

- Island Health has approximately⁵:
 - 2,500 medical staff
 - 23,000 employees
 - 4,000+ volunteers

Services

- More than 150 sites
- 1,764 acute care and rehab beds⁶
- Approximately 7,400 people were cared for in long term care in 2019/20.⁷
- As of March 31, 2020, there were 5,564 long-term care beds and 953 assisted living units.⁸
- 2,507⁹ Mental Health and Substance Use Beds (including Supported Housing beds)
- 49,253 scheduled surgeries were performed (2019/20)^[1]
- In 2018/19 Island Health¹⁰:
 - Completed 65,890 surgeries – an increase of 3,193 over the previous fiscal year.
 - Completed 49,346 MRI exams, a 28% increase over the previous year
 - Completed 133,699 CT scans, an 8.1% increase over the previous year
 - Completed 25,350 colonoscopies, a 12.9% increase over the previous year.

³ BC Statistics (Aug 2020). P.E.O.P.L.E.

⁴ BC Statistics (May 2019). 2011-2044 British Columbia Indigenous Population Estimates and Projections Report

⁵ Island Health, About us: <https://www.islandhealth.ca/about-us>

⁶ Ibid 1

⁷ VIHA manual submission as of September 2020. Please note, short stay LTC clients are excluded.

⁸ HCC Beds Inventory Reports as of March 31, 2020

⁹ Source: March-2020 MHSU Bed Survey // PAS 3000.0285/

File link: \\sfp.idir.bcgov\s114\S15338\CmttyCare_Secure\Important Branch Documents\Transition Materials 4 Mlnister_Oct2020\3000_0285 MHSU Bed Information 2020-03-31_TMat.xlsx

^[1] Ministry of Health, Priority Wait Times Reporting 'Locked-in' Numbers

¹⁰ Island Health 2019 Annual Report: <http://viha.uberflip.com/i/1202979-island-health-2019-annual-report>

BC Health Information Map

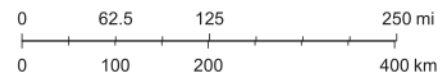


10/23/2020, 7:47:19 AM

Health Authorities (HA) 2018

- 1 Interior
- 2 Fraser
- 3 Vancouver Coastal
- 4 Vancouver Island
- 5 Northern
- Health Service Delivery Areas (HSDA) 2018

1:9,244,649



Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
DMO	First Nations Health Authority	Colleen Erickson Board Chair 604-693-6572 colleen.erickson@fnha.ca Richard Jock Interim CEO Government Financial richard.jock@fnha.ca	Responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities.	Board Chair sits on: • Tripartite Committee on First Nations Health (TCFNH) CEO sits on: • Leadership Council • Tripartite Committee on First Nations Health
DMO	Fraser Health Authority	Jim Sinclair Board Chair 604-587-4639 jsinclairbc@gmail.com Dr. Victoria Lee President and CEO 604-587-4625 victoria.lee@fraserhealth.ca	Responsible for planning and delivering quality, appropriate and timely health services across the continuum of care.	CEO sits on: • Leadership Council / TCFNH
DMO	Interior Health Authority	Dr. Doug Cochrane Board Chair 250-469-7070 Ext. 12804 doug.cochrane@interiorhealth.ca Susan Brown President and CEO 250-469-7070 Ext. 12807 susan.brownCEO@interiorhealth.ca	Responsible for planning and delivering quality, appropriate and timely health services across the continuum of care.	CEO sits on: • Leadership Council / TCFNH

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
DMO	Northern Health Authority	Colleen V. Nyce Board Chair 250-565-2922 colleen.nyce@northernhealth.ca Cathy Ulrich President and CEO 250-565-2922 cathy.ulrich@northernhealth.ca	Responsible for planning and delivering quality, appropriate and timely health services across the continuum of care.	CEO sits on: • Leadership Council / TCFNH • NE Oil and Gas Steering Committee
DMO	Providence Health Care	Eric Harris Board Chair 604-891-2222 eharris@harrisco.com Fiona Dalton President and CEO 604-806-8020 fdalton@providencehealth.bc.ca	Denominational organization providing services in partnership with VCHA and PHSA (operations include St. Paul's Hospital).	A "designated agency" under provincial adult guardianship legislation and provides protection services for vulnerable adults.
DMO	Provincial Health Services Authority	Tim Manning Board Chair 604-675-7496 tmanning@phsa.ca Benoit Morin President and CEO 604 675-7489 benoit.morin@phsa.ca	Primary role is to ensure BC residents have access to a coordinated network of high-quality specialized health care services. Responsible for specialized provincial health services which are delivered in a number of locations in the regional health authorities as well specialized programs that operate across PHSA agencies.	CEO sits on: • Leadership Council / TCFNH Responsible for: • BC Cancer Agency • BC Centre for Disease Control • BC Children's Hospital and Sunny Hill Health Centre for Children • BC Emergency Health Services • BC Mental Health & Addiction Services • BC Renal Agency • BC Transplant • BC Women's Hospital & Health Centre • Cardiac Services BC • Perinatal Services BC

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
DMO	Vancouver Coastal Health Authority	Dr. Penny Ballem Board Chair 604-551-1477 Personal Information Vivian Eliopoulos Interim President and CEO Government Financial Information vivian.elopoulos@vch.ca	Responsible for planning and delivering quality, appropriate and timely health services across the continuum of care.	CEO sits on: • Leadership Council / TCFNH
DMO	Vancouver Island Health Authority	Leah Hollins Board Chair 250-370-8693 Personal Information Kathy MacNeil President and CEO 250-370-8692 kathryn.macneil@viha.ca	Responsible for planning and delivering quality, appropriate and timely health services across the continuum of care.	CEO sits on: • Leadership Council / TCFNH

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
PID	BC Academic Health Science Network Society	Charles Jago Board Chair info@bcahsn.ca Stirling Bryan President 236-521-2064 sbryan@supportunit.ca	Purpose is to accelerate the translation of research insights into innovations that address patient needs and health system priorities to improve population health outcomes.	
HSWBS	BC Anesthesiologists' Society	Dr. Curt Smecher President Dr. Roland Orfaly CEO 604-553-0040 www.bcanesthesiologists.ca/contact	Represents approximately 400 anesthesiologists who provide specialized medical services to hundreds of thousands of British Columbians each year.	
OIH	BC Association of Aboriginal Friendship Centres	Leslie Varley Executive Director 250-388-5522 Ext. 202 LVarley@bcaafc.com	Main partner advancing the voice and priorities of urban Indigenous populations in BC	Health, Women's, Maternal, and Early Childhood Health, Indigenous and Urban Indigenous Peoples Health
HSWBS	BC Association of Laboratory Physicians	Dr. Tyler Smith President Personal Information bcalp@me.com	Represent all sections of medicine and represents the section of laboratory medicine and carries out economic political and negotiations work on behalf of laboratory medicine physicians in the province.	
HSD	BC Cancer Foundation	Kirsten Tisdale Chair Kirsten.Tisdale@bccbc.com Sarah Roth President & CEO 604-877-6040 bccinfo@bccancer.bc.ca	Fundraising partner of the BC Cancer Agency and largest charitable funder of cancer research in this province.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
HSD	BC Care Providers Association	Terry Lake CEO tlake@bccare.ca Mike Klassen VP, Communications & Stakeholder Relations 604-736-4233 mklassen@bccare.ca	Represents service providers in the seniors living and wellness sector, incorporating long-term care, home care, assisted living, independent living and home support.	
PHO	BC Centre for Disease Control	Dr. Réka Gustafson Vice President, Public Health and Wellness and Deputy Provincial Health Officer reka.gustafson@phsa.ca Dr. David Patrick Provincial Executive Director 604-707-2518 david.patrick@phsa.ca	A program of the Provincial Health Services Authority, the Centre provides provincial and national leadership in disease surveillance, detection, treatment, prevention and consultation.	COVID-19
HSD	BC Centre on Substance Use	Co-Interim Executive Directors Cheyenne Johnson Dr. Perry Kendall 778-945-7616 Inquiries@bccsu.ubc.ca	A provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction.	
PCD	BC College of Family Physicians	Dr. Jeanette Boyd President 604-736-1877 office@bccfp.bc.ca Ms. Toby Achtman Executive Director 604-736-1877 toby.achtman@bccfp.bc.ca	A voluntary organization of family physicians that represents over 4,200 family physicians in BC.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
HSWBS	BC College of Nurses and Midwives	Cynthia Johansen Registrar & Chief Executive Officer 604-742-6200 Cynthia.Johansen@bccnp.ca	Nursing regulator for nursing professionals (LPNs, NPs, RNs, and RPNs) and registered midwives (RMs); setting standards of practice; assessing nursing education programs in BC; and addressing complaints about BCCNM registrants.	
HSWBS	BC Government and Services Employees' Union	Stephanie Smith President 604-291-9611 president@bcgeu.ca	Largest union in the Community Bargaining Association.	
HSWBS	BC Nurses Union	Christine Sorensen President 250-819-6293 christinesorensen@bcnu.org	Largest constituent union in the Nurses Bargaining Association, and also represents members of the Nurses bargaining unit in the Public Service.	
AssocDM CL	BC Patient Safety and Quality Council	Dr. Devin Russell Harris Chair 604-668-8210 info@bcpsqc.ca Christina Krause CEO 250-492-3319 ckrause@bcpsqc.ca	Created by the provincial government to enhance patient safety, reduce errors, promote transparency and identify best practices to improve patient care.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
PLBS	BC Pharmacy Association	Keith Shaw President, Board of Directors 604-261-2092 president@bcpharmacy.ca Geraldine Vance CEO 604-269-2860 geraldine.vance@bcpharmacy.ca	A not-for-profit association with a membership of more than 2,700 pharmacists and almost 800 pharmacies which aims to support and advance the professional role and economic viability of its members.	
HSIAR	Canadian Institute for Health Information	David O'Toole President and CEO 613-694-6500 dotoole@cihi.ca	A federal and provincial government funded independent, not-for-profit organization dedicated to forging a common approach to Canadian health information.	Mandate is to deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care.
PID	Canadian Institutes of Health Research	Dr. Michael Strong President 613-948-7227 michael.strong@cihr-irsc.gc.ca	Government of Canada's health research investment agency.	Mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system.
PLBS	College of Pharmacists of British Columbia	Bob Nakagawa, Registrar and Chief Executive Officer 604 733-2440 info@bcpharmacists.org	To protect public health by licensing and regulating pharmacists and pharmacy technicians and the pharmacies where they practice. Responsible to ensure every pharmacist and pharmacy technician in BC is fully qualified and able to provide the public with safe and ethical pharmacy care.	Sits on: <ul style="list-style-type: none"> • Audit and Finance Committee • Registrar Evaluation and Succession Planning Committee

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
HSWBS	College of Physicians and Surgeons of BC	Dr. Heidi M. Oetter Registrar and CEO Personal Information hoetter@cpsbc.ca	Regulates the practice of medicine under the authority of provincial law. All physicians who practise medicine in the province must be registrants of the College.	<ul style="list-style-type: none"> Requirement for these facilities to be accredited through the College of Physicians and Surgeons of BC's Diagnostic Accreditation Program Post-accreditation, ability to bill the Medical Services Plan
HSD	Denominational Health Association	Dr. Simon Neill Board President sneill@broadwaylodge.ca Bob Breen Executive Director 604-524-3427 Bob.breen@chabc.bc.ca	Comprises care homes and hospitals that provide long-term care, assisted living, independent living, rehabilitation, acute-care, community health programs and medical research to the people of BC.	
HSWBS	Doctors of BC	Dr. Kathleen Ross (to December 2020_) President 604-736-5551 president@doctorsofbc.ca Dr. Matthew Chow, President Elect Allan Seckel Chief Executive Officer 604-736-5551 aseckel@doctorsofbc.ca	Legally operating as the BC Medical Association and working to make a meaningful difference in improving health care by working alongside our members to achieve quality patient care through engagement, collaboration, and physician leadership.	
PLBS	Drug Benefit Council	Nathan Michaels Drug Review Process Manager 236-478-0994 nathan.michaels@gov.bc.ca	Independent advisory body that makes evidence-informed recommendations to the Ministry of Health about listing drugs in the PharmaCare formulary.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
OIH	First Nations Health Council	Charlene Belleau Chair 250-305-8784 Charlene.Belleau@fnhc.ca Les Doiron Deputy Chair Personal Information	Key political, advocacy and governance group representing First Nations interests on health matters.	
PID	Genome BC	John Shepherd Chair, Board of Directors info@genomebc.ca Pascal Spothelfer President and CEO 604-675-1023 pspothelfer@genomebc.ca	A non-profit research organization that invests in and manages large-scale genomics and proteomics research projects and enabling technologies focused on areas of strategic importance such as human health, forestry, fisheries, bio-energy, mining, agriculture and the environment.	
HSWBS	Health Employers Association of BC	Michael McMillan CEO 604-736-5909 Michael.McMillan@heabc.bc.ca	Coordinates the human resource and labour relations interests of more than 218 publicly funded health care employers in BC. Represents denominational, proprietary and affiliate health employers, as well as BC's six health authorities.	
HSWBS	Health Insurance BC	Deborah Shera President deborah.shera@maximuscanada.ca	Administers medical coverage through the Medical Services Plan (MSP) and drug coverage through the PharmaCare and Fair PharmaCare programs.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
HSWBS	Health Match BC	Audra Fediurek Executive Director 604-736-5963 Audra.Fediurek@heabc.bc.ca	BC's free health professional recruitment service funded by the Government of British Columbia (BC), Canada.	
HSWBS	Health Sciences Association of BC	Val Avery President 604-517-0994 vavery@hsabc.org	Largest constituent union in the Health Sciences Professionals Bargaining Association.	
HSWBS	Hospital Employees Union	Mike Old Coordinator Policy and Planning 604-438-5000 oldm@heu.org	Is the oldest health care union in BC, representing more than 50,000 members working for public, non-profit and private employers.	
PLBS	LifeLabs	Charles Brown President and CEO	Performs laboratory tests to help diagnose, treat, monitor and prevent disease.	
HSWBS	Medical Services Commission	Robert Halpenny Chair 250-952-3073 robert.halpenny@gov.bc.ca Chantelle Jones Secretariat 250-952-2338 Chantelle.Jones@gov.bc.ca	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.	
PID	Michael Smith Foundation for Health Research	Dr. Elinor Wilson Board Chair Personal Information Bev Holmes President and CEO 604 714-6600 bholmes@msfhr.org	BC's health research funding agency. Helps to develop, retain and recruit research talent to improve the health of British Columbians, address health system priorities, create jobs, and add to the knowledge economy.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
HSWBS	Midwives Association of BC	Alissa Harrison CEO ceo@bcmidwives.com Lehe Spiegelman President lehe.spiegelman@bcmidwives.com	Professional association for midwives in BC and is registered under the <i>Societies Act</i> .	
HSWBS	Nurses and Nurse Practitioners of BC	RN Council: Sherri Kensall, President Lori Campbell, President-Elect RPN Council: Tess Kroeker, President Neeta Nagra, President-Elect LPN Council: Teresa McFadyen, President Jag Tak, President-Elec NP Council Laura Vicol, President Karen Sims, President-Elect 604-737-1304 info@nnphc.com	Professional association representing all nursing designations in BC: <ul style="list-style-type: none"> • Registered Nurses (RNs) • Licensed Practical Nurses (LPNs) • Registered Psychiatric Nurses (RPNs) • Nurse Practitioners (NPs). 	
HSWBS	University of BC Faculty of Medicine	Dr. Dermot Kelleher Dean, Faculty of Medicine 604-822-2421, dermot.kelleher@ubc.ca	Training the next generation of doctors and health care professionals.	
	Ambulance Paramedics	Cindi Valensky Special Advisor to the Dean, Government Relations, cindi.valensky@ubc.ca	Union organization that represents the 4,400+ Paramedics and Emergency Dispatchers in BC.	

CORPORATE ISSUE / OPPORTUNITY NOTE

Issue: 7,000 Full-time Equivalent Hires

- The COVID-19 pandemic has significantly increased the need for workers in a variety of roles to deliver critical health services.
- In the long-term care and assisted living settings, the COVID-19 pandemic has exacerbated pre-existing workforce challenges across the sector.
- The Province is providing opportunity to hire up to 7,000 people at a time when job losses as a result of COVID-19 are challenging the province.

Background:

On September 9, 2020, the Province announced a plan to add 7,000 net new full-time equivalents (FTEs) to the health sector. The 7,000 FTEs will be distributed over three initiatives:

1. 2,000 net new FTEs to support visitation in long-term care and assisted living. These roles will draw down on previously allocated funding to assist with activities such as scheduling family visits, screening visitors, assisting with Infection, Prevention and Control practices and meeting reporting requirements.
2. 3,000 FTEs for the new Health Career Access Program (HCAP). Participants will start work in long-term care and assisted living sites with publicly funded beds as a Health Care Support Worker, a new provincial position fully funded by the Government of BC, and complete a work-integrated learning pathway to become a Health Care Assistant after 12-18 months. Advice/Recommendations; Government Financial Information
3. 2,000 FTEs to fill existing vacancies through a provincial recruitment campaign. The campaign will highlight opportunities available in BC for a variety of roles in long-term care and assisted living.

Issue / Opportunity:

Visitation in Long Term Care and Assisted Living (2,000 new FTEs)

- Hiring for the 2,000 new positions is currently underway.
- A mechanism for providing detailed reporting has been developed and health authorities are working to provide information to the Ministry from 564 individual operators.

Health Career Access Program (3,000 new FTEs)

- As of October 15, 2020, over 8,000 individuals have expressed interest in the HCAP. Government Financial

Government Financial Information

- Employers will be completing an expression of interest form so the Ministry can collect basic data to support allocation of FTEs regionally and to specific sites and to gather information on current vacancies across the sector.

Advice/Recommendations; Government Financial Information

- An early adopter program for current health sector employees in non-clinical roles to enter the new modular Health Care Assistant training program will be rolling out in mid-November 2020.

CORPORATE ISSUE / OPPORTUNITY NOTE

Provincial Recruitment Campaign (2,000 new FTEs)

- The Government announcement on September 9, 2020 was accompanied by a social media campaign to raise awareness of the HCAP Expression of Interest.
- In addition to HCAP, candidates who expressed interest will also be referred to employers with identified vacancies across the province.

Advice/Recommendations

CORPORATE ISSUE / OPPORTUNITY NOTE

Issue: COVID-19 Fall/Winter Pandemic Management

- BC is using the latest evidence, including ongoing epidemiologic and mathematical modelling, to plan for how to deliver services safely during times of increased community transmission until there is a vaccine available.
- The Ministry of Health is working collaboratively with the health sector to develop comprehensive plans for management of health service delivery through times of increased COVID-19 transmission.

Background:

- Health authorities and the Ministry of Health have been working collaboratively since the onset of the COVID-19 response in early February 2020 to develop provincial-wide and regionally-specific guidelines and supports.
- On June 1, 2020, the Ministry of Health created the COVID Response and Health Emergency Management Division. This Division is focused on a well-coordinated provincial and regional approach as BC experiences the expected increases and decreases in COVID-19 transmission until there is a vaccine available.
- Each health authority has appointed a COVID-19 Pandemic Planning and Management lead to be the oversight for their organization's response.
- On September 9, 2020, the Province released "Management of COVID-19: Health Sector Plan for Fall/Winter 2020/21",¹ which sets out a comprehensive and well-coordinated Plan for merging COVID-19 and the usual demands of the health system.

Issue / Opportunity:

BC is now in Phase 3 of its Restart Plan. September brought a return of K-12 and post-secondary studies.

- BC is entering its regular influenza season which, combined with COVID-19, has the potential to overwhelm the health system resulting in delays in care.
- There is a need for a provincial, coordinated approach to delivering health services through the expected times of increased transmission in BC.
- This approach must enable health services to be maintained safely and decrease the unintentional impacts on British Columbians where services must be limited, while preventing outbreaks and further transmission.
- The key areas of ongoing focus are:
 - Ensuring the health system (primary care, specialist care, acute care and community care) have the ongoing physical and human resource capacity to provide care to COVID-19 patients who need it, while minimizing the disruption to other patients and clients.
 - Building out access to testing capacity for up to 20,000 tests per day for mid-fall through winter when there is a higher prevalence of flu and colds in the community, and an increased need to quickly and accurately assess positive COVID-19 cases.
 - Increased contact tracing and case management capacity by adding up to an additional 600 contact tracers over the early part of the fall.
 - An enhanced fall flu immunization campaign, with close to two million doses available.
- "Management of COVID-19: Health Sector Plan for Fall/Winter 2020/21" details a series of Health Services Key Actions to be completed by November 2020 to further strengthen the resilience of

¹ BC Ministry of Health (2020). *Management of COVID-19: Health Sector Plan for Fall/Winter 2020/21*. Retrieved September 11, 2020
https://news.gov.bc.ca/files/COVID-19_fall-winter_preparation.pdf

CORPORATE ISSUE / OPPORTUNITY NOTE

the BC health system in preparation for the fall and winter across both public health and the broader health services continuum.

- These actions are in the areas of public health, primary and medical specialist care, community care services, patient transportation, laboratory testing capacity, hospital capacity and services, and supportive organizational infrastructure, including logistical support, budget, commercial and support services, Digital IMIT and technology, and health human resources.

CORPORATE ISSUE / OPPORTUNITY NOTE

Issue: Single Site Level Wages

The Ministry of Health's COVID-19 Fall/Winter Plan includes a commitment to support the permanency of the Single Site directive, including maintaining the temporary level wages across all facilities identified in the Facility Staff Assignment Order of the Provincial Health Officer (PHO): long-term care, extended care, seniors assisted living, and mental health facilities.

Background:

- On April 15, 2020, the PHO issued the Facility Staff Assignment Order effectively restricting most staff at long-term care, extended care, seniors assisted living, and mental health facilities to one site.
- In order to address potential conflicts with staff rights under the Health Employers Association of BC (HEABC) collective agreements, HEABC negotiated the Single Site Transition Framework (SSTF) with the Community Bargaining Association, Facilities Bargaining Association, Nursing Bargaining Association and Health Sciences Professional Bargaining Association, as well as Hospital Employees' Union, Health Sciences Association, BC Government and Service Employees' Union, and the BC Nurses' Union in their capacity as unions representing employees at non-HEABC employers. The SSTF included the requirement that all staff be paid at the wages identified in the HEABC collective agreements.
- Under Ministerial Order 220, all employers are committed to following the terms of the SSTF until July 2021, assuming the PHO Order remains in effect. The Ministerial Order also commits the Ministry of Health to compensate employers (including non-HEABC members) for any amount they pay in increased wages, incremental employer benefit costs and employer health tax obligations to level all employees up to HEABC collective agreement wages.
- Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government
Financial Information

Issue / Opportunity:

Advice/Recommendations; Government Financial Information

30/60/90 DAY DECISION NOTE

Issue: Cambie Surgeries Corporation Appeal and Injunction Next Steps – **30 Days (by end of October)**

Advice/Recommendations; Legal Information

Background:

- In January 2009, in order to prevent the Medical Services Commission (MSC) from conducting an audit to detect evidence of systematic violation of the *Medicare Protection Act* (MPA), Cambie et al commenced legal proceedings against the Minister of Health, the MSC, and the Attorney General of BC alleging sections of the MPA that prohibit extra billing and private insurance for Medical Services Plan benefits are in breach of the *Canadian Charter of Rights and Freedoms*.
- In November 2018, following an application by the plaintiffs, the Court issued an injunction preventing the enforcement of the prohibitions on extra billing until June 1, 2019. An application for leave to appeal the injunction was dismissed on January 24, 2019. The parties entered into a Consent Order in September 2019 that continued a very limited form of injunction (preventing use of most of the Bill 92 enforcement provisions against private surgical clinics) until the decision on the constitutional challenge was issued.
- On September 10, 2020, the BC Supreme Court ruled in the Province's favour; all sections of the MPA being challenged in this litigation were upheld.
- On September 11, 2020, counsel for Cambie notified counsel for the Province of their intention to file appeal that same day, and of the further intention to file an application for injunction the week of September 21, 2020. The previous injunction effectively expired when the Court's decision on the constitutional challenge was received on September 10, 2020.
- Appeal of the constitutional challenge is expected to be heard the week of June 14, 2021.

Advice/Recommendations; Legal Information; Intergovernmental Communications

Page 170 of 205

Withheld pursuant to/removed as

Advice/Recommendations; Legal Information

Page 171 of 205 to/à Page 172 of 205

Withheld pursuant to/removed as

Advice/Recommendations; Government Financial Information

Page 173 of 205

Withheld pursuant to/removed as

Cabinet Confidences

30/60/90 DAY DECISION NOTE

Issue:

Cabinet Confidences

Background:

- In July 2020, the Ministry of Health approved providing funding in fiscal 2020/21 to the Sts'ailes, via Fraser Health Authority, Intergovernmental Communications

Cabinet Confidences; Intergovernmental Communications

Decision Required:

Cabinet Confidences; Intergovernmental Communications; Government Financial Information;
Advice/Recommendations

Page 175 of 205

Withheld pursuant to/removed as

Cabinet Confidences; Advice/Recommendations; Government Financial Information

Page 176 of 205

Withheld pursuant to/removed as

Cabinet Confidences

30/60/90 DAY DECISION NOTE

Issue: Kelowna General Hospital Parking - **60 Days (by end of December)**

Intergovernmental Communications; Cabinet Confidences; Advice/Recommendations

Background:

- The IHSC business plan was approved by government in November 2009. The IHSC project had five components: a new clinical support building, the IHSC building, and renovations to 3 existing KGH buildings: Royal, Centennial, and Strathcona. The IHSC building was procured as a Public-Private Partnership (P3) and opened in September 2015. The renovation work completed in December 2018 when the last of the updated inpatient rooms opened in the Strathcona building.
- The approved budget for the IHSC project was \$381 million. The project has accumulated a budget surplus of about \$72 million (including \$23.4 million of project reserve held by Ministry of Finance).
- The IHSC business plan estimated the additional parking requirements resulting from the IHSC project at 90 stalls in 2014, and 135 stalls by 2024. This future demand was partially offset by 47 surface parking stalls developed under the clinical support building as part of the IHSC project, leaving a shortfall of 88 stalls expected by 2024. A plan and funding to address this shortfall was not included in the approved scope of Interior Health Authority's (IHA's) business plan for the IHSC project.
- The parking stall shortfall has exacerbated an already challenging parking situation for staff and visitors at KGH, which will get worse as demand continues to increase. In 2015, the waitlist for staff parking was at 500 employees. By April of 2017, that waitlist had grown to 670 employees. Today, the waitlist is over 1,125 employees. The KGH site currently has adequate parking for patients and visitors; however, the shortage of staff parking puts pressure on public parking and spillover pressure on surrounding neighbourhood parking.

Intergovernmental Communications; Advice/Recommendations

Decision Required:

Intergovernmental Communications; Cabinet Confidences; Advice/Recommendations

30/60/90 DAY DECISION NOTE

Issue:

Cabinet Confidences

Background:

- In April 2020, government approval of an updated concept plan for redevelopment of Richmond Hospital was announced.
- The updated concept plan scope addresses service delivery capacity pressures for the emergency department and medical imaging, seismic and flood plain risks for critical departments, and patient and public access and flow issues across the campus, in addition to replacing and expanding inpatient beds and the perioperative suite.

Cabinet Confidences; Advice/Recommendations

Decision Required:

Cabinet Confidences

30/60/90 DAY DECISION NOTE

Issue: Modernization of Health Professionals Regulation - 90 Days (by end of January 2021)

In August 2020, the multi-party Steering Committee on Modernization of Health Professional Regulation recommended modernizing the provincial framework for how health professions are regulated. Concerns have been raised that the *Health Professions Act* (HPA), which provides a regulatory framework for health professions in BC, does not fully enable modern ways of regulating and should be modernized.

Background:

- In April 2019, the steering committee was formed in response to the suggestions on modernizing BC's regulatory framework for health professions found in part two of the report *An Inquiry into the performance of the College of Dental Surgeons of BC and the HPA* (the Cayton report).
 - The Honourable Adrian Dix, former Minister of Health, established and chaired the steering committee which included MLA Norm Letnick, then health critic for the Official Opposition, and MLA Sonia Furstenau, then health critic and house leader for the BC Green Party caucus.
 - On August 27, 2020, the steering committee released its final report, *Recommendations to modernize the provincial health profession regulatory framework*. The steering committee's final report makes recommendations in six areas:
 1. Cultural Safety and Humility – recommended work be undertaken to determine how cultural safety and humility should be supported by the regulatory framework.
 2. Improved Regulatory College Governance – recommended regulatory colleges have smaller boards with equal numbers of public and registrant board members; that all board members are appointed via a competency-based process (shift away from election of registrant board members); and fair and consistent board member compensation.
 3. Reduction in the number of regulatory colleges from 20 to six¹ – recommended three existing regulatory colleges remain:
 - College of Physicians and Surgeons of BC (with the addition of Podiatric Surgeons);
 - College of Pharmacists of BC; and
 - BC College of Nurses and Midwives.
- Three new 'umbrella' or multi-profession regulatory colleges were recommended:
- Oral health regulatory college which would include the four current oral health regulators (College of Dental Surgeons of BC, College of Dental Hygienists of BC, College of Dental Technicians of BC, College of Denturists of BC);
 - Regulatory College of Allied Health and Care Professionals which would regulate dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals, as well as diagnostic and therapeutic professions; and
 - Regulatory College of Complementary and Alternative Health and Care Professionals which would regulate chiropractors, massage therapists, naturopathic physicians, and traditional Chinese medicine practitioners and acupuncturists.

Feedback from public consultation helped the steering committee to refine its earlier proposal on a College of Health and Care Professions of BC, and to split that proposed college into the two latter proposed umbrella colleges above.

¹ As of September 1, 2020, there are 18 health profession regulatory colleges in BC due to two recent amalgamations. On August 31, 2020, the College of Physicians and Surgeons of BC and the College of Podiatric Surgeons of BC amalgamated. On September 1, 2020, the BC College of Nursing Professionals and the College of Midwives of BC amalgamated and became the BC College of Nurses and Midwives.

30/60/90 DAY DECISION NOTE

4. Creation of an Oversight Body – a ‘regulator of regulators’ was recommended, to promote accountability, transparency and consistency across regulatory bodies. The oversight body would conduct routine audits of regulatory colleges based on clear performance standards, give guidance on regulatory policy and practice, and make recommendations on health occupations to be regulated under the HPA. The steering committee recommended the Health Professions Review Board remain separate from the oversight body (based on public consultation feedback).
5. Improved Complaints Process and Transparency – a new discipline process was recommended, to separate the investigation stage of complaints (which would remain with colleges) and the discipline stage (which would be supported by the oversight body). To increase transparency, information about all agreements made in future between colleges and registrants in complaints matters would be public. Colleges would fund counselling for victims of sexual abuse and sexual misconduct and be able to recover costs from registrants who perpetrate harm.
6. Information Sharing – regulatory colleges would be enabled to share information between each other and with other agencies where necessary for public safety and protection.
7. The steering committee reviewed and considered the Cayton report’s suggestions and feedback received during two phases of public consultation to develop and finalize its recommendations.
8. An initial public consultation was held for one month (until June 14, 2019) and garnered over 300 written submissions. In the second consultation (held between November 27, 2019 to January 10, 2020) a total of 4,018 surveys and 1,480 written submissions were received.
9. The authority to modernize the provincial regulatory framework and implement many of the recommendations in the steering committee’s final report rests with Cabinet and the Legislative Assembly.

Decision Required:

Cabinet Confidences; Advice/Recommendations

30/60/90 DAY DECISION NOTE

Issue: Medical Services Plan Temporary Coverage Policy - **90 Days (by end of January 2021)**

- Medical Services Plan (MSP) Response to COVID-19 – a decision is required on whether to extend the temporary policy for those unable or unwilling to attend an Insurance Corporation of BC (ICBC) Drivers Licensing Office to complete Medical Services Plan (MSP) enrolment and obtain or renew their BC Services Card.
- Decision required within 90 days as the exemption is set to expire January 2021.

Background:

- With the introduction of the BC Services Card, the Ministry of Health implemented a policy that most adult BC residents must periodically obtain a new BC Services Card and renew their MSP enrollment, generally every five years.
- To renew MSP enrollment and obtain a new BC Services Card, most adults must attend an ICBC driver licensing office in person to verify their identity and confirm their BC residency. Most people do this when they renew their BC Drivers' License.
- To enroll in MSP, most new adult BC residents must register with Health Insurance BC and must also attend an ICBC driver licensing office in person to verify their identity and confirm their BC residency.
- If an existing MSP beneficiary cannot attend an ICBC driver licensing office due to an urgent health issue, they may be issued a temporary Confirmation of Coverage document that confirms they are eligible for MSP coverage despite not having a valid BC Services Card. Confirmation of Coverage documents are normally valid for three months.
- Due to the COVID-19 pandemic, many individuals may be unable or unwilling to attend an ICBC driver licensing office. In response, the Beneficiary and Diagnostic Services Branch approved the issuance of Confirmation of Coverage documents for all existing MSP beneficiaries who are unable or unwilling to attend an ICBC driver licensing office. The Beneficiary and Diagnostic Services Branch approved these documents to be issued until January 31, 2021.
- The Medical Services Commission also approved an exemption for new MSP applicants who are unwilling or unable to visit an ICBC driver licensing office to complete their MSP enrolment. These individuals may be enrolled in MSP with temporary coverage if they have successfully registered with Health Insurance BC, but they are not issued a BC Services Card. The exemption to allow temporary coverage is valid until January 31, 2021.
- In June 2020, ICBC began implementing an appointment-based system for the BC Driver's License and BC Services Card to control office volumes and improve customer convenience. At the time ICBC indicated they had a backlog of 13,000 people waiting to identity proof due to COVID-19, in addition to the usual 10,000 people per month who identity proof.
- In September 2020, ICBC indicated approximately 55% of their clients are using the appointment system and it is allowing ICBC to deal with the backlog in a controlled manner.
- ICBC continues to offer 90-day extensions for drivers' licenses for customers who identify as not being able to attend an office.
- Safety enhancements have been made to all ICBC drivers licensing offices, including implementation of plastic barriers between customers and staff.
- The decision on whether to extend the current Ministry of Health exemptions must be made in consultation with ICBC, as obtaining a BC Services Card requires an in person visit to an ICBC office.

30/60/90 DAY DECISION NOTE

Decision Required:

- The Ministry should continue to monitor the messaging from the Office of the Provincial Health Officer and their current recommended Guidelines as the BC Restart Plan moves through its phased approach to reopening.

Advice/Recommendations

- An extension to the COVID-19 policy for MSP Enrolment for any length of time as outlined will require a new approved Medical Services Commission Minute of the Commission for implementation.

30/60/90 DAY DECISION NOTE

Issue

Cabinet Confidences

Background:

- In July 2019, government approved the concept plan for a new hospital in Surrey. The concept plan approval was announced in December 2019.
- In June 2020, government approved the addition of a cancer centre to the scope of the new hospital to provide a full spectrum of cancer care, including diagnosis and treatment, supportive care for patients and their families, research and education. In addition, government approved changes for the host hospital to “right-size” services to accommodate the cancer centre, optimize patient flow and services, and minimize duplication between the two facilities.
- The Fraser Health Authority (FHA) is developing the business plan in partnership with the Provincial Health Services Authority (for the cancer centre components) and is expected to submit the completed business plan to the Ministry of Health by the end of November 2020.

Cabinet Confidences; Advice/Recommendations; Intergovernmental Communications; Government Financial Information

Decision Required:

Cabinet Confidences; Advice/Recommendations; Intergovernmental Communications

30/60/90 DAY DECISION NOTE

Issue:

Cabinet Confidences

Background:

- VGH is the most specialized quaternary hospital in BC and performs over 16,000 surgical procedures each year. It is the main centre for academic healthcare in the province and is one of two hospitals in BC with a Level 1 trauma designation (Royal Columbian Hospital in New Westminster is the other).
- The Jim Pattison Pavilion ORs were completed in 1981. The majority of the 22 existing ORs are severely undersized and oddly shaped and do not meet contemporary standards.
- On March 9, 2016, the Vancouver Coastal Health Authority submitted the VGH OR Renewal Business Plan to the Ministry of Health. The project was identified as a \$191 million multi-phased project that will result in a modernized OR suite over two floors (JP2 and JP3), with 30 appropriately-sized and fully-equipped ORs (with shelled space for two future ORs), and sufficient perioperative beds.
- In February 2017, approval of Phase 1 of the VGH OR Renewal was announced with a total capital cost of \$102 million.

Cabinet Confidences; Advice/Recommendations

Decision Required:

Cabinet Confidences

Health System Legislation

OVERVIEW

The Health System Legislation supports the BC Government in its delivery of health care services to BC residents. It serves to protect the health, safety and rights of all British Columbians.

STATUTES ADMINISTERED BY MINISTRY OF HEALTH AND ACCOMPANYING REGULATIONS

Access to Abortion Services Act

Places limits on protests and demonstrations that are specifically intended to interfere with a person's right to access abortion services, in abortion access zones established by regulation.

http://www.bclaws.ca/civix/document/id/complete/statreg/96001_01

Regulation: Abortion Services Access Zone Regulation, B.C. Reg. 337/95

Anatomy Act

Allows for use of unclaimed bodies for anatomical research, and provides for the disposition of those bodies in accordance with the *Cremation, Interment and Funeral Services Act*.

http://www.bclaws.ca/civix/document/id/complete/statreg/96013_01

Regulation: Anatomy Regulation, B.C. Reg. 421/83

Community Care and Assisted Living Act¹

Aims to protect the health and safety of persons cared for in licensed community care facilities (residential and child care) by establishing mandatory licensing and setting minimum health and safety requirements; and requires registration of assisted living residences.

http://www.bclaws.ca/civix/document/id/complete/statreg/02075_01

Regulations:

- Assisted Living Regulation, B.C. Reg. 218/2004
- Child Care Licensing Regulation, B.C. Reg. 332/2007
- Residential Care Regulation, B.C. Reg. 96/2009

Continuing Care Act

Authorizes funding of non-hospital based health care services, excluding physician services.

http://www.bclaws.ca/civix/document/id/complete/statreg/96070_01

Regulations:

- Continuing Care Fees Regulation, B.C. Reg. 330/97
- Continuing Care Programs Regulation, B.C. Reg. 146/95

Drinking Water Protection Act

Provides for the protection and maintenance of clean, safe drinking water and potable water systems by establishing a framework for the efficient regulation and enforcement of water protection.

http://www.bclaws.ca/civix/document/id/complete/statreg/01009_01

Regulation: Drinking Water Protection Regulation, B.C. Reg. 200/2003

¹ Except ss.8, 34(2)(h), (h.1) and (6); 29(1), (1.1), (4), (11), 29.1; and 34(4)(c) and (5).

Health System Legislation

E-Health (Personal Health Information Access and Protection of Privacy) Act

Permits the creation of health information banks; provides for the making of disclosure directives, giving individuals limited control over the collection, use and disclosure of their personal health information that is contained in a health information bank; and provides for the establishment of a data stewardship committee to manage disclosure, for the purposes of health planning and research, of information contained in health information banks and prescribed ministry databases.

http://www.bclaws.ca/civix/document/id/complete/statreg/08038_01

Regulations:

- Disclosure Directive Regulation, B.C. Reg. 172/2009
- E-Health Regulation, B.C. Reg. 129/2011

Emergency Health Services Act

Establishes the Emergency Health Services Commission, operating under the name British Columbia Emergency Health Services (BCEHS), and the Emergency Medical Assistants Licensing Board. BCEHS responsibilities include providing emergency health and ambulance services, and recruiting and training emergency medical assistants. The Board examines, registers, licenses and investigates complaints related to emergency medical assistants.

http://www.bclaws.ca/civix/document/id/complete/statreg/96182_01

Regulations:

- Emergency Health Services Regulation, B.C. Reg. 471/74
- Emergency Medical Assistants Licensing Board Regulation, B.C. Reg. 145/2013
- Emergency Medical Assistants Regulation, B.C. Reg. 210/2010
- Transfer to British Columbia Emergency Health Services Regulation, B.C. Reg. 158/2013

Food Safety Act²

Aims to protect consumer health by creating rules for the licensing and inspection of food establishments, being any place where food is grown, cultivated, slaughtered, prepared, sold, manufactured, processed or stored.

http://www.bclaws.ca/civix/document/id/complete/statreg/02028_01

Regulation: Meat Inspection Regulation, B.C. Reg. 349/2004

Forensic Psychiatry Act

Establishes the Forensic Psychiatric Services Commission, with functions of providing forensic psychiatric services, expert forensic psychiatric evidence and inpatient and outpatient treatment within the criminal justice system, and planning related research and educational programs.

http://www.bclaws.ca/civix/document/id/complete/statreg/96156_01

² Except as it relates to food establishments where animals are slaughtered for food purposes.

Health System Legislation

Health Authorities Act

Provides for the establishment of Regional Health Boards and for the transfer of powers and duties from various public bodies to the boards in connection with health services delivery.

http://www.bclaws.ca/civix/document/id/complete/statreg/96180_01

Regulations:

- Amalgamation of Regional Health Boards and Community Health Councils Regulation, B.C. Reg. 338/96
- Board and Council Purposes Regulation, B.C. Reg. 376/98
- Designated Corporations Regulation, B.C. Reg. 24/96
- Fraser Health Authority Special Directions Regulation, B.C. Reg. 222/2013
- Hospital Transfer Regulation, B.C. Reg. 359/94
- Regional Health Boards Regulation, B.C. Reg. 293/2001
- Regional Health Boards Records Regulation, B.C. Reg. 224/2016
- Royal Inland Hospital Amalgamation Regulation, B.C. Reg. 68/97
- Transfer of Union Board Powers and Duties Regulation, B.C. Reg. 32/97

Health Care (Consent) and Care Facility (Admission) Act

Establishes the requirements for obtaining consent to treatment including circumstances in which a person can give a valid substitute consent on behalf of an adult who is incapable; enables advance directives regarding future treatment; and under Part 3, enacted in 2019, provides a process for obtaining an adult's consent to care facility admission.

http://www.bclaws.ca/civix/document/id/complete/statreg/96181_01

Regulation: Health Care Consent Regulation, B.C. Reg. 20/2000

Health Care Costs Recovery Act

Applies if a person who is a Medical Services Plan beneficiary is injured by a wrongful act or omission of a wrongdoer, and allows the government to recover from the wrongdoer the costs and expenses incurred by the government in providing the injured person health care relating to that injury. Government is, for this purpose, able to join any action brought by the injured person or may pursue its own independent claim.

http://www.bclaws.ca/civix/document/id/complete/statreg/08027_01

Regulation: Health Care Costs Recovery Regulation, B.C. Reg. 397/2008

Health System Legislation

Health Professions Act³

Provides an umbrella framework for the designation and regulation of health professions.

http://www.bclaws.ca/civix/document/id/complete/statreg/96183_01

Regulations:

- Chiropractors Regulation, B.C. Reg. 414/2008
- Dental Hygienists Regulation, B.C. Reg. 276/2008
- Dental Technicians Regulation, B.C. Reg. 278/2008
- Dentists Regulation, B.C. Reg. 415/2008
- Denturists Regulation, B.C. Reg. 277/2008
- Dietitians Regulation, B.C. Reg. 279/2008
- Health Professions Designation and Amalgamation Regulation, B.C. Reg. 270/2008
- Health Professions General Regulation, B.C. Reg. 275/2008
- Massage Therapists Regulation, B.C. Reg. 280/2008
- Medical Practitioners Regulation, B.C. Reg. 416/2008
- Midwives Regulation, B.C. Reg. 281/2008
- Naturopathic Physicians Regulation, B.C. Reg. 282/2008
- Nurses (Licensed Practical) Regulation, B.C. Reg. 224/2015
- Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg. 284/2008
- Nurses (Registered Psychiatric) Regulation, B.C. Reg. 227/2015
- Occupational Therapists Regulation, B.C. Reg. 286/2008
- Opticians Regulation, B.C. Reg. 118/2010
- Optometrists Regulation, B.C. Reg. 33/2009
- Pharmacists Regulation, B.C. Reg. 417/2008
- Physical Therapists Regulation, B.C. Reg. 288/2008
- Podiatrists Regulation, B.C. Reg. 214/2010
- Psychologists Regulation, B.C. Reg. 289/2008
- Speech and Hearing Health Professionals Regulation, B.C. Reg. 413/2008
- Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, B.C. Reg. 290/2008

Health Special Account Act

Establishes a special account where half of lottery proceeds will be used to finance urgent health care priorities. The Act authorizes the Minister to pay for administration, operation and delivery of health care, research, promotion and education services out of the account.

http://www.bclaws.ca/civix/document/id/complete/statreg/96185_01

Hospital Act⁴

Provides for the designation, licensing, administration, inspection, and regulation of hospitals according to standards of management and care. The Minister is able to license private hospitals and the Hospital Appeal Board is established.

http://www.bclaws.ca/civix/document/id/complete/statreg/96200_01

Regulations:

- Hospital Act Regulation, B.C. Reg. 121/97
- Patients' Bill of Rights Regulation, B.C. Reg. 37/2010

³ Except ss.50.51, 50.52, 50.65, and 55(2)(r).

⁴ Except s.46(1), (4), (4.1) and (4.2)

Health System Legislation

Hospital District Act

Regional hospital districts (RHDs) are incorporated under the Act, and regional hospital boards are established. Regional hospital districts share the capital costs that arise from establishing, managing, and maintaining hospital facilities that operate under the *Hospital Act*.

http://www.bclaws.ca/civix/document/id/complete/statreg/96202_01

Regulation: Hospital District Act Regulation, B.C. Reg. 406/82

Hospital Insurance Act

Establishes the in-patient and outpatient general hospital services available to BC residents and authorizes annual payments to the providers of those services.

http://www.bclaws.ca/civix/document/id/complete/statreg/96204_01

Regulation: Hospital Insurance Act Regulations, B.C. Reg. 25/61

Human Resource Facility Act - s.1.1(d)

Allows the Minister to provide grants and other financial assistance to set up and operate a residence or facility for acquiring, developing or operating a facility through a human resource facility agreement, for addictions treatment purposes.

http://www.bclaws.ca/civix/document/id/complete/statreg/96209_01

Human Tissue Gift Act

Allows organs to be donated for therapeutic purposes, medical education or scientific research. Prohibits the sale of any tissue or body part other than blood for these purposes.

http://www.bclaws.ca/civix/document/id/complete/statreg/96211_01

Regulation: Consent to Donation Regulation, B.C. Reg. 65/99

Laboratory Services Act

Establishes a framework for standardization and co-ordination of the clinical laboratory system in BC and provides that the Minister of Health is responsible for governance, accountability, audit, provision of benefits and payment for all in-patient and out-patient laboratory services.

<http://www.bclaws.ca/civix/document/id/complete/statreg/14008>

Regulation: Laboratory Services Regulation, B.C. Reg. 52/2015

Marriage Act

Provides for the regulation of persons authorized to solemnize marriages and the issuance of marriage licenses.

http://www.bclaws.ca/civix/document/id/complete/statreg/96282_01

Regulation: Marriage Act Fees Regulation, B.C. Reg. 516/81

Medical Research (BC Cancer Agency) and Health Status Registry Act

Addresses the provision of information to the BC Cancer Agency and the health status registry for research purposes.

<http://www.bclaws.ca/civix/document/id/complete/statreg/18001>

Regulation: British Columbia Cancer Agency Research Information Regulation, B.C. Reg. 286/91

Health System Legislation

Medicare Protection Act⁵

Establishes the Medical Services Commission and the Medical Services Plan. The Commission administers and regulates operation of the Plan under which residents of BC receive medical care, health care, and diagnostic services.

http://www.bclaws.ca/civix/document/id/complete/statreg/96286_01

Regulations:

- Disclosure of Prescribed Information Regulation, B.C. Reg. 41/2009
- Information Sharing Agreement Prescribed Enactments Regulation, B.C. Reg. 182/97
- Medical and Health Care Services Regulation, B.C. Reg. 426/97
- Prescribed Agency Regulation, B.C. Reg. 381/97

Mental Health Act⁶

Allows for the establishment of mental health facilities, the provision of services for the examination, diagnosis and treatment of persons with a mental disorder, and for involuntary detention of those persons for examination and treatment.

http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01

Regulation: Mental Health Regulation, B.C. Reg. 233/99

Milk Industry Act - s.12

Provides that the Minister of Health is responsible for issuing licences for the operation of dairy plants, except in respect of tank milk receivers.

http://www.bclaws.ca/civix/document/id/complete/statreg/96289_01

Regulation: Milk Industry Standards Regulation, B.C. Reg. 464/81

Ministry of Health Act

Outlines the functions and duties of the Minister and the Ministry of Health, and enables collection, use and disclosure of personal information for certain stewardship purposes (e.g., health issues research).

http://www.bclaws.ca/civix/document/id/complete/statreg/96301_01

Name Act

Provides for the registration of a change of name with the Registrar of Vital Statistics.

http://www.bclaws.ca/civix/document/id/complete/statreg/96328_01

Regulation: Name Act Regulation, B.C. Reg. 91/80

Opioid Damages and Health Care Costs Recovery Act

Allows government to recover opioid-related health care costs from manufacturers and distributors of opioid products, whose practices caused a spike in addiction rates, resulting in increased costs to the health system.

<https://www.bclaws.ca/civix/document/id/complete/statreg/18035>

Patient Care Quality Review Board Act

Requires health authorities to establish Patient Care Quality Offices (PCQOs), which are responsible for reviewing care quality complaints from members of the public; establishes Patient Care Quality Review Boards to review disposition of complaints by PCQOs or as directed by the Minister .

http://www.bclaws.ca/civix/document/id/complete/statreg/08035_01

Regulation: External Complaint Regulation, B.C. Reg. 305/2008

⁵ Except s.5(1)(b), 7.2(5), 8(4) and (5), 8.1, 8.2 and 32

⁶ Except ss.24.1 and 24.2

Health System Legislation

Pharmaceutical Services Act

Enshrines the province's public drug plan, PharmaCare, in legislation. Includes provisions for enrolling beneficiaries and providers, payment of benefits, authority for setting drug prices, and tools for enforcement.

http://www.bclaws.ca/civix/document/id/complete/statreg/12022_01

Regulations:

- Provider Regulation, B.C. Reg. 222/2014
 - Drug Price Regulation, B.C. Reg. 344/2012
 - Information Management Regulation, B.C. Reg. 74/2015
 - Drug Plans Regulation, B.C. Reg. 73/2015
-

Pharmacy Operations and Drug Scheduling Act

Provides the legal framework for licensing, operations, inspections, drug scheduling, and other matters related to pharmacies. Establishes provisions governing disclosure of information from PharmaNet.

http://www.bclaws.ca/civix/document/id/complete/statreg/03077_01

Regulations:

- Drug Schedules Regulation, B.C. Reg. 9/98
 - Prescribed Health Care Professions Regulation, B.C. Reg. 129/2009
-

Public Health Act

Provides powers regarding the regulation and prevention of, and response to, infectious agents, hazardous agents and other health hazards and health impediments. Includes powers in respect of health promotion and health protection, including planning powers, expanded reporting requirements and strengthened relationships with local governments. Enables designation of public health officials (Provincial Health Officer, medical health officers, and environmental health officers) and enables them to address public health emergencies at the local, regional and provincial levels.

http://www.bclaws.ca/civix/document/id/complete/statreg/08028_01

Regulations:

- Code of Practice for Soil Amendments Regulation, B.C. Reg. 210/2007
 - E-Substances Regulation, B.C. Reg. 186/2020
 - Food Premises Regulation, B.C. Reg. 210/99
 - Health Act Communicable Disease Regulation, B.C. Reg. 4/83
 - Health Act Fees Regulation, B.C. Reg. 274/92
 - Health Hazards Regulation, B.C. Reg. 216/2011
 - Industrial Camps Regulation, B.C. Reg. 70/2012
 - Information Regulation, B.C. Reg. 208/2010
 - Organic Matter Recycling Regulation, B.C. Reg. 18/2002
 - Pool Regulation, B.C. Reg. 296/2010
 - Public Health Impediments Regulation, B.C. Reg. 50/2009
 - Public Health Inspections and Orders Regulation, B.C. Reg. 52/2009
 - Regulated Activities Regulation, B.C. Reg. 161/2011
 - Reporting Information Affecting Public Health Regulation, B.C. Reg. 167/2018
 - Sewerage System Regulation, B.C. Reg. 326/2004
 - Vaccination Status Reporting Regulation, B.C. Reg. 146/2019
-

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 for the interests of seniors.

http://www.bclaws.ca/civix/document/id/complete/statreg/3015_01

Health System Legislation

Tobacco and Vapour Products Control Act

Aims to promote the protection of health by limiting where tobacco and vapour products may be sold and consumed, and sets out administrative penalties for non-compliance.

http://www.bclaws.ca/civix/document/id/complete/statreg/96451_01

Regulation: Tobacco and Vapour Products Control Regulation, B.C. Reg. 232/2007

Tobacco Damages and Health Care Costs Recovery Act

Allows government to recover costs arising from health care provided as a result of tobacco use from tobacco companies.

http://www.bclaws.ca/civix/document/id/complete/statreg/00030_01

Vital Statistics Act

Provides for a central registry of births, stillbirths, adoptions, marriages and deaths, and ensures the security and integrity of identity documents. Enables appointment of a Vital Statistics Registrar.

http://www.bclaws.ca/civix/document/id/complete/statreg/96479_01

Regulation: Vital Statistics Act Regulation, B.C. Reg. 69/82

Voluntary Blood Donations Act

Prohibits payment in return for the collection of blood and blood components such as plasma; Canadian Blood Services and researchers collecting blood and blood components solely for research purposes are exempt.

<https://www.bclaws.ca/civix/document/id/complete/statreg/18030>

Regulation: Voluntary Blood Donations Regulation, B.C. Reg. 72/2019

MINISTER'S KEY DATES AND EVENTS

Key Event	Minister's Role	Date	Location
Canadian Blood Services Annual General Meeting	Minister is a member. ADM to attend by proxy.	October 28	Virtual
FPT Health Minister Meeting teleconferences every other week focused on Covid-19, but including some non-Covid-19 business items.	Attended by the Health minister from each province/territory and federal government	Ongoing	T/C 1 hour
FPT Ministers Responsible for Seniors Teleconference in November	Dependent on whether incoming Minister retains the roll of Seniors		
Nurses & Nurse Practitioners of BC - Awards of Excellence	Minister invited to participate virtually		

Advice/Recommendations

ORDER IN COUNCIL APPOINTMENTS REQUIRED WITHIN 90 DAYS

Position	Institution	Authority for Appointment	Expiry Date
Shabia Rajan – beneficiary representative	Health Care Practitioners Special Committee for Audit Hearings	<i>Medicare Protection Act</i>	Dec 31/20
Dr. Paul G. Neumann – optometry representative	Health Care Practitioners Special Committee for Audit Hearings	<i>Medicare Protection Act</i>	Dec 31/20
Dr. Kimberley A. Graham – acupuncture representative	Health Care Practitioners Special Committee for Audit Hearings	<i>Medicare Protection Act</i>	Dec 31/20
Dr. Angela N. Foran – acupuncture representative	Health Care Practitioners Special Committee for Audit Hearings	<i>Medicare Protection Act</i>	Dec 31/20
Zahra H. Jimale – government representative	Health Care Practitioners Special Committee for Audit Hearings	<i>Medicare Protection Act</i>	Dec 31/20

Cabinet Confidences

Kent Arends Ashby – government representative	Health Care Practitioners Special Committee for Audit Hearings	<i>Medicare Protection Act</i>	Dec 31/20
---	--	--------------------------------	-----------

Cabinet Confidences

ORDER IN COUNCIL APPOINTMENTS REQUIRED WITHIN 90 DAYS

Position	Institution	Authority for Appointment	Expiry Date
Grant Michael Ross - licensed emergency medical assistant	Emergency Medical Assistants Licensing Board	<i>Emergency Health Services Act</i>	Dec 31/20
Dr. Philip Wooil Yoon - medical practitioner	Emergency Medical Assistants Licensing Board	<i>Emergency Health Services Act</i>	Dec 31/20
1 vacant position for Doctors of BC second alternate member. Doctors of BC will provide nomination in December 2020.	Medical Services Commission	<i>Medicare Protection Act</i>	
1 vacant position for Doctors of BC third alternate member. Doctors of BC will provide nomination in December 2020	Medical Services Commission	<i>Medicare Protection Act</i>	

2020 BC NDP Platform: Working for You

The following is a high level summary of each platform commitment noting the Ministry currently responsible, the level of policy development required and fiscal and legislative implications. Significant and material issues have also been noted. Ministry executives are available for briefings on any of the commitments. Financial implications for commitments are available from the Ministry of Finance. Financial implications noted below have been provided by the ministry currently responsible for the commitment's implementation. In the majority of instances, these numbers will need to be validated through the Treasury Board process. Commentary in this table is based on the current structure of government. Cost estimates are rounded to the nearest million.

	Commitment	Min	Implementation information
	Fighting a pandemic		
1.	A New Hospital at Home program Page: 3 <i>a new Hospital at Home program so patients can get safe care while in the comfort of their homes, and taking pressure off hospitals.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH	
2.	Provide free COVID-19 vaccines Page: 3 <i>Provide free COVID-19 vaccines when they are approved and available to anyone who wants the vaccine will receive it.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH	
3.	Deliver 2 million doses of flu vaccines Page: 3 Estimated Operating: TBC Estimated Capital: TBC	HLTH	
4.	Pandemic Prevention Plan Page: 3 <i>continue developing a pandemic prevention plan that brings to BC state-of-the-art testing, contact tracing, and hospital management procedures and technology.»</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH/EMBC	

Advice/Recommendations;

Advice/Recommendations; Government

Advice/Recommendations; Legal Information

Advice/Recommendations;

Advice/Recommendations; Government

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

1

» Related Briefing Note

2020 BC NDP Platform: Working for You

Care in your Community		
5.	More Urgent Primary Care Centres Page: 6 <i>In addition to the 21 UPCCs opened or coming soon, ten more are on their way to deliver better and faster care in more communities, attach people to doctors, and help take the pressure off emergency rooms.</i> Estimated Operating: Advice/Recommendations: Government Financial Information Estimated Capital: Advice/Recommendations: Government Financial Information	HLTH
6.	Expanded Primary Care Networks Page: 6 <i>Bring this vital health care network to more BC communities.</i> Estimated Operating: Advice/Recommendations; Government Financial Information Estimated Capital: TBC	HLTH
7.	The Hospital at Home Program - expand e-health and tele-health services Page: 6 <i>The Hospital at Home program is a blueprint for expanding e-health and tele-health services more broadly, so people can get virtual visits from doctors and nurses at home.</i> Estimated Operating: Advice/Recommendations; Government Financial Information Estimated Capital: TBC	HLTH Advice/Recommendations; Intergovernmental Communications
8.	A new focus on rural communities Page: 6 <i>The rural collaborative framework is delivering more immediate and culturally safe care closer to home.</i> Estimated Operating: Advice/Recommendations; Government Financial Information Estimated Capital: TBC	HLTH

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

2

» Related Briefing Note

2020 BC NDP Platform: Working for You

9.	Bring housekeeping and dietary hospital workers, and long-term care aides back into the public service Page: 6 <i>Bring housekeeping and dietary hospital workers, and long-term care aides back into the public service</i> Estimated Operating: Advice/Recommendations; Government Financial Information: Cabinet Confidences Estimated Capital: TBC	HLTH	
10.	Health care workforce that better represents the communities it serves Page: 6 <i>Health care that respects and reflects our diverse province. On the heels of our government's investigation into racism in the health care system, we are reaching out to health employers and unions to prioritize the hiring of a health care workforce that better represents the communities it serves.</i> Estimated Operating: Advice/Recommendations; Government Estimated Capital: TBC	HLTH	Advice/Recommendations; Cabinet Confidences
11.	Building more hospitals and additions Page: 6 Advice/Recommendations Estimated Operating: Advice/Recommendations: Government Financial Information Estimated Capital: TBC	HLTH	
Reducing your wait for care			
12.	Maximizing the capacity of existing surgical and diagnostic space Page: 7 <i>Develop new strategies to optimize surgical and diagnostic space and teams, so BC can keep pace with the demand for new surgeries and increase the number of MRIs annually – reducing people's wait for care and relief.</i> Estimated Operating: Advice/Recommendations; Government Financial Estimated Capital: TBC	HLTH	

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

3

» Related Briefing Note

2020 BC NDP Platform: Working for You

13.	Adding four more MRI machines in the next year Page: 7 <i>Put more MRIs in areas of highest remaining demand – Ridge Meadows Hospital (Maple Ridge), Langley Memorial, Vancouver General and St. Paul's, with more to come.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH
14.	Providing the hospital staff needed to perform more surgeries and other procedures Page: 7 <i>Our training, recruitment, certification and retention strategies will help make sure BC has the skilled health workforce to deliver care faster.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH
More doctors, nurses & health professionals		
15.	Comprehensive health care human resources strategy Page: 8 <i>A comprehensive health care human resources strategy including credential recognition: From doctors and nurses to long-term care aides, we will make sure BC is well-prepared to deal with future demand and pressures. In addition to expanding training in all fields of health care, we'll be improving the province's credential recognition process and licensing so that people trained in other countries can provide their skills and knowledge here in BC.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH

Advice/Recommendations; Government Financial Information
 Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government Financial

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

4

» Related Briefing Note

2020 BC NDP Platform: Working for You

	A better life for seniors	
16.	Hire 7,000 new health care workers in long-term care and assisted living Page: 9 <i>Hire 7,000 new health care workers in long-term care and assisted living: In addition to bringing back the long-term care jobs that were privatized by the BC Liberals, we're investing \$44 million to hire and train 7,000 new health care workers for long-term care homes and assisted living facilities. This Health Career Access Program will provide new opportunities for workers who lost their jobs in other sectors due to COVID-19.»</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH/AEST
17.	Keep seniors safer in a crisis Page: 9 <i>Make sure long-term care remains robust, well-funded, and able to quickly respond to a crisis.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH
18.	Staffing retention strategy -Care for Seniors Page: 10 <i>Develop a staffing retention strategy that provides workers in long-term care and assisted living with "levelled up wages" even after the pandemic ends, and restore provincial standards for wages, benefits, and working conditions that were cut by the BC Liberals.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH/PSEC

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

5

» Related Briefing Note

2020 BC NDP Platform: Working for You

19.	Building better, public long-term care homes Page: 10 <i>Work with non-profits to build public care homes that keep seniors safer, healthier and more comfortable.</i>	HLTH
20.	Make sure private operators deliver better care Page: 10 <i>Make sure private operators deliver better care: For-profit care home operators failed to deliver more than 200,000 hours of care they were paid by the public to provide. We're putting care before profit through new requirements that will make sure private operators are more transparent and accountable for the public funding they get.</i>	HLTH
21.	Improve home care for safe, independent living Page: 10 <i>Expand publicly funded home care to provide better care and help with daily living - bathing, dressing, meal preparation and more - so people can stay in their own homes for as long as is safely possible. Improve continuity of care with seniors receiving visits from a more consistent group of care aides.</i>	HLTH

Advice/Recommendations;

Government Financial Information

Estimated Operating: Advice/Recommendations; Government Financial Information

Estimated Capital: Advice/Recommendations;

Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government Financial Information

Estimated Operating: TBC

Estimated Capital: TBC

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

6

» Related Briefing Note

2020 BC NDP Platform: Working for You

A 10-year cancer care plan		
22.	<div>10 Year Cancer Care Plan</div> <div>Page: 11</div> <div>Work with BC Cancer and BC's Health Authorities to:(1) ensure all cancer care patients get information and care when they need it, including in rural communities.(2) Provide more individualized care for cancer patients, including dedicated teams providing a full continuum of care.(3) Improve continuum of care by investing in new equipment, systems and procedures that deliver leading-edge prevention, screening, diagnosis and treatment services.(4) Expand and fund enhanced research and diagnostic capabilities, allowing health professionals to improve the precision of disease risk prediction. prevention. diaanostics and treatment</div> <div>Estimated Operating: TBC</div> <div>Estimated Capital: TBC</div>	<div>HLTH</div>
Saving Lives, healing pain		
23.	<div>Develop Complex Care housing</div> <div>Page: 13</div> <div>Provide an increased level of support – including more access to nurses and psychiatrists – for BC's most vulnerable who need more intensive care than supportive housing provides, including in places like the Riverview lands in Coquitlam</div> <div>Estimated Operating: TBC</div> <div>Estimated Capital: TBC</div>	<div>HLTH/MAH/SDPR</div>

Cabinet Confidences; Advice/Recommendations

Advice/Recommendations

Advice/Recommendations; Government Financial

Advice/Recommendations

Advice/Recommendations; Government Financial

2020 BC NDP Platform: Working for You

24.	Expand access to counselling Page: 13 <i>Invest in new e-health and other technologies, to bring mental health care to more people in all regions of BC – reducing counselling costs for people in rural and remote communities, in particular.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH/MHA
Making health care more affordable		
25.	Fight for a national pharmacare program Page: 14 <i>Fight for a national pharmacare program</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH

Advice/Recommendations;
Government Financial

Advice/Recommendations

Advice/Recommendations; Cabinet Confidences; Intergovernmental Communications

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

8

» Related Briefing Note

2020 BC NDP Platform: Working for You

26.	Enhance Fair Pharmacare Page: 14 <i>Continually review cost thresholds and drug eligibility with the goal of bringing the cost of prescription drugs.</i> Estimated Operating: \$ Estimated Capital: TBC	HLTH
27.	Free Prescription Contraception Page: 14 <i>While condoms can be easily found for little or no cost, and vasectomies are covered under MSP, prescription contraception is not covered.</i> Estimated Operating: \$ Estimated Capital: TBC	HLTH
Safer, caring & healthier neighbourhoods		
28.	Support police to focus on serious crime and safer neighbourhoods Page: 33 <i>Invest more in community-based mental health and social services so there are more trained front-line workers to help people in crisis.</i> Estimated Operating: TBC Estimated Capital: TBC	HLTH/PSSG

Advice/Recommendations;
Government Financial

Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government

Advice/Recommendations

STRICTLY CONFIDENTIAL

Last Updated:20/11/05

9

» Related Briefing Note

2020 BC NDP Platform: Working for You

29.	Support communities to address street disorder and public safety concerns Page: 34 <i>Continue to fund mental health intervention teams like the six new Assertive Community Treatment (ACT) teams recently announced for communities experiencing increased challenges with vulnerable residents.</i> Estimated Operating: Advice/Recommendations; Government Financial Information Estimated Capital: TBC	HLTH	Advice/Recommendations; Government Financial Information
-----	---	------	---