Template a: HSD -Key Commitments

Commitment	Lead	Support	Documents and or update
Ensure the COVID-19 fall and winter preparedness plan is implemented successfully, including providing a new Hospital at Home program so patients can get safe care while in the comfort of their homes.	CRHEM/ HSD (HSB)		a - Key commitment timeline HSD Hospit S.12; S.13; S.17
Move forward 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.	HSWBSD	HSD	HSWBSD preparing
Work toward eliminating multi-bed rooms in health authority- owned long-term care facilities, giving seniors more dignity.	HSD (SSB)	FCS/ supported by HSIAR	a - Key commitment timeline HSD multi t Input provided by Capital – Kirk Eaton
Support delivery of better care to seniors by private operators of long-term care homes by making them more accountable for the public funding they receive.	HSD (SSB)	FCS	08 a - HSD Key commitment timelin

Improve and expand publicly funded home care to provide better care and help with daily living so that people can stay in their own homes for as long as is safely possible, receiving care from a more stable group of care aides.		HSWBS/ FCS	09 a - HSD Key commitment timelin
Work with rural and Indigenous communities to ensure the success of our rural collaborative framework to deliver more immediate and culturally safe care closer to home.		ОІН	HSD A - Rural framework.docx
Where possible and appropriate, transition long-term care aides, housekeeping, and dietary hospital workers back into the public health care system.	HSWBSD	HSD	HSWBSD preparing
Seek to further reduce wait times by optimizing surgical and diagnostic space and teams, and add additional MRI scanners where they are needed most, so B.C. can keep pace with the demand for new surgeries and diagnostic scans	HSD	FCS	HSD A - Surgical Diagnostic Services
Make British Columbia a leader in the full continuum of cancer care by launching a 10-year cancer action plan.	HSD (PSB)		HSD A - 10-year cancer action plan_C s.12; s.13; s.17
Implement a comprehensive health care human resources strategy, expanding training in all fields of health care and improving the province's credential recognition process and licensing so that people trained in other countries can more quickly and easily provide their skills and knowledge here in B.C.	HSWBSD	HSD	HSWBSD preparing
Support the work of the Minister of Mental Health and Addictions to improve B.C.'s response to the opioid crisis across the full continuum of care: prevention, harm reduction, safe prescription medications, treatment and recovery, including transferring the	ммна	HSD (MHSU)	MMHA preparing

oversight of recovery homes and other private treatment				
providers to the Ministry of Mental Health and Addictions.				
Support the work of the Minister of Mental Health and Addictions				
to provide an increased level of support – including more access to	ммна	LICE /DCD	AAAAIIA	
nurses and psychiatrists – for B.C.'s most vulnerable by developing	IVIIVITA	HSD/PCD	MMHA preparing	
Complex Care housing.				
Support the work of the Attorney General and Minister				
responsible for Housing to address the needs of people		uco.	AG	
experiencing homelessness, including those living in	AG/MMHA	HSD	AG preparing	
encampments.				
Support the Minister of Health's work to hire 7,000 new health care	HSWBSD	HSD		
workers in long-term care and assisted living, ensuring the Health				
Career Access Program provides quality care for seniors and new			HSWBSD preparing	
opportunities for workers who lost their jobs in other sectors due to				
COVID-19.				
Engage non-profit providers to support the Minister of Health in			W	
our government's plan to build more public care homes, including	ucp (ccp)	FCC	W [≡]	
new public beds, to keep seniors safer, healthier and more	HSD (SSB)	FCS	07 a - HSD Key	
comfortable.			commitment timelin	
With support from the Minister of Public Safety and Solicitor				
General, lead work with community groups and the B.C. Seniors			w i	
Advocate to develop a made-in-B.C. Silver Alert system to help	HSD (SSB)		a - Key commitment	
assist first responders in locating missing seniors, particularly			timeline HSD Silver A	
those with dementia and Alzheimer's disease.				

Initiative: Hospital at Home to provide an alternative pathway to access acute care from patient homes

NA - d-k-lake	COVID 10 Fell/Micros Plans 10
Mandate letter commitment or pre-existing priority	COVID-19 Fall/Winter Plans.12 Hospital at Home program S.12
initiative, including mandate letter item from 2017	s.12 Commitment to introduce this new program was reiterated in the Minister of Health's
(include whether the item is linked to an existing public-	November 2020 mandate letter. The December 2020 Speech from the Throne noted: "A new Hospital at Home initiative is ramping up across the
facing program or strategy).	province that allows patients to receive medical services in their own homes, helping to reduce congestion in hospitals."
Proposed scope – brief summary	s.12
List any previous direction provided by Cabinet and its	
Committees for this initiative.	
Is legislation required? If yes, describe.	
Is additional funding required beyond the ministry's base	
budget allocation?	
Please provide preliminary estimates for annual costs	
over a 3 year period.	
Identify eviction CC allocations and for funding for	4
Identify existing \$\$ allocations and/or funding for	
"like"/existing programs (reinvestment opportunities),	
whether within the ministry or a group of ministries	
(collaboration opportunities).	1
Does the ministry require additional direction from	
Cabinet committees? If yes, which one?	1
Proposed schedule (recommended approach based on	
existing resources)	

s.12; s.17

Is an accelerated schedule feasible with additional resources?	TS.1
Are there significant implications if initiative is delayed?	Ť
Is timing contingent on other initiatives?	I
Notes/flags	T

Initiative: Long Term Care Capital Rejuvenation and Expansion

Mandate letter commitment or pre-existing	Work toward eliminating multi-bed rooms in health authority-owned long-term care (LTC) facilities, giving seniors more dignity
priority initiative, including mandate letter	
item from 2017 (include whether the item	
is linked to an existing public-facing	
program or strategy).	
Proposed scope – brief summary	s.12
List any previous direction provided by	-
Cabinet and its Committees for this	
initiative.	
Is legislation required? If yes, describe.	
Is additional funding required beyond the	
ministry's base budget allocation?	
Please provide preliminary estimates for	
annual costs over a 3 year period.	
Identify existing \$\$ allocations and/or	
funding for "like"/existing programs	
(reinvestment opportunities), whether	
within the ministry or a group of ministries	
(collaboration opportunities).	

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Does the ministry require additional direction from Cabinet committees? If yes, which one?

Proposed schedule (recommended approach based on existing resources)

Is an accelerated schedule feasible with additional resources?

Are there significant implications if initiative is delayed?

Is timing contingent on other initiatives?

Notes/flags

Initiative: Develop and implement a province-wide long-term care, standardized Service Contract, Funding Model and Long-term Care Monitoring Tool (quality and financial monitoring).

Mandate letter commitment or pre-existing priority initiative, including mandate letter item from 2017 (include whether the item is linked to an existing public-facing program or strategy).	Support delivery of better care to seniors by private operators of long-term care (LTC) homes by making them more accountable for the public funding they receive.
	s.12
List any previous direction provided by Cabinet and its Committees for this initiative.	
Is legislation required? If yes, describe.	7
Is additional funding required beyond the ministry's base budget allocation?	
Please provide preliminary estimates for annual costs over a 3 year period.	
Identify existing \$\$ allocations and/or funding for "like"/existing programs (reinvestment opportunities), whether within the ministry or a group of ministries (collaboration opportunities).	
Does the ministry require additional direction from Cabinet committees? If yes, which one?	
Proposed schedule (recommended approach based on existing resources)	
Is an accelerated schedule feasible with additional resources?	
Are there significant implications if initiative is delayed?	
Is timing contingent on other initiatives? Notes/flags	
Notes/ nags	

Initiative: Long Term Care Capital Rejuvenation and Expansion

Mandate letter commitment or pre-existing	Work toward eliminating multi-bed rooms in health authority-owned long-term care (LTC) facilities, giving seniors more dignity. (Mandate Letter 2020).
priority initiative, including mandate letter	
item from 2017 (include whether the item	Engage non-profit providers to support the Minister of Health in our government's plan to build more public care homes, including new public beds, to keep seniors safe, healthier
is linked to an existing public-facing	and more comfortable. (Mandate Letter 2020).
program or strategy).	
Proposed scope – brief summary	S.12
List and an discretization and discretization	4
List any previous direction provided by	
Cabinet and its Committees for this	
initiative.	
Is legislation required? If yes, describe.	

Is additional funding required beyond the ministry's base budget allocation?

Please provide preliminary estimates for annual costs over a 3 year period.

Identify existing \$\$ allocations and/or funding for "like"/existing programs (reinvestment opportunities), whether within the ministry or a group of ministries (collaboration opportunities).

Does the ministry require additional direction from Cabinet committees? If yes, which one?

Proposed schedule (recommended approach based on existing resources)

Is an accelerated schedule feasible with additional resources?

Are there significant implications if initiative is delayed?

Is timing contingent on other initiatives?

Notes/flags

(please do not include items where your ministry plays a supporting role but is not the lead – please keep to one page)

Initiative: Rural collaborative framework in rural and Indigenous communities.

Mandate letter commitment or pre-existing priority initiative, including mandate letter item from 2017 (include whether the item is linked to an existing public-facing program or strategy).	Work with rural and Indigenous communities to ensure the success of our rural collaborative framework to deliver more immediate and culturally safe care closer to home.
Proposed scope – brief summary	s.12
List any previous direction provided by Cabinet and its	
Committees for this initiative.	
Is legislation required? If yes, describe.	
Is additional funding required beyond the ministry's base budget allocation?	
Please provide preliminary estimates for annual costs over a 3 year period.	
Identify existing \$\$ allocations and/or funding for "like"/existing programs (reinvestment opportunities), whether within the ministry or a group of ministries (collaboration opportunities).	
Does the ministry require additional direction from Cabinet committees? If yes, which one?	
Proposed schedule (recommended approach based on existing resources)	
Is an accelerated schedule feasible with additional resources?	
Are there significant implications if initiative is delayed?	
Is timing contingent on other initiatives?	
Notes/flags	

(please do not include items where your ministry plays a supporting role but is not the lead – please keep to one page)

Initiative: Surgical/Diagnostic Services

2020 Mandate Letter:	- Seek to further reduce wait times by optimizing surgical and diagnostic space and teams, and add additional MRI scanners where they are needed most, so B.C. can keep pace
2020 Mandate Letter:	
	with the demand for new surgeries and diagnostic scans.
2017 Mandate Letter:	- Work to reduce wait times and implement province-wide co-ordination to manage and actively monitor waitlists. \$.12
	s.12
Proposed scope – brief summary	s.12
Previous direction provided by Cabinet	T
and its Committees for this initiative.	
Is legislation required? If yes, describe.	†
Is additional funding required beyond	†
the ministry's base budget allocation?	
the ministry's base badget anocation.	
Please provide preliminary estimates for	
annual costs over a 3-year period.	
	\perp
Identify existing \$\$ allocations and/or	
funding for "like"/existing programs	
Additional Cabinet committee direction	7
Proposed schedule (recommended	1
approach based on existing resources)	
approach sacca on chicking recearces,	
Is an accelerated schedule feasible with	†
additional resources?	
additional resources:	
Implications if initiative is delayed?	+
Implications if initiative is delayed?	4
Is timing contingent on other initiatives?	
A (f)	4
Notes/flags	

(please do not include items where your ministry plays a supporting role but is <u>not</u> the lead – please keep to one page)

Initiative: Cancer Action Plan		
Mandate letter commitment or pre-existing priority initiative, including mandate letter item from 2017 (include whether the	Make British Columbia a leader in the full continuum of cancer care by launching a 10-year cancer action plan.	
item is linked to an existing public-facing program or strategy). Proposed scope – brief summary	Is.12	
Proposed Scope – priet summary	S.12	
List any previous direction provided by Cabinet and its		
Committees for this initiative.	1	
Is legislation required? If yes, describe.	1	
Is additional funding required beyond the ministry's base budget allocation?		
Please provide preliminary estimates for annual costs over a 3 year period.		
		s.13
Identify existing \$\$ allocations and/or funding for "like"/existing programs (reinvestment opportunities), whether within the ministry or a group of ministries (collaboration opportunities).		
Does the ministry require additional direction from Cabinet committees? If yes, which one?		
Proposed schedule (recommended approach based on existing resources) -s.12 s.12		
Is an accelerated schedule feasible with additional resources? —		
Are there significant implications if initiative is delayed?	1	
	1	
Is timing contingent on other initiatives? Notes/flags Key Commitments & Initiatives Timeline Template December	er 2020 Confidential Advice to Cabinet	

Initiative: Improve and Expand Publicly Funded Home Care

initiative: improve and expand rubility runded nome care	
Mandate letter commitment or pre-existing priority initiative, including mandate letter item from 2017 (include whether the item is linked to an existing public-facing program or strategy).	Mandate Letter commitment: Improve and expand publicly funded home care to provide better care and help with daily living so people can stay in their own homes for as long as is safely possible, receiving care from a more stable group of care aides.
	s.12
List any previous direction provided by Cabinet and its	
Committees for this initiative.	
Is legislation required? If yes, describe.	
Is additional funding required beyond the ministry's base budget	
allocation?	
Please provide preliminary estimates for annual costs over a 3	
year period.	
Identify existing \$\$ allocations and/or funding for "like"/existing	
programs (reinvestment opportunities).	
Does the ministry require additional direction from Cabinet	
committees? If yes, which one?	
Proposed schedule (recommended approach based on existing	
resources)	
Is an accelerated schedule feasible with additional resources?	
Are there significant implications if initiative is delayed?	<u>1</u>
Is timing contingent on other initiatives?	
Notes/flags	

Initiative: Develop a "silver alert" type system to help assist first responders in locating missing seniors, particularly those with dementia and Alzheimer's disease.

Mandate letter commitment	MOH: With support from the Minister of Public Safety and Solicitor General, lead work with community groups and the B.C. Seniors Advocate to develop a made-in-B.C. "silver alert" system to help assist first responders in locating missing seniors, particularly those with dementia and Alzheim disease.
Proposed scope – brief summary	s.12
List any previous direction provided by Cabinet and	
its Committees for this initiative. Is legislation required? If yes, describe.	
Is additional funding required beyond the ministry's base budget allocation? Please provide preliminary estimates for annual costs over a 3 year period.	
Identify existing \$\$ allocations and/or funding for "like"/existing programs (reinvestment opportunities), whether within the ministry or a group of ministries (collaboration opportunities). Does the ministry require additional direction from	
Cabinet committees? If yes, which one?	
Proposed schedule (recommended approach based on existing resources)	
Is an accelerated schedule feasible with additional resources?	
Are there significant implications if initiative is delayed?	
Is timing contingent on other initiatives? Notes/flags	