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Ministry of Health

2022/23 – 2024/25 SERVICE PLAN

February 2022



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Minister's Accountability Statement



The *Ministry of Health 2022/23 – 2024/25 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 dark ink, appearing to read 'A. Dix', written over a light blue horizontal line.

Honourable Adrian Dix
Minister of Health
February 4, 2022

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Purpose of the Ministry

The Ministry of Health (the Ministry) is obligated under the Medicare Protection Act to preserve a publicly managed and fiscally sustainable health care system for British Columbia (B.C.), and to ensure that access to necessary medical care is based on need, and not the individual's ability to pay. The Ministry has overall responsibility for ensuring that health services meet the needs of all in B.C., and ensuring services are timely, high-quality, appropriate, equitable, and cost-effective. While the Ministry has overall responsibility for the province's health authorities, the 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 and are subject to the Health Authorities Act. A sixth health authority, the Provincial Health Services Authority (PHSA), governed by the Societies Act, is responsible for provincial clinical policy, the delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology planning and services.

Additional provincial legislation and regulations related to the health care system include the Pharmaceutical Services Act, the Laboratory Services Act, the Community Care and Assisted Living Act, and the Health Professions Act. Legislation and regulations related to the Ministry's public health role include the Public Health Act, the Emergency Health Services 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.

To deliver on health care system services and public health priorities, the Ministry partners with several other B.C. ministries, particularly the Ministry of Mental Health and Addictions (MMHA). The Ministry of Health is focused on supporting MMHA in the response to the illicit drug toxicity crisis, and in improving access to quality mental health and substance use services.

The Ministry also works in partnership with the First Nations Health Authority (FNHA), as well as the First Nations Health Council (FNHC), through current established pathways such as regional health caucuses and Nation assemblies. The FNHA supports the health and wellness of First Nations people in B.C, and is responsible for planning, management, service delivery, and funding of Indigenous health programs, in partnership with First Nations communities in B.C. The Ministry works with Métis Nation BC and the BC Association of Aboriginal Friendship Centres to support the health and wellness of Métis and urban Indigenous peoples in the province.

The Ministry recognizes that the implementation of B.C.'s Declaration of the Rights of Indigenous Peoples Act (DRIPA) is an evolving conversation from both the Province and Indigenous perspectives. Navigating change within Indigenous structures and agencies, locally, regionally, and provincially requires a principled approach. Relationship building with the acknowledgement of rights holders must be a basic understanding across government, demonstrated through evolving and existing partnerships, and by establishing new pathways

where needed and agreed upon. The Ministry is committed to a co-designed process with and for Indigenous Peoples of B.C.

The Ministry is also committed to working and collaborating with additional critical partners such as health professionals and their respective professional associations, health unions, local governments, health researchers, non-profit agencies, and patients and their families.

Strategic Direction

In 2022/2023, the Government of British Columbia will continue its whole-of-government response to the COVID-19 pandemic with a focus on protecting the health, social and economic well-being of British Columbians. Building on our economic, environmental, and social strengths while looking to seize opportunities to improve outcomes for all British Columbians will be an important aspect of each ministry's work as we respond to COVID-19 and recover from devastating floods and wildfires. The policies, programs and projects developed over the course of this service plan period will align with the five foundational principles established by Government in 2020: putting people first; working toward lasting and meaningful reconciliation; supporting equity and anti-racism; ensuring a better future through fighting climate change and meeting our greenhouse gas reduction targets; and supporting a strong, sustainable economy that works for everyone.

This 2022/23 service plan outlines how the Ministry will support the Province's priorities including the foundational principles listed above, and the selected action items identified in the November 2020 Minister's [Mandate Letter](#).

Responding and Recovering from the COVID-19 Pandemic

COVID-19 has affected all facets of life in B.C. and elsewhere, from the day-to-day restrictions on everyday life, to the severe impact it has had on parts of our health system.

The Ministry, working with the Provincial Health Officer, will continue to lead and coordinate the B.C. health system's response and recovery to COVID-19. This will include the health system's response to the disease itself, as well as the ongoing rollout of [BC's COVID-19 Immunization Plan](#), the largest vaccination rollout in the province's history.

The Ministry will continue to ensure that health services, including case finding, diagnosis, treatment, and those that support the recovery of people who contract COVID-19, meet population needs. This will be in conjunction with the ongoing layers of public health measures already mitigating the impacts of COVID-19.

COVID-19 continues to be present in British Columbia's communities and we expect it will continue to circulate for the foreseeable future. The government remains focused on managing the health and societal impacts of COVID-19 on B.C. residents and communities, and planning for a strong recovery from the social and economic impacts of the pandemic and the profound impacts on the health system from community to long-term care to acute care.

Commitment to Indigenous Health and Reconciliation

The Province of B.C. is committed to lasting and meaningful reconciliation with Indigenous peoples through the adoption and implementation of DRIPA and the Truth and Reconciliation Commission of Canada's Calls to Action. The Ministry remains vigilant in its work with health system partners to address Indigenous-specific racism in the health care system and to embed cultural safety using the comprehensive recommendations of the In Plain Sight report as a blueprint for action, honoring the Province's obligations under the Declaration Act. The In Plain Sight recommendations require a joint approach with Indigenous peoples in their implementation, consistent with the UN Declaration, which calls for consultation and cooperation between governments and Indigenous peoples in upholding Indigenous human rights. The Ministry is working with the First Nations Leadership Council, FNHC, the FNHA, and Métis Nation BC in the planning and implementation of all 24 recommendations.

The Ministry will continue to advance priorities in the following key areas: Indigenous recruitment and retention to support the hiring of a health care workforce that better represents the diverse communities it serves; improvements to complaints processes and mechanisms; embedding cultural safety and humility standards and education across all elements of the health system in alignment with a new, made-in-B.C. Cultural Safety and Humility organizational standard; and developing enabling legislation to support successful systemic change, all with the intention of increasing accessibility to culturally safe care and health services for Indigenous people in B.C. These approaches contribute towards the Ministry's mandate of advancing the shared journey of reconciliation, applying equity and anti-racism approaches, and addressing systemic racism in the health system.

The First Nations health governance structure, developed by and for B.C. First Nations, is underpinned by a series of tripartite agreements and health plans including the B.C. Tripartite Framework Agreement on First Nations Health Governance. The Ministry works in partnership with FNHA and FNHC through regional caucus pathways to bring issues and opportunities to the First Nations health governance representatives for direction. The Province of B.C. also works collaboratively with Métis Nation BC, as demonstrated through the Métis Nation Relationship Accord II (2016). Additionally, the Ministry remains committed to its work with health system partners under the Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C. (2015).

Performance Planning

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

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

This goal captures the Ministry's emphasis on transformational change based on key Mandate Letter priorities. 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. An integrated team-based approach provides easier access for people to receive culturally safe and equitable care, obtain follow-up, and connect to other services they may need, informed by evidence-based research in policy, planning, and practice. This goal also focuses on the Province's commitment to delivering the services people count on, particularly on improving and strengthening timely health services for seniors to ensure dignified, quality, culturally safe and appropriate care. Additionally, the goal supports those with mental health or substance use challenges and other adults who have complex care needs. Finally, the goal supports efforts to deliver postponed surgeries, to schedule and deliver surgeries that were not scheduled due to the COVID-19 pandemic and to improve wait times by optimizing resources, through effective information management, and by changing the way we deliver surgeries in B.C. to get more patients their surgery faster.

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

Key Strategies

- Deliver more integrated team-based primary care in urgent and primary care centres, full service primary care clinics, community health centres, and Indigenous-led primary health care projects to support the implementation of Primary Care Networks (PCNs).
- Work with partners to improve access to integrated, culturally safe, and equitable primary care services free of racism and discrimination, based on the needs of community populations and patients with chronic illness, complex medical needs, and frailty.
- Collaborate with health sector partners and communities to deliver appropriate, timely, culturally safe, and equitable care closer to home in alignment with the [Rural, Remote, First Nations and Indigenous COVID-19 Response Framework](#).
- Support [HealthLink BC](#) and PCNs in implementing digital and virtual team-based primary care services.

Performance Measure	2016/17 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
1.1 Number of Primary Care Networks operating or in implementation	0	59	85	85	85

Data source: B.C. Ministry of Health

Linking Performance Measure to Objective

Patients can be attached and have increased access to care through full-service family practices, urgent and primary care centres, community health centres, and First Nations-led primary health care projects, all supported through a Primary Care Network (PCN). This means 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.

Discussion

The implementation of the PCNs is part of a comprehensive provincial strategy to transform the BC health system. The 2021/22 forecast reflects the continued impacts due to the COVID-19 response and recovery. The total number of PCNs planned for the province to implement and sustain is 85 which is reflected in our future year targets.

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

Key Strategies

- Advance quality long-term care services to provide more people-centred, dignified and culturally safe care by expanding range of support, eliminating multi-bed rooms in health authority-owned facilities, and by enhancing oversight of contracted service delivery.
- Expand community-based models of care and digital solutions, such as the CareConnect electronic health record system, provincial prescription management initiatives, and remote patient monitoring, to ensure continuity of care between acute settings and community, and to enable seniors to stay at home longer.
- Improve integrated team and community-based care for seniors with complex medical conditions and/or frailty by implementing community specialized services that focus on integrating supports, including community-based professional services, community caregiver supports, palliative care, and assisted living.
- Engage with community, cultural, non-profit, and Indigenous partners in providing health and wellness, cultural, and educational services to support seniors in the community.

- Improve accessibility, responsiveness, and quality of community-based palliative, hospice, and home-based care to support those at the end of life with greater choice.
- Expand timely access to publicly funded community-based care services, home care supports, digital solutions, and specialized services for seniors so that they can remain at home for longer.
- Improve range of supports for people in long-term care homes to ensure they receive dignified and quality care, working with care providers, embedding person-centred respect and compassion in all service delivery.
- Fund each individual long-term care homes in B.C. to reach a minimum average of 3.36 direct care hours per resident day for each health authority to improve range of supports to people in long-term care.

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.2a Average direct care hours per resident day across all health authorities	3.11	3.40	3.36	3.36	3.36

Data source: Ministry of health

¹2021/22 forecast at Q2 is based on bed days (assumes 100% occupancy)

Linking Performance Measure to Objective

This performance measure identifies the minimum average direct care staffing hours per resident 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 homes.

Discussion

When the incremental hours per resident day funding was announced in Budget 2018, government committed to fund each health authority to reach a target of a minimum of 3.36 hours of direct care per resident day, on average, across long-term care homes by 2021. The targets represent the ministry goal for the total direct care staffing levels for each health authority to average 3.36 hours per resident.

Performance Measure	2017/18 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.2b Potentially inappropriate use of antipsychotics in long-term care	25.4%	27.0%	18.0%	18.0%	18.0%

Data source: Canadian Institute for Health Information

¹Forecast based on 2021/22 Q1. It is acknowledged that rates for this performance measure have been, and will continue to be, influenced by factors such as resurgences of COVID-19.

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.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous Ministry Service Plan, with the 2024/25 target set to maintain performance at 18 percent. Setting a constant target of 18 percent over three years allows for the Province to implement relevant strategies, and to improve performance over time from current levels. The forecast for 2021/22 has been updated to represent the pattern observed for the first quarter of the 2021/22 fiscal year and provides a more accurate forecast for this performance measure over the duration of the pandemic.

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.2c Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,360	2,167	2,750	2,700	2,650

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2021

¹ Forecast is not indicative of typical rates due to factors related to the COVID-19 pandemic.

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.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous Ministry Service Plan, with the 2024/25 target set to improve performance with an average annual decrease of 2 percent to capture continued improvement. The forecast for 2021/22 is lower than typical rates because of a decline in hospitalizations during the COVID-19 pandemic. Hospitalization levels are expected to increase to pre-pandemic levels.

Objective 1.3: Improved health outcomes, reduced hospitalizations, and increased access to supports for mental health and substance use challenges through effective community services

Key Strategies

- Implement virtual clinic options for people with mild-to-moderate mental health and/or substance use challenges, with a focus on youth aged 12-24.
- Enable more integrated and coordinated approaches to support prevention initiatives and to provide community-based supports and residential treatment services for individuals needing mental health or substance use care.
- Improve access and coordination across specialized services by ensuring clinical and communication pathways are functional between specialized services, acute and primary care services, and in emergency departments.
- Collaborate with the Government of Canada and Indigenous partners to implement a community-driven, Nations-based approach to culturally safe mental health and wellness, and substance use services.
- Support the MMHA with implementation of *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, focusing on prevention, early identification, improving access and quality of services, and enhancing child and youth mental health and substance use services.
- Support the MMHA to improve B.C.'s response to the illicit drug toxicity crisis and expand access to harm reduction interventions for vulnerable populations.
- Implement the *July 2021 prescribed safer supply policy* and improve delivery of *Opioid Agonist Treatment* and Registered Nurses/Registered Psychiatric Nurses prescribing medications for opioid use disorder.
- Support the MMHA and FNHA with the implementation of FNHA's *A Framework for Action: Responding to the Toxic Drug Crisis for First Nations*.

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.3 Percent of people admitted for mental illness or substance use who are readmitted within 30 days	14.7%	14.4%	13.9%	13.8%	13.7%

Data source: Discharge Abstract Database

¹Forecast based on 2021/22 Q1 data.

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.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous Ministry of Health Service Plan. The target for 2024/25 shows further improvement reflecting the lowest provincial rate of this performance measure in the past four years.

Objective 1.4: Timely access to appropriate surgical and diagnostic procedures

Key Strategies

- Implement the Ministry's [Commitment to Surgical Renewal](#) plan to complete the surgeries postponed due to COVID-19 and to meet new demands for surgery.
- Support health authorities to continue to increase surgeries by generating efficiencies, extending hours, optimizing operating rooms, and increasing capacity in the sector.
- Manage waitlists consistently, effectively, and efficiently, and continue to focus on patients through regular contact to confirm that they are ready, willing, and able to undergo surgery.
- Increase essential personnel through focused recruitment, additional training, enhanced retention strategies, and evaluation and implementation of new models of care.
- Further reduce wait times by optimizing and increasing accessibility to diagnostic services, including the addition of MRI scanners, where they are needed most to ensure timely and equitable access for all in B.C.

Performance Measure	2016/17 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
1.4 Total Operating Room Hours	545,419	597,000	676,500	682,700	689,600

Data source: AnaylsisWorks' Lighthouse

¹ Forecast is not indicative of typical rates due to factors related to the COVID-19 pandemic.

Linking Performance Measure to Objective

This performance measure reflects efforts to allocate surgical resources to increase access for surgical patients and to catch-up the cases lost due to COVID-19 while meeting the growing patient demand now and into the future. Funding, increased capacity (operating room hours), additional health human resources service coordination and process improvements all contribute to the ability to increase operating room hours.

Discussion

The targets for 2022/23 and 2023/24 are consistent with those in the previous ministry service plan. The target for 2024/25 shows further improvement reflecting an increase of one percent for Total Operating Room Hours. The forecast for 2021/22 is lower than typical rates due to factors related to the COVID-19 pandemic, as well as severe weather events which have impacted ongoing surgical renewal efforts within regions and across the province. This resulted in postponements of surgeries to protect hospital capacity and a redeploy of surgical staff to support other areas of the acute care system.

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

This goal focuses on improving and strengthening a range of important and innovative health services through long-term health promotion, illness and injury prevention, and hospital and laboratory medicine programs. This focus will support better, more equitable outcomes, and will meet the diverse needs of all in B.C. in alignment with the foundational principles of addressing systemic racism and increasing equity and accessibility throughout the health sector. The delivery of high-quality, culturally safe, and appropriate health services supports the commitments made under the *Declaration on the Rights of Indigenous Peoples Act* and the recommendations within the *In Plain Sight* report. This goal also focuses on preparedness and sustainability to prevent, respond to, and recover from public health emergencies.

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

Key Strategies

- Work with the Provincial Health Officer to refresh and maintain the province's pandemic preparedness and resource plan, including financial, technology and resource planning, and supply chain management.
- Work with health care sector partners and professionals to develop and strengthen the delivery of public health initiatives, long-term health promotion, illness and injury prevention services, and clinical preventative screening and diagnostic services.
- Advance the recommendations of the *In Plain Sight* report to foster a health system based on anti-racism, cultural safety, and humility that works to prevent health disparities caused by Indigenous-specific racism.
- Support local governments and First Nations communities, in partnership with Health Authorities and key stakeholders, to develop and/or update healthy living strategic plans.
- Work with partners to support health protection, and to support emergency preparedness, response, and recovery, while supporting the Province's commitment to climate change adaptation, and the provision of safe drinking water and food safety.
- Work with partners to adopt and implement the BC First Nations, Métis, and Inuit Cultural Safety and Humility organizational standard.
- Develop a suite of indicators to measure and monitor cultural safety for Indigenous patients and their families when accessing health care in B.C.

Performance Measure	2017/18 Baseline	2021/22 Forecast ²	2022/23 Target	2023/24 Target	2024/25 Target
2.1 Percent of communities that have completed healthy living strategic plans	62%	76%	78%	80%	81%

Data source: Health Authority annual community survey

²Forecast for 2021/22 is based on available data as of February 2022

Linking Performance Measure to Objective

This performance measure focuses on the proportion of the 160 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 factors at the community level. These actions and policies promote healthy, active lifestyles, healthy built environments, and social connectedness. Healthy living strategic plans are the product of collaborative relationships among health authorities, local governments, First Nations communities and key stakeholders.

Discussion

The 2021/22 rate (forecasted) for this performance measure met the target set in the Ministry's previous Service Plan. Health Authorities were able to develop and implement plans despite limited capacity due to factors related to the COVID-19 pandemic. The targets for 2022/23 and 2023/24 match those from the last year's Service Plan, with the 2024/25 target improving by a further one percent.

Objective 2.2: Continued improvement of hospital, pharmaceutical care, laboratory, and diagnostic services

Key Strategies

- Work in partnership with BC Emergency Health Services to improve paramedic-related services, including access to services in Indigenous communities, and fully implement the emergency service transportation and patient support elements of the Rural, Remote, First Nations and Indigenous COVID-19 Response Framework.
- Continue to improve the delivery of hospital-based services through health authority targeted program and service delivery improvement initiatives, such as reduction of crowding in hospitals and enhanced patient safety.
- Collaborate with the FNHA to strengthen culturally safe and accessible hospital services that integrate Indigenous-specific knowledge and practices to meet population needs.
- Continue to invest in the province's Fair PharmaCare program.
- Collaborate with health sector partners to implement a cross-sector provincial planning process to support accessible, timely, and culturally safe pathology, laboratory, diagnostic, and pharmaceutical services.

- Implement *The Pharmaceutical Care Management Strategy* to improve pharmaceutical care through increased cross-sector planning and coordination, and through stronger governance for improved oversight of the provisioning, management, and optimal use of pharmaceuticals, related systems, and services for sustainability.

Performance Measure	2017/18 Baseline	2021/22 Forecast ¹	2022/23 Target	2023/24 Target	2024/25 Target
2.2 Rate of <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days	3.8	3.5	2.9	2.9	2.9

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

¹ Forecast based on 2020/21 data.

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 health care providers.

Discussion

Target levels will be maintained at 2.9 which demonstrates the intention to implement strategies for improvement over the next three years.

Goal 3: Deliver a sustainable public health care system

This goal focuses on sustainable services through effective, efficient, and integrated provincial health system infrastructure, including human resources, digital and information technology, and meaningful and productive interjurisdictional partnerships to improve organizational capacity that enables equitable service delivery across the health system. This goal also describes how the health sector will continue to foster a culture of innovation throughout the health system to meet the ongoing needs of all in B.C.

Objective 3.1: A sustainable, engaged, skilled and diverse health sector workforce

Key Strategies

- Implement a comprehensive, sector-wide health care human resources strategy focusing on innovative and sustainable short and long-term approaches for recruitment and retention of health care workers, fostering an engaged, culturally safe, equitable, and respectful work environment.
- Ensure that Indigenous priorities are incorporated into provincial health workforce planning, including prioritizing the hiring of a health care workforce that better represents the diverse communities it serves.

- Work with health sector partners to implement strategies to reduce violence in the workplace, to protect the health and safety of health care workers, and to implement the *National Standard of Canada for Psychological Health and Safety*.
- Improve 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 in B.C.
- Promote workforce sustainability in long-term care and assisted living facilities through the *Health Career Access Program*.

Performance Measure	2016 Baseline	2021 Forecast ¹	2022 Target	2023 Target	2024 Target
3.1 Nursing and allied health professionals overtime hours as a percent of productive hours	3.8%	6.4%	3.8%	3.8%	3.8%

Data source: Health Sector Compensation Information System

¹ Forecast based on 2021 Q3. Forecast is not indicative of typical rates due to factors related to the COVID-19 pandemic.

Linking Performance Measure to Objective

Overtime is a key indicator of the overall health of a workplace. Later 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.

Discussion

In the Ministry's previous Service Plan, targets for future years were set equal to the baseline year value of 3.8 percent. The most recent data from 2021 Q3 shows an overtime rate at 6.4 percent, the highest overtime rate seen since the baseline was determined in 2016, due to factors related to the COVID-19 pandemic. In addition to the impacts of the pandemic, B.C. continues to face additional challenges such as national and international competition for Health Care workers, as well as the shift in how they work (e.g., opting for casual work over fulltime permanent positions). The Ministry is intent on implementing strategies for improvement and target a return to the historical baseline beginning in 2022.

Objective 3.2: Enable sustainable health sector innovation for quality population and patient health care

Innovation and partnerships are critical for the long-term sustainability of B.C.'s health care system. This objective focuses on positioning the health care system to focus on new and effective ideas using a system-wide approach for both clinical and administrative practices. Using innovative approaches will support health needs at both an individual and population level for all in British Columbia.

Key Strategies

- Modernize digital health and health resource management information systems, bolster health sector cyber-security policies, and update the legislative framework to enable digital health initiatives.
- Foster a culture and environment of innovation throughout the health system, implementing new ideas through targeted program and service delivery improvement initiatives.
- Work with academic experts and the health authorities to undertake research initiatives for improved primary, clinical and community care, and that support service delivery, innovative treatments, and continuous quality improvement.

Financial Summary

Core Business Area	2021/22 Restated Estimates ¹	2022/23 Estimates	2023/24 Plan	2024/25 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	16,547,635	17,539,818	18,052,927	18,627,195
Medical Services Plan	5,550,427	6,069,225	6,306,325	6,494,825
Pharmacare	1,470,454	1,513,972	1,538,972	1,563,972
Health Benefits Operations	49,158	49,158	50,190	51,690
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	264,546	283,722	294,259	309,259
Health Special Account	147,250	147,250	147,250	147,250
Total	23,882,220	25,455,895	26,242,673	27,046,941
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	242	30	30	30
Total Capital Expenditures	242	30	30	30
Capital Plan (\$000)				
Health Facilities	1,406,522	1,656,542	1,960,948	2,533,170
Total Capital Grants	1,406,552	1,656,542	1,960,948	2,533,170

¹ For comparative purposes, amounts shown for 2021/22 have been restated to be consistent with the presentation of the 2022/23 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 2022/23 – 2024/25 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.

Health Authorities and Hospital Societies	2021/22 Forecast	2022/23 Budget	2023/24 Plan	2024/25 Plan
Combined Income Statement (\$000)				
Total Revenue¹	20,675	19,644	20,434	20,511
Total Expense²	20,675	19,644	20,434	20,511
Net Results³	0,000	0,000	0,000	0,000

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 2021/22 Forecast is based on third quarter approved information provided by the health authorities and hospital societies. The 2021/22 Forecast, 2022/23 Budget, 2023/24 Plan and 2024/25 Plan are adjusted for inter-entity transactions between these agencies.

Capital Expenditures

Major Capital Projects (over \$50 million)	Targeted Year of Completion	Project Cost to Dec 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
Royal Inland Hospital Patient Care Tower	2025	298	119	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 February 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2025.</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>				
Vancouver General Hospital Operating Rooms Renewal - Phase 1	2021	93	9	102
<p>The Vancouver General Hospital Operating Room (OR) 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 OR renewal project includes construction of 16 new ORs 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 completed in May 2021.</p> <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>				
Children's and Women's Hospital Redevelopment	2020	657	9	666
<p>The redevelopment of BC Children's Hospital and BC Women's Hospital was completed in three phases. The first phase 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 consisted 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 included 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 reached substantial completion and opened to patients in summer 2020. The capital cost of the redevelopment project is estimated at \$666 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>				

Penticton Regional Hospital – Patient Care Tower	2022	283	25	308
<p>The Patient Care Tower (PCT) project was planned in two phases. Phase 1 construction of the new 25,582 square metre PCT started in April 2016 and included 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 involves 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 \$308 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>				
Royal Columbian Hospital Redevelopment – Phase 1	2020	245	6	251
<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> <p>The project resulted 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, completed in spring 2020, and the facility opened to patients in July 2020. The capital cost of the project is estimated at \$251 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>				
Royal Columbian Hospital Redevelopment – Phases 2 & 3	2026	186	1,058	1,244
<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 consists of 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 started in early 2021 and is expected to complete in 2025 and open to patients in April 2025. Phase 3 renovations are expected to be complete in 2026. The capital cost of the project is estimated at \$1.244 billion. The RCH Foundation is contributing \$30 million with the balance provided by the Province and Fraser Health Authority.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf</p>				

Peace Arch Hospital Renewal	2022	67	24	91
<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 2022.</p> <p>The total capital cost of the project is estimated at \$91 million. The Peace Arch Hospital Foundation is contributing \$38 million with the balance provided by the Fraser Health Authority and the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf</p>				
Red Fish Healing Centre for Mental Health and Addiction - 0əqi? ɬəwʔənəq leləm (previously Centre for Mental Health and Addictions)	2021	124	7	131
<p>The new 105-bed facility will be located on səmiq ʷəʔelə (pronounced Suh-MEE-kwuh-EL-uh), which means “The Place of the Great Blue Heron” in Coquitlam, and will replace the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility is expected to complete in summer 2021. The new facility 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 \$131 million and is fully funded by the Province.</p>				
Dogwood Complex Residential Care	2022	11	47	58
<p>The \$58 million replacement 150-bed long-term 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. Construction started in November 2020 and is expected to complete in December 2022.</p> <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>				
Lions Gate Hospital – New Acute Care Facility	2024	4	306	310
<p>Construction of the new six-storey Acute Care Facility (ACF) will replace 108 outdated and undersized inpatient beds, expand the perioperative suite (including eight 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 the new ACF with existing buildings. Construction is planned to begin in July 2021 and complete in 2024. The capital cost of the project is estimated at \$310 million. The Lions Gate Hospital Foundation will be contributing \$96 million with \$70 million provided by Vancouver Coastal Health Authority and the balance provided by the Province.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/692060/692060_Lions_Gate_Hospital_New_Acute_Care_Facility_July2018.pdf</p>				

Ministry of Health

New St. Paul's Hospital	2027	30	2,144	2,174
<p>The project to build a New St. Paul's Hospital at the Station Street site in Vancouver will result in a new core hospital (acute care centre and outpatient care centre) with capacity for 548 inpatient beds, a new and larger emergency department, a surgical suite, specialty outpatient clinics and an underground parkade. Construction began in May 2021 and the project is expected to be complete in 2027. The capital cost of the project is estimated at \$2.174 billion with \$125 million to be provided from the St. Paul's Foundation, \$1.327 billion from the Province, and \$722 million from Providence Health Care.</p>				
Mills Memorial Hospital Replacement	2026	98	525	623
<p>The Mills Memorial Hospital replacement project will replace the existing hospital originally built in 1959. The new hospital will include 83 inpatient beds, an increase of 39 beds over the existing capacity. There will be four 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 Hospital site. The new hospital will meet the needs of a Level 3 Trauma Centre. Construction is planned to start in spring 2021 and the project is expected to complete in 2026. The capital cost of the project is estimated at \$623 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>				
Burnaby Hospital Redevelopment – Phase 1	2027	14	598	612
<p>The Burnaby Hospital Redevelopment Phase 1 project involves construction of a new six-storey 83-bed Inpatient/Outpatient Tower and new energy centre, renovation and expansion of the Support Facilities Building (SFB), and renovation of the Nursing Tower. The new Tower will accommodate relocated services, including medical/surgical inpatient unit, outpatient services, consolidated maternity/labour and delivery unit, a mental health and substance use (MHSU) inpatient unit, and MHSU short stay assessment and treatment unit. Renovation and expansion of the SFB will improve access to care by providing additional operating rooms, medical device reprocessing department, additional parking, and renovations to key support services. Renovation of the Nursing Tower will permit the relocation of the medical and surgical inpatient unit and various administrative and support services. The project also includes the demolition of the Cascade and West Wing Buildings to make way for future development. Construction started in summer 2021 and is expected to be completed in fall 2027.</p> <p>The total capital cost of the project is estimated at \$612 million. The Burnaby Hospital Foundation is contributing \$34 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/bcdocs2021/715939/715939_1Burnaby_Hospital_Redevelopment_Combined_BTAA_Capital_Project_Plan_2020_02_20.pdf</p>				

Cariboo Memorial Hospital Redevelopment	2026	4	214	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 of 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. Phase 1 (new addition) construction is planned to start in spring 2022 and complete in summer 2024. Phase 2 (renovations) construction is planned to start in summer 2024 and complete in fall 2025, with the facility available to patients in early 2026. 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>				
Stuart Lake Hospital Replacement	2024	5	111	116
<p>The Stuart Lake Hospital (SLH) replacement project is a replacement of the existing SLH on the current site in Fort St. James. 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 spring 2022 and complete in fall 2024. The capital cost of the project is estimated at \$116 million. The Stuart Nechako Regional Hospital District is contributing \$18 million with the balance provided by the Province.</p>				
Cowichan District Hospital Replacement	2026	15	872	887
<p>The Cowichan District Hospital replacement project will replace the existing hospital originally built in 1967. The new hospital will be built on a 22-acre greenfield site on Bell McKinnon Road. The new hospital will include 204 inpatient beds, an increase of 70 beds. There will be seven operating rooms, 36 emergency department treatment spaces, and a Level I Nursery to support more newborns to stay locally when additional care is needed. Construction is planned to start in spring 2022 and complete in spring 2026. The new hospital is anticipated to open to patients in fall of 2026. The capital cost of the project is estimated at \$887 million. The Cowichan Valley Regional Hospital District is contributing approximately \$282 million with the balance provided by the Province.</p>				
Dawson Creek & District Hospital Replacement	2026	3	375	378
<p>The Dawson Creek & District Hospital (DCDH) replacement project is a replacement of the existing hospital on a 10-acre greenfield site in Dawson Creek on the nearby Northern Lights College campus. The new DCDH will be approximately 4,000 square metres larger than the existing hospital and will deliver a total of 70 inpatient beds, an increase of 24 beds. The project also includes an expansion of the emergency department, surgical and operating space, and ambulatory care services. Construction is planned to begin in fall 2022 and the new facility is planned to open for patient care in summer 2026. The capital cost of the project is estimated at \$378 million. The Peace River Regional Hospital District is providing approximately \$131 million towards the project with the balance provided by the Province.</p>				

Ministry of Health

New Surrey Hospital and Cancer Centre	2027	2	1,658	1,660
<p>The New Surrey Hospital and Cancer Centre (NSHCC) will help meet the needs of a growing and aging population in Surrey. The scope of the project includes 168 inpatient beds, emergency department, medical imaging department that includes computed tomography (CT) and magnetic resonance imaging (MRI), surgical suite, pharmacy, laboratory, and academic space. The new cancer centre will include an oncology ambulatory care unit, chemotherapy, radiation therapy, functional imaging including PET/CT, cyclotron, and space for six linear accelerators (five equipped at opening). The scope of the project also includes a childcare centre and underground and surface parking. The new hospital will be designed to achieve zero on-site carbon emissions and will be one of the first hospitals to achieve this status in Canada. Construction is planned to begin in summer 2023 and the new facility is planned to open for patients in summer 2027. The capital cost of the project is estimated at \$1.66 billion and is fully funded by the Province.</p>				
Richmond Hospital Redevelopment	2031	0	861	861
<p>The Richmond Hospital (RH) redevelopment project is a multi-phased project on the RH site that includes a new acute care tower. The new acute care tower will replace the original North Tower, which opened in 1964. The redevelopment will result in 353 inpatient beds on the campus for an increase of 113 beds. The new acute care tower will include 216 beds (of the 353 beds) all of which will be single occupancy. The project also includes 82 Emergency Department care spaces (an increase of 22 spaces), 11 operating rooms (an increase of three), eight procedure rooms (an increase of three), 69 Pre- and Post-Care surgical spaces (an increase of 43) and an expanded Medical Imaging Suite.</p> <p>Phase 1 of the project includes program relocation, demolition of the Rotunda and Park Centre buildings and site preparation for the new tower. Phase 2 of the project includes the procurement and construction of the new tower. Phase 3 of the project includes renovations of the South Tower and Phase 4 is the demolition of the North Tower and Power Plant. Construction of the tower is expected to begin in 2024 and be open for patients in 2027 with the renovations to the South Tower and Demolition of the North Tower completing in 2031. The capital cost of the project is estimated at \$861 million and is funded by the Province (\$791 million), Richmond Hospital Foundation (\$40 million) and Vancouver Coastal Health Authority (\$30 million).</p>				

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Dec 31, 2021 (\$m)	Estimated Cost to Complete (\$m)	Approved Anticipated Total Cost (\$m)
Clinical and Systems Transformation	2025	573	130	703
<p>The Clinical and Systems Transformation project was initiated in 2013 to improve the safety, quality and consistency of patient care by transforming health care delivery processes and systems, supported by a new, shared Clinical Information System for electronic health records (EHR) using the Cerner software platform for the Provincial Health Services Authority, Vancouver Coastal Health Authority, and Providence Health Care. Once completed, patient data from multiple systems will be consolidated into one electronic health record for use by care teams. The vision of this integrated system is “One Person. One Record. Better Health”.</p> <p>The project capital cost is estimated at \$703 million. A total of \$858,473 has been contributed by Doctors of BC. The balance of the project capital cost is funded by the Province.</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>				
IHealth Project – Vancouver Island Health Authority	2025	113	42	155
<p>The IHealth project involves the design and build of a new, modernized EHR platform. The project objectives are to:</p> <ul style="list-style-type: none"> • establish a single, shared EHR across all Vancouver Island Health Authority (VIHA) services, • enable information sharing from private primary care and specialist practices, • embed evidence and best practice standards into care processes, • provide patients with access to their information and tools that facilitate engagement in their health and care, and • complete digitization of the (VIHA) health record. <p>The project capital cost is estimated at \$155 million, with \$100 million funded by VIHA and the balance funded by the Province.</p>				

Appendix A: Agencies, Boards, Commissions and Tribunals

As of January 21, 2022, the Minister of Health is responsible and accountable for the following:

Health Authorities

Fraser Health Authority

FHA 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

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

Northern Health Authority

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

Provincial Health Services Authority

PHSA works collaboratively with the Ministry, B.C.'s five regional health authorities and the FNHA to provide select specialized and province-wide health care services, ensuring residents have access to a coordinated provincial network of high-quality specialized health-care services.

Vancouver Coastal Health Authority

VCHA 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

VIHA delivers public health, hospital, residential, community-based, and primary health care services to residents living in communities from Victoria to Cape Scott.

Agencies, Boards, Commissions, Tribunals, and Colleges

BC Emergency Health Services

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

BC Patient Safety and Quality Council

The BC Patient Safety and Quality Council provides system-wide leadership in efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, the Council promotes and informs a provincially coordinated, patient-centred approach to quality.

Data Stewardship Committee

The Data Stewardship Committee is established under the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and is responsible for managing the disclosure of information contained in a health information bank or a prescribed Ministry of Health database. *The Pharmaceutical Services Act* also mandates that the disclosure of PharmaNet data for research purposes is adjudicated by the Data Stewardship Committee.

Drug Benefit Council

The Drug Benefit Council is an independent advisory body that makes evidence-based recommendations on whether PharmaCare should include a drug in its formulary.

Emergency Medical Assistants Licensing Board

The Emergency Medical Assistants Licensing Board is responsible for examining, registering and licensing B.C. emergency medical assistants, including first responders. The board, under the authority of the *Emergency Health Services Act*, sets license terms and conditions.

Health Profession Regulatory Colleges

Regulatory colleges are the authorities under provincial legislation to govern practice of their registrants in the public interest. The primary function of colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics.

Medical Services Commission

The Medical Services Commission manages MSP in accordance with the *Medicare Protection Act and Regulations*. The responsibilities of the commission are two-fold: to ensure that all B.C. residents have reasonable access to medical care, and to manage the provision and payment of medical services in an effective and cost-efficient manner. The Commission's audit powers over health care practitioners are delegated to various special committees, including the *Health Care Practitioner Special Committee for Audit Hearings*.

Patient Care Quality Review Boards

The Patient Care Quality Review Boards are six independent review boards created under the *Patient Care Quality Review Board Act*. They receive and review care complaints that have first been addressed by a health authority's Patient Care Quality Office but remain unresolved.

Designated Officers

Assisted Living Registrar

The mandate of the Registrar, under the *Community Care and Assisted Living Act*, is to protect the health and safety of assisted living residents. The Registrar administers the assisted living provisions of the *Act*, which require assisted living operators to register their residences and meet provincial health and safety standards.

Director of Licensing

Under authority of the *Community Care and Assisted Living Act*, the Director of Licensing is designated by the Minister of Health and has powers to specify policies and standards of practice, and inspect the premises and records of licensed community care facilities, including long-term care homes and child care facilities.



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.

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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.

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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.

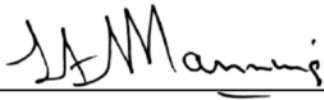
Sincerely,



Adrian Dix
Minister

Date: February 19, 2020

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



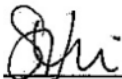
Kenneth Bassett
Board Member
Provincial Health Services Authority



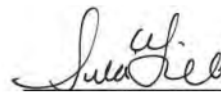
Lorianna Bennett
Board Member
Provincial Health Services Authority




Donisa Bernardo
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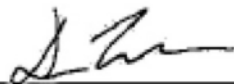
Clarence Louie
Board Member
Provincial Health Services Authority



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.

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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.

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- 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

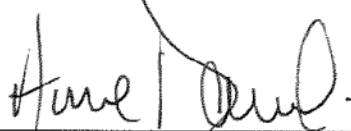
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Ms. Lori Wanamaker, Deputy Minister, Ministry of Finance
Ms. Heather Wood, Associate Deputy Minister and Secretary to Treasury Board,
Ministry of Finance
Dr. Stephen Brown, Deputy Minister, Ministry of Health
Diane Brennan, Board Member, Vancouver 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



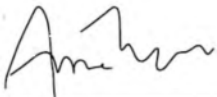
Diane Brennan
Board Member
Vancouver Island Health Authority



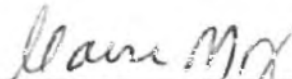
Anne Davis
Board Member
Vancouver Island Health Authority



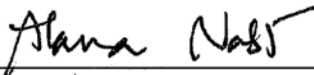
Ron Mattson
Board Member
Vancouver Island Health Authority



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

MAJOR CORPORATE ISSUE NOTE

Ministry: Ministry of Health

Issue: BC Emergency Health Services (BCEHS)

BCEHS continues to experience challenges that test, and in some instances, impact emergency response for British Columbians.

Background:

- BCEHS is part of the Provincial Health Services Authority and is responsible for the delivery, coordination, and governance of emergency health services for the Province. Since 2017, the BC Government has committed significant resources to improve and strengthen ambulance service.
- Through a series of announcements that took place in July, September and December 2021, the BC Government announced an increase in paramedics and dispatch staff, an expansion of ground ambulances, enhanced and expanded mental health supports for BCEHS staff and an expanded scope of practice for first responders and paramedics. These initiatives were part of an overall approach to strengthen BC's ambulance system to ensure it is faster and more responsive to British Columbians, a better place to work for paramedics and dispatchers, and able to rapidly meet changing demands and needs.
- In July 2021, a dedicated BCEHS Board of Directors was appointed by the Minister of Health, led by Chair and former Vancouver Police Chief, Jim Chu. The remainder of the Board was appointed October 18, 2021. Leanne Heppell was appointed to the new role of chief ambulance officer in July 2021 and was made permanent in that role on January 19, 2022.
- Provincewide, BCEHS responded to 555,852 total Medical Priority Dispatch System (MPDS) events in 2021/22. Since 2017/18 total MPDS events in metro, urban, rural and remote communities, have increased by 38,401 (7.4%). This significant increase is due to a variety of factors at varying times, including COVID-19, overdose and toxic drug supply related calls, extreme weather events and a growing and aging population with more complex health needs.

Current State

- Despite significant investments and enhanced governance, BCEHS continues to experience impacts to services. In July 2022, there were 3 cases where people were reported to have passed away while waiting for paramedics to arrive from a neighbouring community, including 2 seniors in Ashcroft and an infant in Barriere. BCEHS is reviewing all 3 incidents. In addition, there have been several reports of ambulance wait times including a September 1, 2022, incident where a former New Westminster city councillor was reported to have experienced a stroke and waited more than an hour for an ambulance to take her to the hospital.
- Delays in ambulance service are being experienced in urban, rural and remote areas of the Province and are related to staff shortages due to combination of factors (e.g., leaves, sick time, attrition). Rural and remote areas staff shortages are mostly attributed to the Scheduled on Call (SOC) model.
- In the 2019-2022 Collective Agreement, the Ambulance Paramedics and Dispatchers Association of BC – CUPE 873 (CUPE 873) and BCEHS agreed to implementing SOC as the paramedic staffing model in rural and remote communities.
- The SOC model was created to move away from the on-call staffing model in small communities that relied on the availability of paramedics to work around other commitments, without a guarantee of regular pay. SOC was designed to achieve 24-hour emergency paramedic coverage to improve service delivery and patient care, including community-based health care, recruitment and retention of paramedics, and health and safety of paramedics.

- SOC was implemented on Vancouver Island (and the Gulf Islands) in spring 2021 and provincially in early November 2021. There are 63 rural and remote communities across the Province that operate within the SOC model.
- Since SOC's implementation, local governments, citizens, CUPE 873, and BCEHS employees have raised concerns about the model, in particular the shift structure which is a 72-hour shift (8 hours at work with full wages, and 16 hours on-call for 3-day rotations). This type of rotation prevents paramedics from committing to shifts as it has direct impacts on them obtaining other employment and impacts childcare and other family/personal related activities. The SOC model also prevents these ambulances from providing cross coverage in other communities. The SOC model is viewed to have contributed to a lack of ambulance service, including extended wait times for patients and fire first responders, and ambulances being out of service.

- *Advice/Recommendations*

- To help address some of the concerns related to the SOC staffing model, on April 6, 2022, BCEHS introduced a temporary incentive that provides an increase in pay to paramedics who sign up to work in underserved communities. This temporary incentive has been put in place to help bridge staffing challenges in 26 smaller SOC communities, to help alleviate stakeholder concerns and to improve service levels. These temporary positions were posted in June 2022 and will be in place until October 24, 2022.

Strengthening BCEHS – Investments and Initiatives

- Since 2017, BCEHS' average spending has increased from \$424.254 million to \$559.141 million per year – a 31.8% increase.
- In 2021 alone, BCEHS expenses increased by over \$36 million, and Budget 2022 provides \$148 million over 3 years to increase the number of paramedics and dispatchers to respond to emergencies throughout BC. This infusion of funding has allowed BCEHS, in partnership with the BC Government, to make significant changes and investments since 2021. During this time, BCEHS added more than 500 new full and part-time permanent paramedic positions in rural and remote areas, in addition to 125 new full-time paramedic positions in urban areas. To further grow BCEHS' paramedic workforce, on September 13, 2022, BCEHS posted paramedic positions to support 32 stations (mostly Alpha stations that operate 24/7 throughout BC) to increase paramedic staffing and coverage.
- In late June 2021, BC experienced an extreme heat wave that tested the entire emergency response system, including ambulance services. During this time, BCEHS saw a dramatic increase in call volumes and events that required dispatch of an ambulance. On June 28, 2021, during the heat dome, BCEHS dispatch centres, at peak volume, received more than 3,000 phone calls and dispatched to a record-breaking 1,979 9-1-1 events – 36 per cent higher than on an average day.
- In response to the Heat Dome, several key actions were announced on July 14, 2022, to strengthen ambulance service and emergency care, including reconstituting the Board of Directors, 85 new paramedics and 40 new dispatchers. Also, as part of this announcement, BCEHS added 22 ambulances, 9 of which are already in service, and converted 24 ambulance stations from on-call paramedic staffing to 24-7 stations.

- At this time, the Minister of Health also directed the Emergency Medical Assistants Licensing Board to examine the scope of practice for first responders in the Province and made recommendations that will provide for an expanded role for first responders that would result in better out of hospital care for people. On December 3, 2021, the Minister announced his acceptance of the Board recommendations. Work commenced in January 2022 to amend regulations to expand the care and treatment paramedics and first responders can provide during emergency situations. Regulatory changes were approved in September 2022 and work is underway to allow paramedics and first responders to provide more lifesaving interventions on scene.
- As part of the continued action from the impacts of the Heat Dome, BCEHS developed a new Clinical Safety Plan (enacted in the summer of 2022) to increase capacity, maintain quality patient service, protect staff health and safety, and ensure timely communication with various stakeholders. The plan guides BCEHS during an extreme event through actions such as reassigning staff to support areas experiencing increased call volumes, reducing turnaround times at key hospitals, and using alternate care pathways and transport options so ambulances remain available for life-threatening 911 calls.
- As part of the Rural and Remote Indigenous COVID-19 Response Framework introduced in 2020, transportation improvements and increased access to emergency services included an additional 55 ground and 5 air ambulance resources and advanced care paramedics deployed to rural and remote communities.

Issue/Opportunity:

- Advice/Recommendations

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Next Steps:

- On October 3, 2022, bargaining with CUPE 873 and BCEHS will begin.
- Advice/Recommendations

MAJOR CORPORATE ISSUE NOTE

Ministry: Ministry of Health

Issue: Cancer Care

Cancer has become an increasingly urgent health care concern and BC Cancer is experiencing challenges in delivering timely care to British Columbians.

Background:

- BC Cancer is a provincial program of the Provincial Health Services Authority (PHSA). BC Cancer's mandate covers the full spectrum of cancer care from prevention, screening, diagnosis and treatment, research and education, to supportive and palliative care.
- BC Cancer operates 6 regional cancer centres, providing assessment and diagnostic services, chemotherapy, radiation therapy, and supportive care. Major BC Cancer centres are in Abbotsford, Kelowna, Prince George, Surrey, Vancouver, and Victoria. Cancer surgery is generally not done at the BC Cancer sites, although the Vancouver Centre does some minor procedures such as biopsies. Patients who require surgery as part of their treatment plan, are referred to a hospital in their health authority.
- The Ministry of Health, in collaboration with BC Cancer, is planning to expand the number of regional cancer centres from 6 to 10. A new cancer treatment centre at the new Surrey hospital is expected to open in 2027 and a new cancer centre in Burnaby is expected to open in 2028 as part of the Burnaby Hospital re-development project; 2 new centers in Nanaimo and Kamloops are currently in the concept planning stages.
- PET/CT imaging enables physicians to accurately diagnose and stage cancers, determine appropriate treatment options and treatment planning, and identify appropriate targeted therapies. BC Cancer operates 4 publicly funded PET/CT scanners. BC has 31 linear accelerators (LINACs) in the 6 regional cancer centres. LINACs provide external beam radiation treatments for patients with cancer.

Distribution of PET/CT and LINACs at Regional Cancer Centres:

Cancer Centre	Host Hospital	Year Opened	# of LINACS	# of PET/CT Machines	Cyclotron* on Site?
BC Cancer Vancouver	Vancouver General Hospital	1980	9	2	Yes
BC Cancer Surrey	Surrey Memorial Hospital	1995	5		No
BC Cancer Abbotsford	Abbotsford Regional Hospital	2008	4		No
BC Cancer Kelowna	Kelowna General Hospital	1998	5	1	No
BC Cancer Victoria	Royal Jubilee Hospital	2001	6	1	No
BC Cancer Prince George	University Hospital of Northern BC	2012	2		No

* A cyclotron is a type of compact particle accelerator which produces radioactive isotopes required for imaging procedures.

- Expanded cancer care services are also available through BC's 39 Community Oncology Networks (CONs). The CONs are a collaborative voluntary partnership between hospitals, health authorities and the BC Cancer regional centres. The CONs provide systemic therapy (chemo/hormone/immune therapy) to patients closer to home. CON's offer tiered levels of service, with tier 1 being the lowest level of services and 6 being the highest. The 39 CONs are distributed to the following health authorities:
 - 10 in Interior Health (Penticton, Grand Forks, Salmon Arm, Trail, Williams Lake, Cranbrook, Kamloops, Vernon, 100 Mile House and Nelson)

- 9 in Northern Health (Prince Rupert, Queen Charlotte, Kitimat, Dawson Creek, Fort St. John, Quesnel, Smithers, Terrace and Vanderhoof)
- 7 in Fraser Health (Chilliwack, Maple Ridge, Burnaby, Delta, Langley, Port Moody and White Rock / South Surrey)
- 6 in Vancouver Coastal Health (Powell River, Bella Coola, Squamish, North Vancouver, Richmond and Sechelt)
- 7 in Vancouver Island Health (Campbell River, Courtenay/Comox Valley, Cumberland, Duncan, Nanaimo, Port Alberni, Saanich)
- BC Cancer operates 4 province-wide screening programs to help identify cancer in its earliest stages, allowing for more treatment options and a better chance of recovery. Screening programs exist for breast, cervical, colon and lung cancer (launched May 2022). Screening services also exist for British Columbians who may have an increased risk for specific types of cancer through BC Cancer's Hereditary Cancer Program. This program provides genetic counselling and genetic testing to eligible patients.
- Cancer drugs and supplies are funded through the PHSA's Life Support Budget. A range of life support services are funded through this budget which also include medication and supplies for renal dialysis, organ transplantation, and cardiac services. Oncology accounts for more than 50% of the annual Life Support Budget (\$402 million of the \$779 million was spent in 2021/22).
- Indigenous Patient Navigator (IPN) roles have been created and are based at all 6 of the BC Cancer regional centres across the Province to support patients receiving cancer care who identify as First Nations, Métis or Inuit. IPNs provide support and advocacy for Indigenous patients by facilitating and coordinating access to health care services, addressing cultural and spiritual needs, and networking with Indigenous and non-Indigenous health system and community partners.
- Supportive Care services are available at all BC Cancer regional cancer centres. Some services are self-referred while others require a referral from a doctor or nurse. These services include nutrition, pain and symptom management, patient and family counselling, physiotherapy, psychiatry, speech-language pathology, art therapy, spiritual health and vocational rehabilitation.
- BC Cancer and BC Children's Hospital have also created the Adult Childhood Cancer Survivors Program for childhood cancer survivors. Children treated for cancer are at risk for health complications later in life. These health issues are called "late effects". Late effects change over time. Information about late effects also changes, so it is important for survivors to have up-to-date information. As part of this program, a clinic called the Late Effects, Assessment and Follow-up (LEAF) provides follow-up education to childhood cancer survivors.
- BC Cancer does collaborative, ongoing research to find the causes of cancer and develop better treatments. Research at BC Cancer is conducted by many nationally and internationally recognized scientists in over 60 labs at the BC Cancer Research Institute and BC Cancer sites across the Province. The BC Cancer Foundation is the primary fundraising partner for BC Cancer, which includes BC Cancer Research. The BC Cancer Foundation raises funds for cancer research and enhancements to care at BC Cancer.
- The BC Cancer Research Institute is organized through departments and programs with various themes. The BC Cancer Research Centre in Vancouver hosts several research programs including the well-known Terry Fox Laboratory which focuses on stem cells and Canada's Michael Smith Genome Sciences Centre. The Deeley Research Centre located in Victoria focuses studying how the immune system responds to cancer.

Issue/Opportunity:

- BC Cancer has experienced increasing service delivery pressures and declining performance over the past several years. This is the result of population growth, people living longer with cancer, and treatment options that are increasingly complex and personalized, all of which increases the time and resources needed to care for patients.

- In 2020, the BC government made a commitment to British Columbians to deliver a new 10-year Provincial Cancer Action Plan (the Plan). The Ministry has been working closely with BC Cancer to develop the Plan which will help address ongoing care challenges now and into the future.
- In the meantime, the Province has been moving forward with strategic investments to address the growing demand for cancer care services in BC and to build capacity and a strong foundation for the full 10-year Plan. Strategic investments have been made to expand screening programs, implement team-based care and hire oncologists through an increase in BC Cancer base funding (\$25 million in 2021/22 and \$41 million in 2022/23). An additional \$10.1 million has been also dedicated toward hiring 25 FTE oncology physicians through the physicians Alternative Payment Program.
- 36 new oncology roles have been added through the Ministry's addition of \$41 million in base funding for BC Cancer in 2022/23. These new physician roles, when combined with the 12 added in early 2021 and the 25 new alternative payment program-funded physician positions, add up to 73 new physician positions last year, and 84 over the last 3 years. BC's compensation for medical and radiation oncologists is currently being reviewed to ensure BC is competitive across Canada and to support recruitment and retention of oncologists. Oncologists who have recently departed or chosen not to accept a job in BC have cited compensation being an issue.
- To support the transition towards team-based care, base funding increases (inclusive of \$25 million and \$41 million) helped to hire 242.4 FTE of 326.8 FTE (74% of eligible hires) as of October 4, 2022.
- These FTEs represent an increase to the following workforce planning focus areas and will help to redistribute the workload and decrease pressures on oncology professionals to absorb a high volume of patient consults, freeing up more time to provide care to patients while increasing job satisfaction/retention. These FTEs include Radiation Therapy Service Technicians, Medical Physics, Clerical, Pharmacy, Nursing, Allied Health and providers (oncologists, GP oncologists, nurse practitioners and other physicians).
- Despite these investments, there continues to be declining cancer care system performance which would be significantly worse if funding was status quo and caseloads for oncologists continued to climb.
- The following table (Table 1) contains key wait-time performance measures by fiscal year for 2017/18 to 2021/22 as well as the most recently completed quarter in 2022/23. Generally, performance against wait-time benchmarks has deteriorated in recent years across all these key measures. Over the decade from 2012/13 to 2021/22 (ignoring the COVID-19 year of 2020/21), wait-time performance in the 4-week consult times for both medical and radiation oncology fell by an average of about 2% per year. Should those same trends continue, by 2023/24 it would be expected that only 47% and 58% of patients would see a radiation and medical oncologist within the 4-week target respectively.

Table 1: Key Wait-time performance measures for BC Cancer treatment and oncology consultation services.
Measures represent the % treated/seen within the benchmark wait-time

Priority Procedures and Benchmark	Target	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23 (Q1)
IV Chemotherapy Treatments (2 weeks)	90	95	91	82	84	80	77
Radiation Therapy Treatments (4 weeks)	90	92	90	91	91	87	84
Radiation oncology consult (4 weeks)	90	63	60	54	66	56	48
Medical oncology consult (4 weeks)	90	77	73	69	71	61	60

*Data confirmed as accurate based on BC Cancer, Analytics on Demand platform

- BC Cancer's provincial screening programs (breast, cervix, colon, lung) are experiencing challenges as well. While breast, cervix and colon screening volumes are back to pre-pandemic levels, the wait times for these screening programs are not currently meeting benchmarks. Much of this is due to Health Human Resource challenges. There are pilots underway to switch from using a traditional pap smear to detect cervical cancer to self-testing for Human Papilloma Virus (HPV). BC's Lung Cancer Screening Program, launched in May 2022, has been challenged to offer screening in all regions of the Province due to a shortage of CT scan technologists. Mitigation efforts are underway in all screening programs.

Next Steps:

- Cabinet Confidences; Advice/Recommendations
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- The Ministry is seeking a further lift in base funding to address growing demand for cancer care in Budget 2023.

MAJOR CORPORATE ISSUE NOTE

Ministry: Ministry of Health & Office of the Provincial Health Officer

Issue: COVID-19 Fall/Winter Pandemic Response

Background:

- The public health emergency declared by the Provincial Health Officer (PHO) remains in place due to the uncertain, ongoing spread of COVID-19 and the continued impact of the pandemic on the people of BC and, by extension, BC's health care system.
- The PHO is anticipating an increase in COVID-19 cases this fall/winter, along with surges in influenza and other respiratory illnesses not seen for the past two years. However, the impact on the health of the population and the health care system is uncertain. Modelling suggests the peak of illness may come at the end of November or in early December and that influenza may be seen earlier than pre-pandemic, possibly coinciding with a surge in COVID-19 in November and December 2022. The high level of immunity in the BC population that exists due to high COVID-19 vaccination rates and infection-induced immunity are expected to mitigate some of the impacts.
- The pandemic, along with BC's strategies to reduce the transmission of COVID-19, have impacted BC's health system and human health resources. Through the fall/winter of 2022/2023, work will be ongoing to mitigate the human health resource impacts and ensure the BC health system can meet the needs of patients and providers, while continuing to reduce COVID-19-related risks.
- To support pandemic management and the fall/winter response, the following strategies have been put in place to reduce transmission, prevent severe disease, increase immunity across the population, and create a resilient health care system:
 - A small number of PHO orders remain in place. This includes orders that compel private health professionals to report their vaccination status to their regulatory college; require vaccination for all staff employed by, or working in, most health care settings; the single site order which limits health care workers to a single worksite in long-term care (LTC)/Assisted Living (AL) facilities and other sites; limitations on visitors to LTC/AL; and authorization of non-traditional health care providers to carry out COVID-19 testing and vaccination. The single site order is being transitioned to ongoing policy.
 - A fall COVID-19 immunization booster campaign using bivalent COVID-19 vaccines launched on September 8, 2022 (see page 2 of this document for details).
 - Enhanced infection prevention and control measures for health care settings remain in place. These include a hierarchy of protective measures that include COVID-19 testing and self-monitoring; appropriate ventilation, cleaning, and disinfection; COVID-19 screening, outbreak management, signage, sick leave policies, and training; hand hygiene and immunization; and the use of personal protective equipment, such as medical masks, eye protection, and gloves.
 - Implementation of the Test-to-Treat strategy continues, to prevent severe illness by prescribing therapeutic treatment for people who are at higher risk from COVID-19 and influenza illness and who receive a positive test for either SARS CoV-2 or influenza.

Issue/Opportunity:

Office of the Provincial Health Officer Perspective¹

- Given the uncertainties this fall/winter, a multi-modal surveillance system is being planned to track changes in COVID-19 incidence and risk to help direct specific interventions, evaluate the impact of interventions and support cross-jurisdictional comparisons. Plans include augmenting

¹ Fall Outlook – Respiratory Viruses in BC – September 28, 2022 (http://www.bccdc.ca/Health-Info-Site/Documents/COVID_briefings/Fall_Outlook_Respiratory_viruses_Sept282022.pdf).

COVID-19-related surveillance with surveillance for other respiratory diseases, such as influenza and respiratory syncytial virus. Examples of surveillance methods that will be utilized include:

- Population trend and impact surveillance, as indicated by Medical Service Plan billed visits;
 - Sentinel practitioner and sentinel household surveillance to track community transmission and epidemiologic risk factors;
 - Facility-based monitoring (acute and LTC/AL) to track ongoing levels of risk and identify serious outcomes in these settings;
 - Wastewater analysis surveillance to broadly track community-level disease prevalence and trends;
 - Serological surveillance to analyze and understand levels of antibodies from infection, vaccination or both, the duration of those antibodies, and the anticipated level of protection against future infections; and
 - Lab-based whole genome sequencing to track existing disease variants and detect new and emerging variants.
- A new SARS-CoV-2 variant could emerge that is more transmissible and/or more virulent than the current dominant variant (Omicron BA.5). If this happens, the public health response will be tailored to the epidemiology of the new variant.
 - In addition to tracking COVID-19-related indicators, the health-related social consequences of the pandemic will be tracked.
 - The PHO does not anticipate issuing more orders due to the high level of immunity in the BC population and the broad understanding of personal measures people can take to protect themselves and prevent the spread of COVID-19, influenza and other respiratory illnesses. As mentioned above, if variants emerge that seriously affect the health of the population or the health care system, issuing additional PHO orders remains a possibility.

Immunization Program – Fall COVID-19 Booster Campaign²:

- Canada's National Advisory Committee on Immunization (NACI) recommends that everyone 12 years and older receive a COVID-19 vaccine booster dose to protect themselves, their families, and their communities. BC's fall COVID-19 immunization booster campaign launched on September 8, 2022.
- The fall booster campaign is using the recently approved bivalent COVID-19 vaccines, including Moderna Spikevax bivalent and Pfizer-BioNTech Comirnaty bivalent. This fall, BC expects to receive 3.1 million doses of bivalent vaccine, including 1.4 million of Moderna Spikevax and 1.7 million Pfizer-BioNTech Comirnaty.
- As with previous COVID-19 doses, invitations for the bivalent booster are being sent based on risk and age. The priority populations at greatest risk of COVID-19 related illness include people over the age of 60, Indigenous Peoples of all ages, people who are clinically extremely vulnerable, health care workers, and those who work with high-risk and vulnerable individuals.
- Currently, everyone 5 years and older in BC is eligible for a fall booster dose if they have completed their primary series for the vaccine (Doses 1 and 2) and it has been 6 months since their last dose.
- Children 6 months to 4 years old do not yet have a recommended COVID-19 booster.
- As of October 21, 2022, more than 3.6 million people have been invited through the Get Vaccinated system for their COVID-19 fall booster shot and 686,372 fall booster doses have been administered to date. This equates to an uptake rate of ~22% among eligible populations in BC.
- The COVID-19 fall booster campaign is being delivered through a combination of health authority clinics and community pharmacies across the Province. Approximately 1,300 pharmacies and 120 health authority clinics (not counting pop-up clinics for hard-to-reach populations) will be

² Fall Booster Campaign Technical Briefing for Media – September 6, 2022: http://www.bccdc.ca/Health-Info-Site/Documents/COVID_briefings/COVID-19_Fall_Booster.pdf

delivering COVID-19 vaccines during the peak of the campaign. BC's immunization infrastructure has capacity to immunize 250,000 to 280,000 individuals per week.

- Pharmacies are extremely busy, setting new daily and weekly records for the highest number of vaccinations administered.
- Health authorities are working through clinic capacity challenges in some communities. Options for authorizing alternate (non-traditional) immunizers are being explored with the Provincial Health Officer.
- Starting in early October 2022, most pharmacies and health authority immunization clinics are co-administering COVID-19 boosters and flu shots to anyone wishing to receive both vaccines. For older people, risk groups for poor outcomes due to influenza infection correlate strongly with those for COVID-19. Young children (0-5 year olds in particular) are known to have higher risks of more severe illness with influenza.
- Co-administering influenza and COVID vaccinations has proven to be an effective approach. Some health authorities are achieving over 75% co-administration rates.
- The Get Vaccinated system is being leveraged for people to book COVID-19 and influenza immunization appointments.

Pandemic Management and Health Human Resources

- Health authorities have established new processes to respond to the unprecedented hiring/staffing required to support COVID-19, including establishing new team-based care models of contact tracing, when appropriate, and outbreak management, working with community partners to support many of the non-clinical duties required at mass immunization clinics, and using non-traditional immunizers to provide immunizations.
- Additionally, retired professionals, including RNs, LPNs, medical practitioners and midwives who are not eligible for temporary emergency registration have also been given the ability, through the PHO Orders, to support immunizations. International Medical Graduates (not eligible for registration with the College of Physicians and Surgeons of BC) who have met specific qualifying requirements are also able to help.
- Temporary changes were made to the Medical Services Commission Payment Schedule in response to the COVID-19 pandemic. The changes supported the ongoing provision of physician services (e.g., access to virtual care services) and services in support of COVID-19 strategy (e.g., immunization, COVID therapeutics). The Ministry is currently assessing the temporary changes.
- The LTC sector continues to experience staffing challenges which predated the pandemic and similar to other health human resource sectors, have been exacerbated by the pandemic.
- Staffing challenges have resulted in temporary bed closures at a number of LTC sites reducing overall LTC capacity across the Province (from January to August 2022, the average monthly number of closed LTC beds was over 450 or approximately 1.6%, with a high proportion of these being in Interior Health).
- The Single-Site Staffing Initiative (SSSI) was introduced via Orders of the PHO to reduce the spread of COVID-19 within LTC, AL, private hospitals, standalone extended care, and provincial mental health facilities. To facilitate the SSSI, wage levelling for employees was enabled by the *Health Care Labour Adjustment (COVID-19) Order* through the *COVID-19 Related Measures Act (CRMA)*. The CRMA will expire on December 31, 2022, and is not anticipated to be extended beyond this date. The Ministry is currently planning for a post-pandemic staffing and labour standards model in the LTC/AL sector. The work aligns with November 26, 2020, ministerial mandate to "move forward a staffing retention strategy that provides workers in LTC/AL with 'levelled up wages' even after the pandemic ends, and to restore provincial standards for wages, benefits, and working conditions."

Mitigating the impact of COVID-19 on Long Term Care and Assisted Living Facilities

- The most vulnerable and disproportionately impacted by COVID-19 illness, those living in LTC and AL facilities, will be monitored closely by collecting information about the prevalence of positive resident and staff cases at a facility level, frequent communication with health authorities and regular engagement with LTC/AL industry representatives. Communication with these stakeholders indicates they are prepared for a possible surge in COVID-19 and influenza over the fall and winter.
- Over the course of the pandemic, health authorities and LTC/AL operators have developed robust and effective practices for preventing and responding to COVID-19 transmission in these settings, which remain and will continue to be implemented.

Next Steps:

- New variants of concern and sub-lineages, cases, hospitalizations, deaths, and outbreaks require ongoing monitoring, detection, and public health response.
- The impacts of the pandemic on health human resources will be closely monitored, and supports put in place if required to ensure the Province is able to maintain all existing COVID response measures (i.e., testing, surveillance, outbreak management); maintain existing health services across the continuum of health care; support the overall health of our workforce and manage burnout, fatigue, etc.; ensure the safety of staff and people being vaccinated; and rapidly and flexibly adapt to changing circumstances as a result of variable staffing supply, new vaccines, demand variability, and outbreaks.
- The COVID-19 infection prevention and control guidelines for health care facilities will require amending as the pandemic continues and until there is a shift to an endemic level of COVID-19. Personal protective equipment inventories will continue to be actively monitored and managed.
- The Province will continue to monitor vaccine supply and the uptake of appointments in order to appropriately adjust the rate of issuing invitations and align demand with clinic capacity, where possible.

MAJOR CORPORATE ISSUE NOTE

Ministry: Ministry of Health & Office of the Provincial Health Officer

Issue: Influenza Vaccine Program

Background:

Influenza

- Influenza (often called "the flu") is an infection of the upper airway caused by influenza A and B viruses.
- Young children, pregnant people, the elderly and people with certain medical conditions are at higher risk of serious illness or complications from influenza.
- The Province is preparing for the possibility of an influenza surge in 2022/23, following two years of low influenza rates due to reduced travel and socialization during the pandemic.
- In the southern hemisphere, the 2022 influenza season started earlier than normal and infection rates were significantly higher than they were in 2020 and 2021.
- Public health officials are encouraging all British Columbians six months and older to get vaccinated against influenza to protect themselves, their loved ones, and the health care system this fall and winter.

Influenza Vaccines

- Influenza viruses change from year to year. For this reason, influenza vaccine formulations are reviewed annually and updated as needed to protect against the current influenza strains that experts predict will be circulating in our communities.
- Influenza vaccines protect against either three or four strains of influenza. The vaccine you receive is based on your age, risk factors and product availability.
- For the 2022-23 season, two 'enhanced' influenza vaccines are being offered for BC seniors 65 and older:
 - Fluzone High-Dose Quadrivalent vaccine is being offered to seniors living in long-term care homes, assisted living facilities and First Nations communities. This vaccine contains four times the antigen of a 'standard' dose influenza vaccine. The additional antigen is intended to create a stronger immune response to compensate for the natural weakening of the immune system that occurs with age.
 - Adjuvanted Fluad vaccine is being offered to all other seniors. This vaccine uses an adjuvant (additive) in its formulation that promotes a better immune response in older adults.
- Canada's National Advisory Committee on Immunization (NACI) recommends that *any* of the available influenza vaccines should be used for publicly-funded immunization programs. They do not state a preference for or recommend one brand of vaccine over another.

Get Vaccinated System

- The Get Vaccinated system is the integrated vaccine distribution, inventory management, appointment booking, data entry and reporting platform used to successfully manage BC's COVID-19 immunization campaign.
- Leveraging the success of the COVID-19 vaccine roll out, pharmacies and health authorities are using the Get Vaccinated system to manage the COVID-19 *and* influenza immunization programs for the first time.

Issue/Opportunity:

2022/23 Influenza Immunization Campaign

- BC's annual influenza immunization campaign for the general public officially launched on October 11, 2022, two weeks earlier than in previous years. Immunizations for high-risk populations (e.g., seniors in Long Term Care) began on October 3, 2022.
- For a second consecutive year, universal eligibility for influenza immunization is in place and all BC residents six months and older are eligible to get a publicly-funded (free) influenza shot this season.
- All BC seniors 65 and older are being offered an 'enhanced' influenza vaccine for the first time this season.
- For the general public, influenza shots are available at a variety of locations across the province, including public health units, community pharmacies, and primary care providers' offices.
- For seniors in Long Term Care and seniors' Assisted Living facilities, influenza shots are provided on-site.
- New for 2022/23, people registered with the provincial Get Vaccinated system for COVID-19 immunization are automatically being sent invitations to book their influenza shot. If they prefer, people can also 'walk-in' for an immunization appointment at many community pharmacies and health authority clinics.
- Using the Get Vaccinated system will create a digital record for all flu shots that members of the public can access through the Health Gateway. In addition, an accurate and comprehensive record of all influenza vaccines administered in BC will inform and enhance future health system planning and program implementation for immunization.
- Anyone needing assistance booking their appointment can phone the provincial call centre. Additional capacity has been added to the provincial call centre to reduce wait times.
- In accordance with national recommendations, eligible British Columbians can get an influenza vaccine *and* a COVID-19 fall booster shot at the same time.

Key Statistics

- BC will distribute more than **1.8 million doses** of influenza vaccines this season. This includes more than **660,000 doses** of enhanced influenza vaccines for seniors.
- To date, **1.6 million doses** of influenza vaccine have been distributed across BC. The remaining doses are being held at the BC Centre for Disease Control (BCCDC) for contingency.
- As of October 21, 2022, more than **2.7 million people** have been invited for an influenza immunization appointment through the Get Vaccinated system.
- As of October 22, 2022 (11 days into the current public campaign) over **424,000** influenza vaccines have been administered in BC. Of these, approximately 83% of influenza shots have been administered by community pharmacists.
- During the 2021/22 influenza season (last season), 1,355,390 doses of influenza vaccine were reported as administered in BC, in total. This represented approximately 26% of eligible BC population.
- The cost of vaccine for the 2022/23 influenza program has been approved at \$18.8 million. Fee-for-service costs to administer the flu vaccine are estimated at \$18.2 million, based on historical administration costs.

MAJOR CORPORATE ISSUE NOTE

Ministry: Health

Issue: Primary Care

Widespread concerns have been expressed about the capacity of the primary care system to meet the health care needs of British Columbians, focused on the decreasing number of family physicians (FP) providing full-service, longitudinal primary care, exacerbated in recent months by FP retirements and clinic closures. There has been a strong public call from FPs and patient advocacy groups for urgent action to address this situation. Key issues linked to FP recruitment are inequities in compensation, the rising cost of overhead and other burdens associated with operating family practice clinics.

Background:

- Historically, the predominant model for delivering primary care services has been through “traditional” family practice clinics that are privately owned and operated by FPs with funding through a provincial fee for service payment system. This model has recently been described as “broken” by FPs and their representatives in BC.
- Efforts to sustain and improve primary care have been underway in BC since the 1990s. An early and continuing focus has been on sustaining primary care in rural and remote areas through a range of programs and incentives. In the mid-2000s, collaboration between the Ministry of Health and Doctors of BC (DoBC) established the GP Services Committee (GPSC) as a key vehicle for addressing FP issues and improving primary care. GPSC initially focused on improving chronic disease management through new financial incentives for FPs. In 2010, GPSC shifted its focus to organizing and giving collective voice to FPs in local communities through creation of Divisions of Family Practice. A significant focus since 2010 has been on enhancing patient attachment (including through GP4Me, which aimed to see everyone in BC attached to a family physician by 2015), the development of criteria for full service family practice, and the idea of networking family practices together and collaboratively engaging with health authorities and other partners at a local level to better coordinate services.
- The issue of attachment has been longstanding and difficult to measure accurately. The most common reference point Canadian Community Health Survey data, which suggests BC residents identifying as not having an FP has increased from 10.6% (approx. 437,000) in 2003 to 19.1% (approx. 983,000) in 2020.
- An additional issue started to emerge in the middle of the last decade – the increasing cost of living and running a practice in the metro and large urban areas of the Province, with physician complaints that increases in compensation have not kept up with rising overhead costs resulting in a significant reduction in compensation for many physicians.
- In 2017, the new provincial government committed to make team-based primary care a top priority for the Ministry. The importance of implementing interprofessional models to improve access and quality has been widely endorsed and adopted across multiple jurisdictions over the past decade. A team-based approach leverages the skill sets of different health professionals and allows greater flexibility in care planning and delivery than the traditional single-physician model. Teams broaden the availability of clinical supports for patients and significantly extend the capacity of family physicians. The approach has been strongly endorsed by the DoBC.
- The new government also introduced a new urgent care model with the goal of bridging a gap between emergency departments and walk-in clinics, built around a team-based care approach to providing enhanced urgent and complex episodic care that would reduce pressure on emergency departments and help build out attachment.

- In 2018/19, the government launched its renewed primary care strategy, confirming its commitment to team-based primary care strategy and the establishment of Primary Care Networks (PCNs) and Urgent and Primary Care Centres (UPCC). In 2020, the government re-committed to continue expanding out PCNs (which had commenced implementation in 2019/20) to deliver increased attachment and better coordinated care, as well as putting in place 50 UPCCs by the end of 2023/24. The funding committed to primary care initiatives as of June 2022 is \$339 million in operating funding when fully implemented (i.e., PCNs have four-year service plans), \$32 million in change management funding, and over \$113 million in one-time start up and capital funding.
- Significant progress is being made:
 - 59 PCNs are now implementing 4-year service plans (18 in Y4; 21 in Y3; 14 in Y2; and 6 are just starting in Y1) with a target of a total of 85 PCNs expected to be underway by the end of 2023/24, which will provide broad geographical coverage across BC.
 - 27 UPCCs are now operating with another 3 due to open in September this year and planning is underway for a total of 50 UPCCs to be open by the end of 2023/24.
 - Several new community health centres, nurse practitioner clinics and First Nations clinics are also either open or under development.
 - At Period 2 of 2022/23 (to June 30) across all of the various primary care initiatives, funding for a total of 1965 FTEs (over four years) of team-based care resources have been approved, with 1184 FTEs recruited.
- The COVID-19 pandemic had a very significant impact on primary care, like other areas of the health system, and in particular on the ability to advance the strategy to the degree originally planned. The past 2 years have also seen one of the most significant shifts in the practice of family medicine in decades as most FP offices switched rapidly from in-person to virtual care. The impact of this shift on the quality and access to care is not yet understood, and the challenge of understanding what an appropriate balance of office-based vs. virtual primary care is still being actively debated.
- In addition, the pandemic appears to have been a tipping point for some FPs to retire, as has been the case in other sectors, but without a cadre of new to practice FPs being willing to take over their practices. Increased attrition may continue to be a challenge over the next several years as approximately 37% of FPs in BC are older than 55. This situation has led to a cohort of newly unattached patients, often older and with complex needs, now searching out care through walk in clinics, UPCCs, virtual providers and emergency departments, which do not provide the type of longitudinal care that they require. Combined with broader challenges FP recruitment, this is leading to stress on these service providers.
- The recruitment challenge is driven by the fact that most younger FPs are opting to go into better paying hospitalist, locum, virtual and UPCC options rather than wanting to take on the more complex and demanding work of full-service family practice. Beyond remuneration, other key considerations affecting the choices of younger physicians are lifestyle (work-life balance), reduced administrative and other responsibilities, ability to best manage student debt load, childcare, and caregiver responsibilities.
- A further issue that has emerged in the past 2 years is the entrance of several larger corporations in the primary care sector (e.g., WELL Health; Telus MyCare; Jack Nathan Health/Walmart; Primacy Medical Clinics/Superstore; The Health Clinic/Shoppers Drug Mart) that have taken over or are offering practice management/desktop support services to FP clinics and/or providing access to virtual care. This is not uncommon in other areas of health care (e.g., lab services, long term care). However, there has been some public concern expressed about this trend and it warrants consideration as to whether additional regulation and/or policy is required to circumscribe this development and/or ensure alignment and integration with the primary care strategy and system.

Issue/Opportunity:

- In May 2022, the Premier, Minister of Health and Deputy Minister of Health met with leadership from the DoBC to better understand concerns being raised by FPs in the media. A commitment was made that the Ministry would work with DoBC to address these concerns, and specifically to address compensation and overhead issues as well as issues related to the governance of PCNs and UPCCs. Since that time the Ministry has been meeting multiple times per week on a routine schedule with DoBC to further examine the issues and identify actions to achieve tangible results in both the short and longer terms.
- In June 2022, the Ministry received a mandate from Cabinet to pursue a series of immediate short-term actions to stabilize and prevent the closure of further FP clinics, as well as a series of additional actions over to improve access and attachment over the next two years. In the short term, the Ministry has introduced a New to Practice Incentives Program which provides a signing bonus, increased rate of pay, an overhead payment and significant debt relief payments to new FPs who choose to work in full-service, longitudinal primary care. Additionally, the Ministry and DoBC agreed to provide \$118 million in funding to support FPs and their clinics over the next 4 months while a new payment model is under development to address compensation and overhead issues more permanently. Prior to the launch of these initiatives, the Ministry also provided financial support to sustain services at a number of walk-in clinics with the South Island and Victoria PCNs.
- The Ministry and DoBC are also working on a series of actions to improve primary care more substantially over the next two years, with the goal of delivering approx. 33 million FP encounters per year predominantly through full-service family practice clinics supplemented by episodic care:
 - Access to episodic care (especially for unattached patients) provided by UPCCs, walk-in clinics, and provincially coordinated virtual primary care services.
 - Build out core team-based practice for full-service family practices built around FPs as clinical leads supported by Nurse Practitioners, Nurses/Physician Associates practicing within their full scope of practice supported by a Medical Office Assistant.
 - Remove payment inequities (including the overhead issue) that discourage FPs becoming full-service family practitioners.
 - Address other challenges facing family practice: locum cover-off; responsive referrals to medical specialists and health authority services; reducing administrative burden.
 - Reset working relationship between FPs, medical specialists and health authorities. Increase specificity of mutual accountabilities and reporting requirements for all parties.
- Discussions on a new payment model for FPs have been prioritized by the Ministry and DoBC and are expected to conclude by September 23, 2022. The model is intended to address compensation and overhead disparities and draw on strengths of other existing models, but also simplify administrative burden and clarify service expectations for FPs benefitting from the model. The model will address issues related to access, time, panel size and complexity. The new payment model will be subject to Treasury Board approval of funding required, as well as successful conclusion of Physician Master Agreement negotiations, which are expected to conclude by October 14, 2022.
- The partners are also in discussion of a range of other issues beyond the payment model, including (among other things): clinical guidance for the appropriate use of virtual technologies; revising the governance model for primary care; expanding use of the Health Connect Registry to assist people seeking attachment; establishing a clinic and provider registry so the Ministry has a better lens on clinic ownership and service capacity; and, a patient rostering system that will support the new payment model and provide a better understanding of who is attached and to which providers and clinics in our province.

Next Steps:

- Short term stabilization payments to FPs and their clinics are expected to be made in October 2022.
- The Ministry will continue its discussions with DoBC on a new payment model for FPs with a target date for completing discussion by September 23, 2022. It is anticipated the Ministry will present the new payment model and funding requirements to Treasury Board in October 2022. Administrative details to enable payment of FPs under the model by January 2023 will be worked through between October and December 2022.
- PMA negotiations are expected to conclude by October 14, 2022, with ratification to take a number of weeks, likely concluding by December 2022.
- The Ministry is also in process of revising and updating the primary care strategy and accompanying policies to reflect discussions underway, with the aim of providing updates to health sector partners later in the Fall.

MAJOR CORPORATE ISSUE NOTE

Ministry: Ministry of Health

Issue: Surgeons

Update and overview of surgical renewal and next steps regarding 5-Year Surgical Plan for addressing wait times in BC.

Background:

- On March 16, 2020, the government made the decision to postpone non-urgent scheduled surgeries due to COVID-19, so hospitals would have the capacity to respond to the pandemic. The postponement of non-urgent surgeries was implemented as a last resort. During this time urgent and emergent surgeries continued to be completed.
- In May 2020, government launched BC's surgical renewal commitment to catch up on surgeries postponed due to COVID-19 and significantly increase the number of surgeries performed above pre-pandemic levels. The Commitment to Surgical Renewal outlines 5 steps:
 - 1) increasing surgeries;
 - 2) increasing essential personnel;
 - 3) focusing on patients;
 - 4) adding more resources; and
 - 5) reporting on progress.
- The plan prioritizes urgent surgeries; patients who had their surgery postponed and have been waiting over twice their clinical benchmark; day surgeries; and maximizing surgeries that can be performed outside of operating rooms. The initiatives included under Surgical Renewal are being made permanent as the government works to further improve upon the delivery of surgical services for patients within the Province.
- The government committed an initial \$250 million to achieve this goal and in Budget 2021, government committed \$495 million over 3 years to support surgical and diagnostic strategies. The focus on surgical renewal was further supported in Budget 2022, with the government committing a further \$303 million over 3 years to address waitlists for surgeries and scans.
- As of August 18, 2022, 99.9% of the surgeries for patients who had their surgery postponed in the first wave of COVID-19 have had their surgery completed, 98.7% from the second and third waves and 95.3% from Waves 4 and 5 and extreme weather events have also had their surgery completed.
- In 2021/22, Year 2 of surgical renewal, a total of 337,560 scheduled and unscheduled surgeries were completed; 21,284 more than Year 1 (6.7%) and 7,155 more than 2019/20 (2.2%). The highest ever performed in a year in BC.
- To achieve these volume increases additional surgical capacity has been added and continues to be added across the Province. Initiatives to increase capacity include extending operating rooms (ORs) to run in the evenings and weekends, reducing seasonal slowdowns, opening new and unused ORs, and increasing private contracted capacity. During the first year of surgical renewal, 74 initiatives were put into place across all health authorities to increase operating room time and capacity and the number of initiatives continues to increase.
- Recent significant investments in operating room (OR) capacity include:
 - Interior Health will add 5 new ORs: 2 at Kelowna General Hospital and 3 at Royal Inland Hospital in Kamloops;
 - Vancouver Coastal Health opened 4 new ORs as part of Vancouver General Hospital's OR Renewal Project, on completion the hospital will have the ability to run 30 OR's; and
 - Vancouver Island Health purchased 2 private clinics., View Royal and Seafeld clinics, to maximize capacity.

- In the 2022/23 fiscal year, private centres continue to be utilized to increase capacity across BC. False Creek has continued to support capacity increases in Fraser Health and Vancouver Coastal Health. Lasik MD continues to add capacity to Vancouver Coastal Health, Prince George Surgical Centre has been used to increase capacity in Northern Health, and Kamloops Surgical Centre and Okanagan Health Surgical Centre in Interior Health.
- As part of surgical renewal efforts have been made across the health authorities to increase health human resources. Health authorities have trained an additional 400 perioperative nurses and 100 medical device reprocessing technicians resulting in a net increase of 299 nurses and 55 technicians. There has also been an additional 602 nurse training and 300 allied health professional training seats added across the Province.
- In addition to OR capacity and health human resource improvements, further actions were taken to address waitlist management and pre-surgical screening. On July 13, 2021, the Ministry of Health issued a refreshed Surgical Waitlist Management Policy that will improve patient access, health authority communications, and waitlist integrity. In 2021, the Ministry also initiated work on a pre-surgical screening tool that would better prepare patients for surgery and provide anesthesiologists with the information they need to risk stratify patients in preparation for surgery.

Issue/Opportunity:

- COVID-19 and extreme weather events have impacted some sites and some surgeries more than others. For example, Orthopedics has raised significant challenges at the University Hospital of Northern BC. Northern Health was significantly impacted by COVID-19 as critical care capacity required the diversion of surgical resources to care for critically ill patients. Northern Health has also been unable to secure the anesthesia staffing needed to open additional OR capacity. Interior Health also faced challenges due to COVID-19 and extreme weather events.
- Surgical wait times remain a focus for the Ministry and health authorities under surgical renewal. In 2022/23 ongoing efforts are being made to continue to increase capacity, perform more surgeries, train, and recruit more staff, and address urgent and long waiting surgeries.
- To support this the Ministry has undertaken modeling of operating room time and opportunities to reallocate operating room time to improve wait times for urgent and long waiting patients. Building on this modelling the Ministry is working to develop a 5-year health authority site-based plan that recognizes the strengths and limitations of individual sites and achieves meeting the overall wait time objectives (95% of all surgeries completed within clinical benchmark wait times). At this time draft incremental wait times targets have been developed with next steps being to further refine the wait time targets and develop the supporting workplan, engagement strategy, and reporting metrics.

Next Steps:

- Throughout the fall/winter 2022/23 the Ministry will be meeting with stakeholders to inform and gain further endorsement of the 5-year plan.

MAJOR CORPORATE ISSUE NOTE – TOXIC DRUG CRISIS

Ministry/Ministries: Ministry of Mental Health and Addictions, Ministry of Health, and Public Safety
Solicitor General

Issue: Response to the Illicit Toxic Drug Crisis

- The illicit drug supply has become increasingly toxic since the public health emergency was declared in 2016, and there continues to be a rising number of deaths with extreme fentanyl concentrations and benzodiazepines, among other emergent substances (e.g., Xylazine).
- In 2021, there were 2,269 illicit drug toxicity deaths - the highest number of deaths on record in BC and a 28% increase since 2020 (1,775).
- The BC Government has responded by making investments in a range of initiatives aimed at reducing harms, saving lives, and connecting people to a comprehensive system of care.

Background:

- In April 2016, the BC Provincial Health Officer declared deaths due to the toxic drug supply a public health emergency.
- In December 2017, MMHA established the Overdose Emergency Response Centre (OERC) to coordinate the province's response to the toxic drug crisis.
- In June 2019, the Ministry of Mental Health and Addictions launched *A Pathway to Hope, a roadmap to improve mental health and addictions care for people in British Columbia*, which guides government's response to the toxic drug crisis and outlines a continued focus on overdose emergency response.
- In August 2020, the Public Prosecution Service of Canada (PPSC) issued a guideline to federal prosecutors on the prosecution of controlled substances, recognizing that substance use is a public health issue and suggesting that prosecution of simple possession be avoided unless there are public safety concerns.
- Recent provincial policing priorities delivered to the Municipal Police Boards included guidance for policing units to consider pursuing a public health and harm reduction approach in line with the April 2019 recommendations of the BC Provincial Health Officer in the report "Stopping the Harm: Decriminalization of People Who Use Drugs in BC", and work to support community efforts to reduce stigma and enhance pathways into substance use systems of care.
- Since the public health emergency was declared in 2016, the government has made significant cross-Ministry efforts to implement several key initiatives, along with historic investments in a range of services and supports.

Harm Reduction Services and Programs

- The BC government has invested in a comprehensive range of harm reduction services and programs aimed at reducing harms and saving lives of people who use illicit substances.
- Initiatives include: Take Home Naloxone; overdose prevention/supervised consumption services; drug checking; Mobile Response Team; and the Lifeguard app.

Community-based Projects

- The Community Crisis Innovation Fund is a \$6 million annual investment that supports innovative, community-based responses to the toxic drug crisis.
- MMHA works with a range of community partners to collaboratively identify, prioritize, and recommend programs and projects to receive funding.
- Funding supports community-driven responses to the toxic drug crisis for several initiatives and

projects, including Community Action Teams, the Provincial Peer Network,^{Advice/Recommendations} and Local Leadership United.^{Advice/Recommendations}

Prescribed Safer Supply

- In March 2020, the BC Centre on Substance Use, in partnership with the Province, released the Risk Mitigation Guidance (RMG).
- The RMG was introduced in 2020 to mitigate substance-related risks in the context of COVID-19 and is considered the first phase of prescribed safer supply in BC. In July 2021, the Province released the *Access to Prescribed Safer Supply in British Columbia: Policy Direction*.
- The policy builds on the RMG and is a broad public health-oriented, health system-level intervention intended to separate individuals from the highly toxic illicit drug supply, reduce drug toxicity injuries and deaths, and enhance connections to health and social supports.
- The PSS policy is currently being implemented in BC in a phased approach, starting in health authority programs and federally funded SAFER programs.

Nurse Prescribing

- In September 2020, in response to an increase in the number of illicit drug toxicity deaths, the Provincial Health Officer issued an order authorizing Registered Nurses and Registered Psychiatric Nurses to prescribe federally regulated controlled drugs and substances for the purpose of reducing the overdose risk for people with substance use conditions/disorders.
- Nurse prescribing aligns with the strategic actions outlined in *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* and the call to address inequities in access to treatment and substance use services for opioid use disorder.
- The goals of nurse prescribing are to increase the available workforce for substance use care across the province, provide broader access to pharmacotherapy to separate people from the illicit supply, and increase initiation and retention in treatment.

Substance Use Framework

- In response to priority actions identified in *A Pathway to Hope*, MMHA has led the development of a new policy framework for the Adult Substance Use System of Care (the Framework).
- This Framework is a technical policy document that will guide future action and long-term system transformation, having a meaningful impact on service delivery and care experiences.
- The Framework articulates the key elements of the substance use system of care and how these elements should work together to support seamless and integrated care.
- To develop the Framework, MMHA worked closely with key partners, including health authorities, people with living and living experience of substance use, clinicians, service providers, and other experts from across the health and social sectors.
- The Framework is nearing completion and is anticipated to be released in Fall 2022.

Decriminalization

- On November 1, 2021, the Province applied to Health Canada (HC) for an exemption to the *Controlled Drugs and Substances Act* to allow removal of criminal penalties for possession of small amounts of illicit substances for personal use.
- HC approved the Province's request on May 31, 2022. Decriminalization will come into effect on January 31, 2023, and will remain in effect for three years, with the possibility of renewal.
- The intent of decriminalization is to support the Province's comprehensive response to the illicit drug toxicity crisis by reducing the stigma associated with substance use and supporting new pathways to care.

- Under the Province's framework, adults 18 and over will be able to possess up to 2.5g cumulative of opioids, powder/crack cocaine, methamphetamine and MDMA without being subject to arrest or seizure. Instead, law enforcement will provide information on available health and social services and supports. Police will not provide referrals unless requested.
- Above the 2.5g cumulative threshold, law enforcement will have discretion to either apply the exemption or seize and/or arrest for simple possession. Trafficking and other drug-related crimes will remain illegal, regardless of amount.
- The Province is currently in the pre-implementation phase.

Treatment and Recovery

- Since 2017, the Province has implemented over 300 new substance use beds, including 105 new publicly funded beds for adults in 14 organizations through partnership with the Canadian Mental Health Association of BC in 21/22.
- Through collaboration with health authorities, MMHA is working to implement 65 new and/or enhanced initiatives resulting in approximately 195 net new withdrawal management, transition, and treatment and recovery beds over three years. 66 of these new beds have been implemented to-date and more are anticipated to come on-line in 2022/2023.
- The Province is also working to improve treatment and recovery services to ensure consistent quality and standards; this includes amendments to the CCALA and the new [Assisted Living Regulation](#) that came into force on December 1, 2019, and Provincial Standards for Registered Assisted Living Supportive Recovery Services introduced in September 2021.
- Monitoring and evaluation processes are being built into government's current and future work.

Issue/Opportunity:

- Although the BC Government has made significant and continued investments in a range of services and initiatives across the substance use system of care, these investments have been unable to keep pace with the changing dynamics of the increasingly toxic illicit drug supply.
- On March 9, 2022, the British Columbia Coroners Service (BCCS) released its [2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths](#) report which reviewed a total of 6,007 deaths due to illicit drug toxicity that occurred between August 1, 2017 and July 31, 2021.
- The report identifies the increasing toxicity and unpredictability of the illicit drug supply as the primary cause of the rising number of deaths.
- It also states that the current drug policy framework is the main driver of the toxic drug supply and outlines three key recommendations and a total of 24 priority actions.
- Since the report's release, BC's Chief Coroner Lisa Lapointe, as well as other organizations and agencies, have been calling for the Province to implement the recommendations.
- On March 2022, shortly after the BCCS released the DRP, the Premier announced that the BC Government would convene an all-party Select Standing Committee on Health to examine the urgent and ongoing illicit drug toxicity and overdose crisis and make recommendations to government on how to respond.
- The Committee has been receiving expert input over spring/summer and will submit a report to the Legislature no later than November 2022.
- Advice/Recommendations
- The BC Government has and will continue to receive a range of external reports and recommendations on how to respond to the toxic drug crisis.

- Staff in MMHA are also continuing to implement and scale-up key priority initiatives in partnership with key stakeholders, concurrent with ongoing assessment of options and innovative ways to evolve and adapt the provincial response.
- There is opportunity to review and align internal work and external reports and recommendations to identify priority actions that best respond to the changing context of the toxic illicit drug supply.

Next Steps:

- Continue to invest in and prioritize key initiatives intended to respond to the toxic drug crisis.
- Work with municipalities, health authorities and other partners to address concerns and support further scale up of harm reduction programs in under-served communities across the province.
- Develop options to implement prescribed safer supply in a range of health care settings across the province, to expand access and reach.
- Release the substance use framework in fall 2022.
- Develop options to further hold supportive recovery operators accountable for regulatory requirements as well as to implement evidence-based quality standards across the sector.
- Review the recommendations of the Select Standing Committee on Health, the BCCS's Death Review Panel, and the Office of the Provincial Health Officer's pending policy paper to identify themes and priority actions complementary government's priority initiatives.
- Engage with stakeholders to explore a range of drug policy options for responding to the toxic drug crisis, including approaches that meet the needs of a diversity of substance using populations and that comprise a coordinated and comprehensive policy response.

MAJOR CORPORATE ISSUE NOTE

Ministry/Ministries: Ministry of Mental Health and Addictions (MMHA)

Issue: The Select Standing Committee on Health on Illicit Drug Toxicity and Overdose Crisis

Background:

- On April 4, 2022, the Legislative Assembly empowered the Select Standing Committee on Health (the Committee) to examine the urgent and ongoing illicit drug toxicity and overdose crisis.
- Members of this Committee are MLA Niki Sharma (Chair), MLA Shirley Bond (Deputy Chair), MLA Dan Davies, MLA Pam Alexis, MLA Doug Routley, MLA Mike Starchuk, MLA Ronna-Rae Leonard, MLA Sonia Furstenau, MLA Trevor Halford, and MLA Susie Chant.
- The Committee's Terms of Reference specify three areas of focus:
 - The increasing toxicity of the illicit drug supply in BC;
 - The systems and services guiding government responses to illicit drug supplies and toxicity deaths and injuries; and
 - Relevant and recent reports, studies, and examinations.
- The Committee was also tasked with making recommendations in three key areas:
 - Responding to the crisis with reforms and initiatives by the Province and local governments, including those which may require federal approval;
 - Continuing to build an evidence-based continuum of care that encompasses prevention, harm reduction, treatment, and recovery; and
 - Expanding access to safer drug supplies, implementing decriminalization, and disrupting illicit toxic drug supplies.

Presentations:

- 112 presenters were invited to speak to the Committee.
- Public presentations began May 2, 2022, and concluded on September 9, 2022.
- Invited presenters represented a broad array of stakeholders from the substance use sector and other related areas, including:
 - Health Canada
 - Provincial ministries including MMHA, the Ministry of Health, the Ministry of Children and Family Development, and the Ministry of Public Safety and Solicitor General
 - Health authorities
 - Treatment and recovery providers
 - Harm reduction organizations
 - Community-based organizations
 - Drug user advocacy groups, including Vancouver Area Network of Drug Users (VANDU), Rural Empowered Drug Users Network (REDUN); and, Coalition of Substance Users of the North (CSUN)
 - Indigenous leadership, including the First Nations Leadership Council and Métis Nation BC
 - Indigenous organizations
 - Health care professionals, including representatives from the regulatory colleges and unions
 - First responders and emergency personnel
 - Criminal justice sector, including BC Corrections and police agencies

- Trades and construction workers, with several representatives being invited to present multiple times
- Youth-focused organizations, including the Representative for Children and Youth
- Researchers and subject matter experts, including scientists from the BC Centre on Substance Use, and the Canadian Institute for Substance Use Research
- The Committee also conducted a public consultation process that produced over 900 written submissions from members of the public, which will be considered in drafting the final report.

Key Themes

- **Expanding safe supply:** Nearly all invited presenters voiced support for expanding safe supply, noting that the current implementation of prescribed safe supply is not meeting peoples' needs. Multiple presenters specifically recommended non-medical models. Others called for the expansion of prescribed safe supply by addressing current limitations, such as prescriber reluctance and a lack of telehealth or virtual health options.
- **Prevention:** Several committee members expressed interest in strengthening prevention efforts, particularly for youth through school-based prevention activities. Examples of youth-focused prevention initiatives presented to the Committee included the Icelandic Prevention Model and PreVenture.
- **Training:** Presenters made several recommendations on the importance of improving and enhancing training requirements for healthcare professionals relating to substance use, cultural safety, and harm reduction. Additionally, supporting training opportunities for Peers was suggested by several participants.
- **Service expansion:** Presenters spoke to the need to address key service gaps, including withdrawal management (detox), counselling services, and cultural supports. Additionally, presenters noted that there are significant service inequities across the province, highlighting the lack of equitable access to services in rural and remote communities.
- **Targeting key populations:** There was considerable interest from the Committee in pursuing targeted initiatives focused on populations most at risk of experiencing a fatal drug poisoning. These included people working in the trades, people who had been in custody, and people experiencing significant poverty and related challenges.

Issue/Opportunity:

- Once the Select Standing Committee report is issued, Government will need time to analyze the recommendations and consider options for decision.
- Advice/Recommendations

Next Steps:

- The Committee's final report, including recommendations, is scheduled for release on November 2, 2022.
- Cabinet Confidences; Advice/Recommendations

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; working to ensure an adequate supply of health professionals to meet the needs of BC residents; and ensuring services are cost effective and optimized through the improved utilization of objective health research.

Ministry Mandate:

The Ministry of Health is obligated under the *Medicare Protection Act* to preserve a publicly managed and fiscally sustainable health care system for BC, and to ensure access to necessary medical care is based on need, and not the individual's ability to pay. The Ministry has overall responsibility for ensuring health services meet the needs of all in BC, and services are timely, high-quality, appropriate, equitable, and cost effective. While the Ministry has overall responsibility for the Province's health authorities, the 6 health authorities are the organizations primarily responsible for health service delivery. The 5 regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions and are subject to the *Health Authorities Act*. The Provincial Health Services Authority, governed by the *Societies Act*, is responsible for provincial clinical policy, the delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology planning and services.

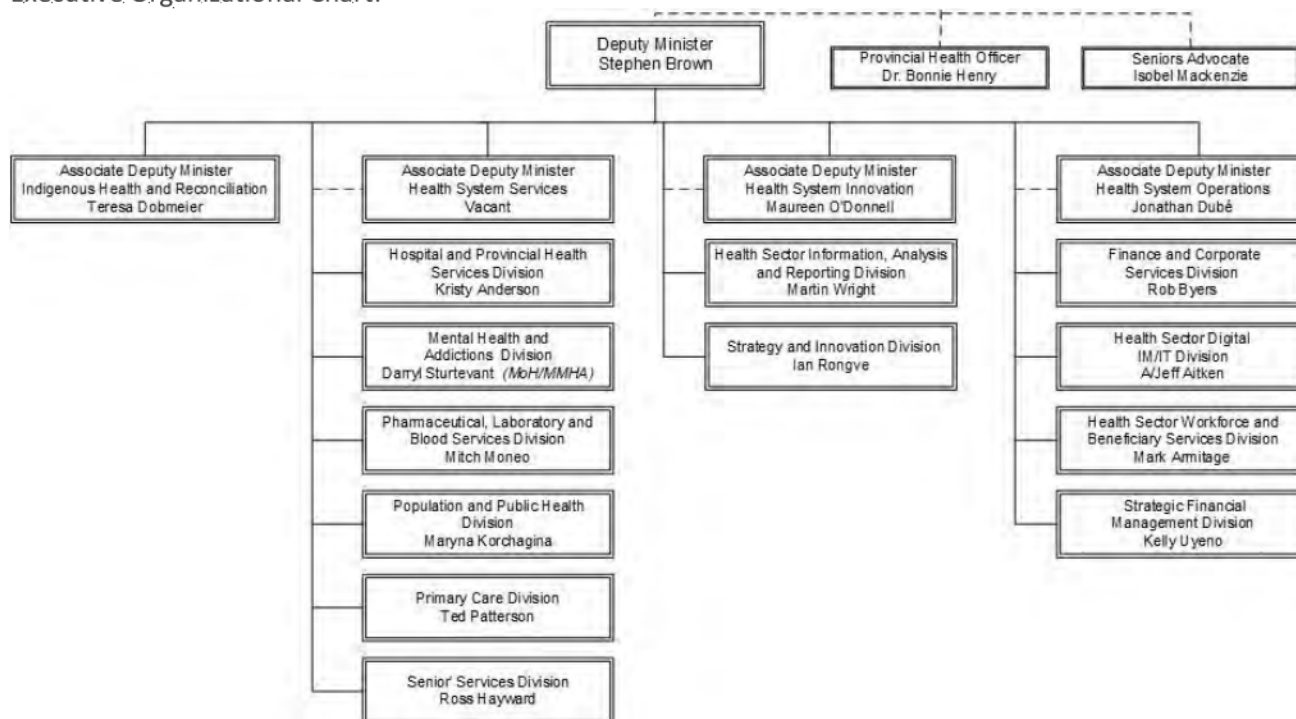
Additional provincial legislation and regulations related to the health care system include the *Pharmaceutical Services Act*, the *Laboratory Services Act*, the *Community Care and Assisted Living Act*, and the *Health Professions Act*. Legislation and regulations related to the Ministry's public health role include the *Public Health Act*, the *Emergency Health Services 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.

To deliver on health care system services and public health priorities, the Ministry partners with several other BC ministries, particularly the Ministry of Mental Health and Addictions (MMHA). The Ministry of Health is focused on supporting MMHA in the response to the illicit drug toxicity crisis, and in improving access to quality mental health and substance use services.

The Ministry also works in partnership with the First Nations Health Authority (FNHA), as well as the First Nations Health Council, through current established pathways such as regional health caucuses and Nation assemblies. The FNHA supports the health and wellness of First Nations people in BC, and is responsible for planning, management, service delivery, and funding of Indigenous health programs, in partnership with First Nations communities in BC. The Ministry works with Métis Nation BC and the BC Association of Aboriginal Friendship Centres to support the health and wellness of Métis and urban Indigenous peoples in the province.

Full-Time Equivalents (FTEs): 1,541

Executive Organizational Chart:



Budget:

Core Business Area	2021/22 Restated Estimates ¹	2022/23 Estimates	2023/24 Plan	2024/25 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	16,547,635	17,539,818	18,052,927	18,627,195
Medical Services Plan	5,550,427	6,069,225	6,306,325	6,494,825
Pharmacare	1,470,454	1,513,972	1,538,972	1,563,972
Health Benefits Operations	49,158	49,158	50,190	51,690
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	264,546	283,722	294,259	309,259
Health Special Account	147,250	147,250	147,250	147,250
Total	23,882,220	25,455,895	26,242,673	27,046,941
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	242	30	30	30
Total Capital Expenditures	242	30	30	30
Capital Plan (\$000)				
Health Facilities	1,406,522	1,656,542	1,960,948	2,533,170
Total Capital Grants	1,406,552	1,656,542	1,960,948	2,533,170

¹ For comparative purposes, amounts shown for 2021/22 have been restated to be consistent with the presentation of the 2022/23 Estimates.

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, Legislation, Intergovernmental Relations, and Organizational Priorities & Workforce Planning:

- 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 processes for all strategic and mandated initiatives and actions.
- Intergovernmental Relations Branch oversees all federal and provincial/territorial health, health-related activities and liaises with the Intergovernmental Relations Secretariat and other jurisdictions as required to carry out these responsibilities. The Ministry of Health has assumed the lead roles of Provincial-Territorial (PT) Chair and Federal-Provincial-Territorial (FPT) Co-Chair of the Deputy Ministers of Health and Ministers of Health Tables as of mid-December 2021 until January 2023. In these roles, BC chairs/co-chairs PT/FPT calls and meetings, supports discussion among ministers and deputy ministers regarding issues of concern and attempt to find consensus, and support Premiers at the Council of the Federation (the Premiers' Table) and First Minister's Table on priorities related to health, mental health and substance use.
 - An in-person Health Ministers' Meeting in Vancouver for November 6, 7, 8, 2022 is being organized by BC in conjunction with Health Canada.
- Legislation Branch manages legislative and regulatory initiatives and develops the annual legislation plan for the Ministry as well as manages processes for proclamations, and appointments to agencies boards and commissions, and manages approvals for use of the word "BC" in health-related entity names.
- Organizational Priorities & Workforce Planning provides leadership and oversight for ministry planning and a healthy organizational culture. The Division is responsible for supporting the Ministry in internal communications, human resource services, organizational development, learning and development, leadership and management, and diversity and inclusion. This includes leading and implementing a talent management strategy and workforce planning.

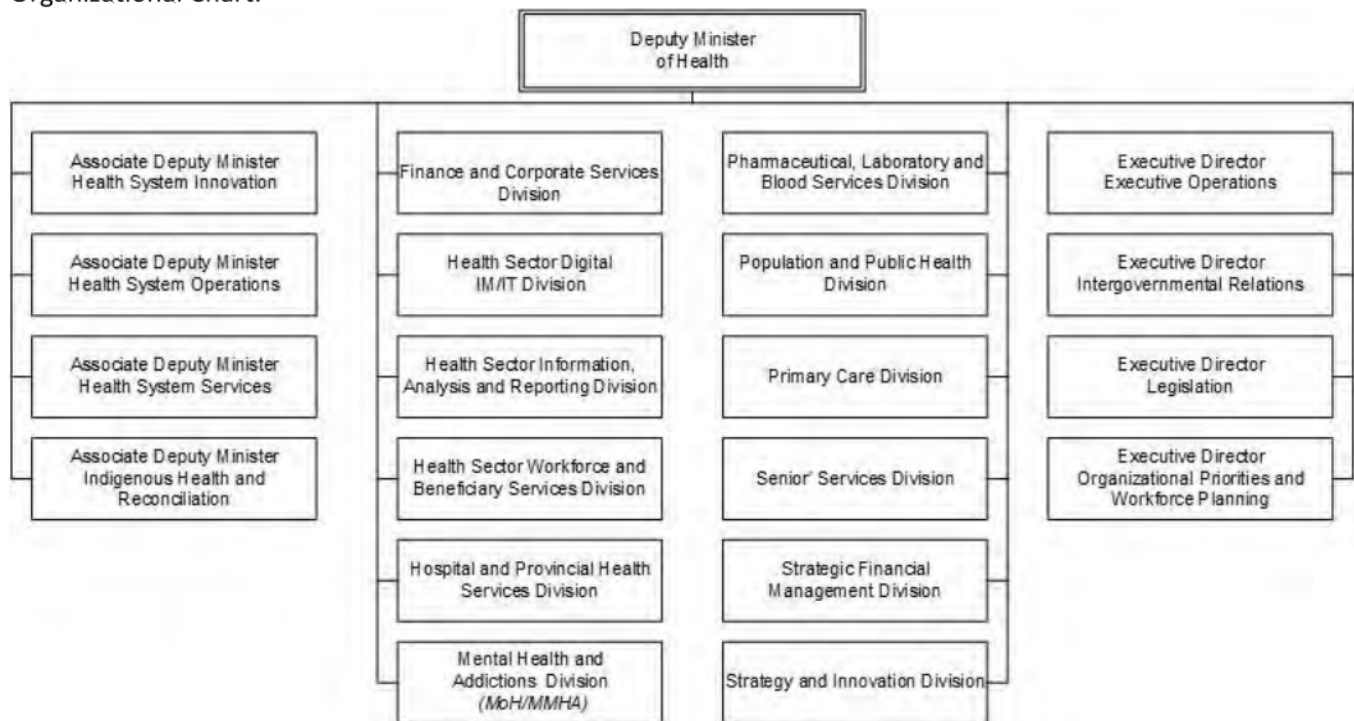
Budget: \$7,080,941

Full Time Equivalents (FTEs): 31

Related Legislation:

- *Ministry of Health Act* - specifies the functions and duties of the Minister and the Ministry of Health.
- *Public Interest Disclosure Act*
- *Public Service Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Stephen Brown
Deputy Minister
Deputy Minister's Office
Ministry of Health

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

Previously, Stephen held the position of Chief Administrative Officer, Ministry of Health Services, since July 22, 2008. Stephen was responsible for the Health System Planning, Primary Health Care, Labour Relations, Legislation and Professional Regulation and Corporate Policy, Research and Library Services.

Prior to his appointment as Chief Administrative Officer, Stephen was the Assistant Deputy Minister, Medical Services Division (formerly Medical and Pharmaceutical Services Division), Ministry of Health Services, from April 15, 2002 to February 2, 2009. In his role, Stephen lead 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.

Stephen has a PhD focusing on the management of strategic change in the public service and holds Master's Degrees in Business Administration and Organizational Psychology; and a Bachelor of Science in Psychology.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Maureen O'Donnell
Associate Deputy Minister, Health System Innovation

Core Business/ Program Area Description/Critical Business Processes:

The Office of the Associate Deputy Minister, Health System Innovation, 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 of Health. The Associate provides leadership and direction to key priority projects as outlined in the Ministry's Strategic Plan.

Program areas under the oversight of the Associate Deputy Minister are Strategy and Innovation Division and COVID response and Health Sector Information Analysis and Reporting Division.

- The Strategy and Innovation Division has been mandated to create a thriving, vibrant environment of excellence by supporting BC's population and patients in accessing new innovations in care; supporting BC's health services and health infrastructure in developing and scaling novel and sustainable models of delivery; driving large scale innovation tackling the systems most significant challenges, and to make BC's health system attractive to innovators.
- 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.

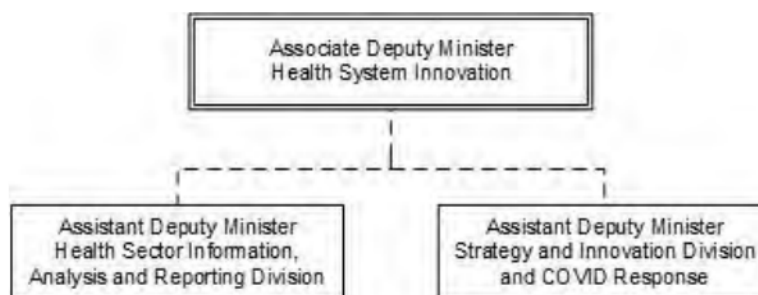
Budget: \$1,015,591

Full Time Equivalents (FTEs): 4

Related Legislation:

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

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Maureen O'Donnell
Associate Deputy Minister
Clinical Policy and System Innovation
Ministry of Health

Dr. Maureen O'Donnell was appointed Associate Deputy Minister, Health System Innovation in December 2021.

Maureen is an experienced health care leader, clinician and academic of more than 25 years. She trained as a subspecialty pediatrician as well as holding a Masters of Science in clinician epidemiology and continues some clinical work serving children and their families. She took on progressive administrative responsibilities within the University of BC as well as in the hospital and health authority environments, with a focus on supporting system-wide service delivery. Currently she continues to hold an Associate Professorship at the University of BC and is cross-appointed to the Provincial Health Service Authority where she serves as Executive Vice President, Clinical Policy, Planning & Partnerships.

Maureen has served on and chaired a number of national and international boards and executive committees, including current volunteer service roles with a committee of the Royal College of Physicians and Surgeons of Canada and the Board of Directors of Canadian Institute for Health Information.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Jonathan Dubé
Associate Deputy Minister, Health System Operations

Core Business/ Program Area Description/Critical Business Processes:

The Office of the Associate Deputy Minister, Health System Operations, provides leadership and oversight to individual Assistant Deputy Ministers to support them in meeting their divisional accountabilities, facilitates value-added coordination and linkages between divisional strategic agendas, and ensures effective communication and linkages within the Ministry of Health. The Associate also provides leadership and direction to key priority projects as outlined in the Ministry's Strategic Plan.

Program areas under the oversight of the Associate Deputy Minister are Finance and Corporate Services, Health Sector IM/IT, Health Sector Workforce and Beneficiary Services, Strategic Financial Management, and Corporate Issues and Client Relations.

- 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.
- Health Sector Information Management Information Technology Division provides sector-wide leadership for IMIT strategy, governance, investment planning, policy and legislation, privacy and security, vendor management, and business solutions.
- The Health Sector Workforce and Beneficiary Services Division is responsible for workforce planning and development and operational delivery of beneficiary services that contribute to effectively meeting patient and population health needs and improving patient outcomes through the efficient delivery of health services.
- The Strategic Financial Management Division provides strategic budget analysis, planning and advice, supports financial management of key initiatives, and provides capital services for the health sector.
- The Corporate Issues and Client Relations Office is under the direct oversight of the Associate Deputy Minister and works with health authorities and ministry program areas to manage patient and client relations and support the resolution of complex care concerns.

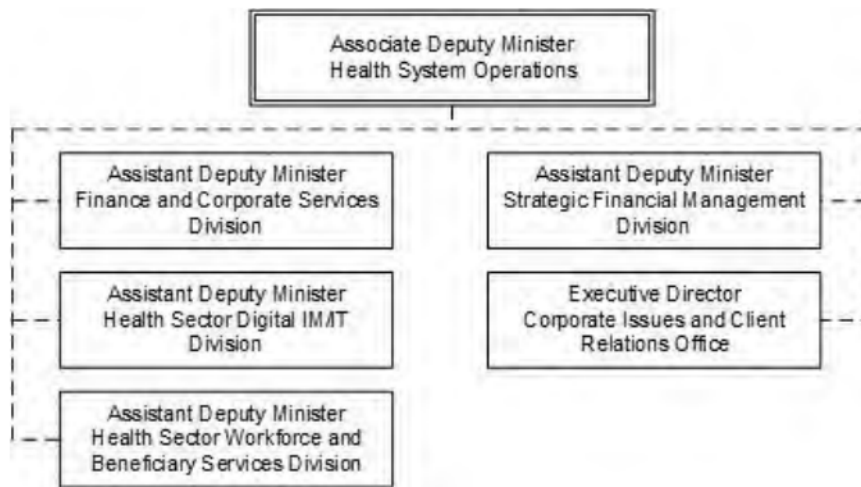
Budget: \$5,498,830

Full Time Equivalents (FTEs): 3

Related Legislation:

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

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Jonathan Dubé
Associate Deputy Minister
Health System Operations
Ministry of Health

Jonathan Dubé was appointed Associate Deputy Minister, Health System Operations on February 22, 2022.

Jonathan has over 13 years of experience in the BC Public Service. Jonathan began his career with the BC Public Service in the Ministry of Social Development and Poverty Reduction where he worked as a policy analyst, strategic issues manager, and manager of intergovernmental relations. He then spent eight years between Treasury Board Staff and the Ministry of Children and Family Development. As an Executive Director at Treasury Board Staff, he was responsible for the development and oversight of the budget plans for social ministries (Attorney General, Children and Family Development, Public Safety and Solicitor General, Social Development and Poverty Reduction) and key social programs like Housing and Child Care.

In 2019 he rejoined the Ministry of Social Development and Poverty Reduction as the Assistant Deputy Minister and Executive Financial Officer, and then Assistant Deputy Minister, Service Delivery Division where he was responsible for the delivery of the BC Employment and Assistance Programs.

Jonathan has an undergraduate degree in political science from the University of Georgia and a Juris Doctor from Pepperdine University's School of Law.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Teresa Dobmeier
Associate Deputy Minister, Indigenous Health and Reconciliation

Core Business/Program Area Description/Critical Business Processes:

- Provides leadership, guidance, input and perspective on Indigenous issues related to strategic priorities, legislation, policy and program development in the Ministry of Health, as well as other ministries where appropriate.
- Works collaboratively with the First Nations Health Authority, the regional health authorities, and the Provincial Health Services Authority during service planning and policy development to ensure culturally safe and appropriate service delivery is hardwired across the health system.
- Collaborates with key Indigenous partners and organizations such as Métis Nation BC and the BC Association of Aboriginal Friendship Centres.
- Leads, directs and collaborates with Indigenous leaders and governing bodies, health system partners and other ministries on the implementation of the *In Plain Sight* report recommendations for the elimination of Indigenous-specific racism within the health system.
- Leads and represents the Province's interests, obligations and priorities under the Tripartite Framework Agreement including the Tripartite Committee on First Nations Health.

Budget: \$7.6 million

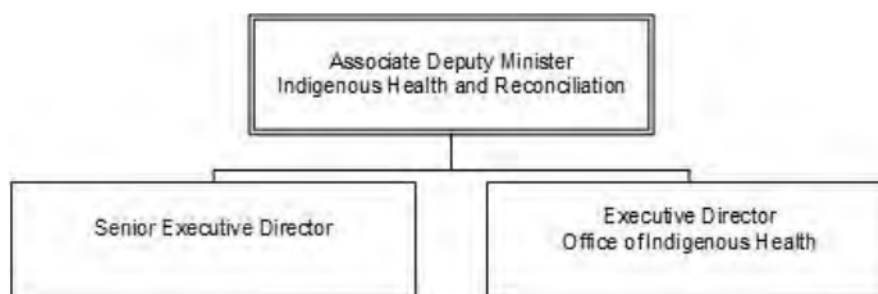
Full Time Equivalents (FTEs): 17

Related Legislation: N/A

While the Division is not the lead on specific pieces of legislation, the priorities on reconciliation and relationship focus the Division's work through the requirements and obligations of the *Declaration on the Rights of Indigenous Peoples Act* and the subsequent Declaration Act Action Plan. Additionally, the work on implementation of the *In Plain Sight* recommendations intersects with several other pieces of legislation including:

- *Anti-Racism Act* (Recommendation #2)
- *Anti-Racism Data Act* (Recommendation #2)
- *Evidence Act* (Section 51 - Recommendation #2)
- *Health Professions Act* (Recommendation #2)
- *Hospital Act and Health Authorities Act* (Recommendation #2)
- *Patient Care Quality Review Board Act* (Recommendation #2)
- *Public Interest Disclosure Act regulations* (Recommendation #11)

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Teresa Dobmeier
Associate Deputy Minister
Indigenous Health and Reconciliation
Ministry of Health

Teresa Dobmeier was appointed Associate Deputy Minister, Indigenous Health and Reconciliation on July 6, 2022. This position was created to respond to Recommendation 13 of In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care which was released on November 30, 2020.

Teresa is Cree, Lakota and Scottish and has spent most of her life as a visitor in Secwépemc territory. Teresa's traditional name is Osâwi-apisimôsos-iskwêw which translates into Yellow Deer Woman.

Prior to her appointment, Teresa served as the Assistant Deputy Minister of Service Delivery Division in the Ministry of Children and Family Development. Prior to joining the Public Service in 2015, Teresa held three leadership positions in Interior Health over a 10-year period. She also brings extensive experience working with Indigenous communities and organizations from her roles in Interior Health, Health Canada, and the BC Association of Friendship Centres.

Teresa's formal education includes an Aboriginal Health Administrator certificate, Bachelor of Social Work and a Master of Arts in Work, Organizational Leadership.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Maryna Korchagina
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, coordination, and monitoring and reporting on public health priorities, functions, and actions:

- Advance the Guiding Framework for Public Health with health system, Indigenous and cross government partners, including the Office of the Provincial Health Officer.
- Develop population health and wellness strategies related to nutrition and food security, physical activity, healthy weights, injury prevention, aging well, and legal psychoactive substances including alcohol and cannabis, and problem gambling, as well as in key settings such as communities and schools.
- Administration of legislation and guidelines that provides provincial leadership/direction for safe drinking water, food safety, climate preparedness and adaptation, tobacco and vapour product control, as well as public health guidance for industrial camps and personal service establishments, land development public health-related risks, and environmental health hazards.
- Provincial health system planning for public health and strategic policy direction and leadership of communicable disease programs and services, including immunizations and infection prevention and control (e.g., preventing health care associated infections such as C. difficile).
- Address health promotion and prevention aspects of women and children's health. This includes addressing health impacts of gender-based violence, contraception and abortion access, patient-centered maternity care, reproductive mental health, perinatal care, and early childhood vision and hearing screening.
- Advance clinical prevention for the general asymptomatic population across the life course through the Lifetime Prevention Schedule.

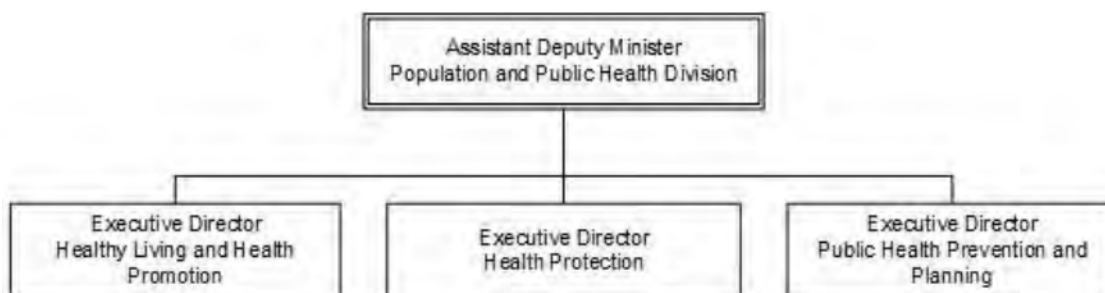
Budget: \$2,936,805

Full Time Equivalents (FTEs): 30.55

Related Legislation:

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

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Maryna Korchagina
Assistant Deputy Minister
Population and Public Health Division
Ministry of Health

Maryna Korchagina was appointed Assistant Deputy Minister, Population and Public Health Division on October 3, 2022.

Prior to joining the Government of BC, Maryna was the Assistant Deputy Minister, Preventive Community Services Division, Ministry of Community and Social Services, with the Government of Alberta from October 2020 to September 2022, where she led the provincial response to homelessness, strategies to end family and sexual violence, and the support for civil society and community-based initiatives.

Maryna started her career as a medical doctor in Ukraine. After immigrating to Canada, she completed her Masters of Public Health degree specializing in Health Policy and Management at the University of Alberta. Maryna joined the Government of Alberta in 2007. She has extensive leadership experience within the Government of Alberta leading the Provider Compensation and Strategic Partnerships Branch at Alberta Health, as well as the Gender Equality and Advancement Branch in the first stand-alone Alberta Ministry for Status of Women.

Maryna's qualifications include a Masters in Public Health, a Doctor of Medicine Degree and 5 years of clinical experience and over 19 years in executive leadership roles in both the public and private sectors.

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 and working collaboratively with partners to establish a high functioning, integrated system of person and family-centred, community-based primary care.

The provincial team-based primary care strategy was launched in 2018/19 and began implementation in earnest in 2019/20. Through the strategy, team-based primary care is being implemented through a number of different clinical service delivery models, including patient medical homes, urgent and primary care centres, community health centres, First Nations primary care clinics, nurse practitioner clinics, among others, all linked together in local primary care networks in communities throughout BC.

PCD's organizational units and areas of responsibility include:

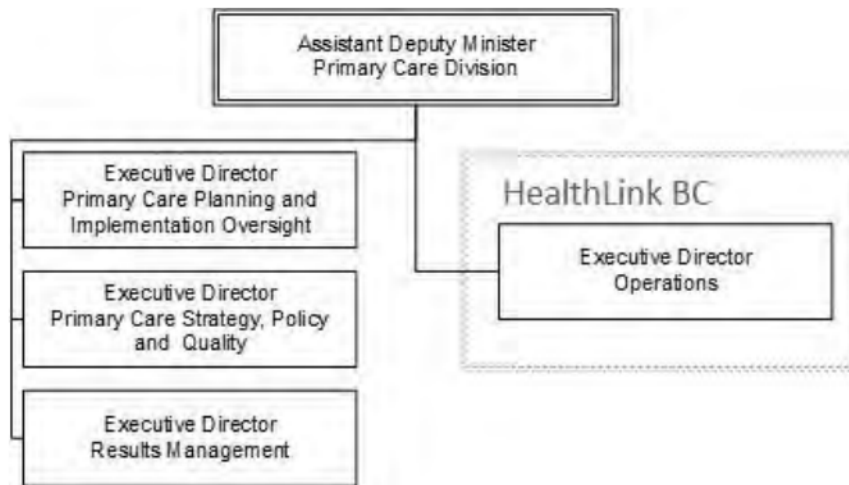
- Primary Care Planning, Implementation and Oversight Branch - Works in collaboration with provincial, regional and local health system partners to support planning and implementation of primary care policies and programs in communities throughout the Province.
- Results Management Office – Brings project management, technical business support (e.g., information management, financial management, etc.), and strategic communications and engagement support to ensure PCD is meeting deliverables with respect to the Province's transformational strategy for primary care.
- Strategy, Policy, and Quality Branch – Supports the strategic direction of primary care through the exploration of leading thought on key topics related to the strategy, drives new and improved policies, and provides a feedback loop for policy and program improvement by identifying performance gaps requiring resolution.
- HealthLinkBC (HLBC) – Provides British Columbians with trusted, multidisciplinary health information and advice. Through HLBC's telehealth (8-1-1) and digital (www.healthlinkbc.ca) British Columbians can speak directly to a health service navigator for health system advice and information, or with a registered nurse or 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 is also responsible for the Health Connect Registry, a provincial, online solution where patients can register for attachment to a family doctor or nurse practitioner in their Primary Care Network.

Budget: \$2,175,153,842

Full Time Equivalents (FTEs): 220

Related Legislation: N/A

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Ted Patterson
Assistant Deputy Minister
Primary Care Division
Ministry of Health

Ted Patterson was appointed Assistant Deputy Minister, Primary Care Division on August 23, 2017.

In this portfolio he is responsible for leading the provincial team-based primary care transformation strategy, and for HealthLink BC, a key source of health information and advice for British Columbians. In this role, Ted is also the provincial co-chair of the General Practice Services Committee a collaborative partnership table established by the Ministry of Health and with the Doctors of BC.

Prior to this appointment he was the Assistant Deputy Minister for the Health Sector Workforce and Beneficiary Services Division at the Ministry of Health from August 2013 to August 2017. In this role he was responsible for health human resource planning, education and training, compensation, professional regulation and labour relations and negotiations.

Before becoming an Assistant Deputy Minister, 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 and also served as a member of the Board of Directors for the BC Public School Employers' Association.

Ted has also previously 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.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Darryl Sturtevant
Ministry of Health - Mental Health and Addictions Division

Core Business/ Program Area Description/Critical Business Processes:

The Ministry of Health's Mental Health and Addictions Division (MHAD) supports the Ministry of Mental Health and Addictions (MMHA) in the development and implementation of a number of strategic mental health and substance use (MHSU) initiatives, including:

- The development and implementation of the Opioid Agonist Treatment (OAT) Optimization Strategic Framework.
- The implementation of drug checking services as a harm reduction and public health surveillance response to the toxic drug crisis (including oversight of federal S56 class exemption for distributed drug checking)
- Child, youth, and young adult MHSU initiatives, such as the development and implementation of Integrated Child and Youth Teams, Foundry Youth Substance Use Beds and Services, Youth Concurrent Disorder services, and enhancement of Early Psychosis Intervention services.
- Improved access to Assertive Community Treatment teams, implementation of Cognitive Rehabilitation services, and enhancement of eating disorders services.
- The enhancement of crisis lines in BC managed by the Provincial Health Services Authority.
- The implementation of action plans in response to recommendations made by the Office of the Representative for Children and Youth.
- The development and implementation of the BC Supportive Recovery Standards Training.

In addition, the MHAD in partnership with MMHA and key stakeholders takes the lead in:

- The development, implementation and monitoring of provincial standards and guidelines for specialized MHSU tertiary care facilities, in response to the recommendations of the report of the Office of the Auditor General – ACCESS TO ADULT TERTIARY AND MENTAL HEALTH AND SUBSTANCE USE SERVICES.
- Responding to issues associated with the *Mental Health Act* (MHA) including:
 - Responding to the recommendations of the 2019 Office of the Ombudsperson report COMMITTED TO CHANGE.
 - Development and updates of MHA Standards, Guidelines, and legal Forms.
 - Overseeing quarterly audits to improve MHA forms completion of designated MHA facilities.
 - Facilitating the designation of new MHA facilities.
 - Addressing MHA legal challenges.
- Supporting the implementation of the provincial Homeless Strategy including leading the planning, implementation and monitoring of all programs provided under the Urgent Homelessness Response initiative; overseeing the planning and implementation, and evaluation of all health-related supports for rent supplement recipients; and supporting MMHA with the Complex Care Housing initiative to ensure alignment with the various components of the Homeless strategy.
- Addressing MHSU services for communities impacted by wildfires and or flooding, including the rebuilding of MHSU services for the Lytton and surrounding indigenous communities.
- Coordinating MHSU supports for Ukrainian and new arrivals from other countries impacted by wars. 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.
- Overseeing the ABCs of Youth Substance Use Project contract, which supports the provincial Mental Health in Schools strategy by promoting evidence-based school-based substance use prevention and harm reduction efforts.

- Responding to issues concerning specialized MHSU services, such as Forensic Psychiatric services, Elderly Mental health services, Neuro Psychiatry, and MHSU services for people with intellectual disabilities and concurrent MHSU challenges

Budget: \$2,792,765

Full Time Equivalents (FTEs): 28

Related Legislation:

- *Mental Health Act*
- *Forensic Psychiatry Act*
- *Hospital Act*
- *Health Care (Consent) and Care Facility (Admission) Act*
- *Community Care and Assisted Living Act*
- *Patient Care Quality Review Board Act*
- *Seniors Advocate Act*
- *Continuing Care Act*
- *Emergency Health Services Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Darryl Sturtevant
Assistant Deputy Minister
Mental Health and Addictions Division
Ministry of Health

Darryl Sturtevant (he/him) was appointed Assistant Deputy Minister, Ministry of Mental Health and Addictions (MMHA) in April 2021 and oversees the Substance Use Policy Division.

In December 2021, Darryl was also appointed Assistant Deputy Minister, Mental Health and Addictions Division in the Ministry of Health.

Darryl is an experienced public sector leader who has worked at all levels of government in Manitoba, BC, and Ontario. Prior to joining MMHA, he was an Assistant Deputy Minister in the Ontario public service overseeing the Strategic Policy and Planning Division and led the creation of the new Child Welfare and Protection Division of Ontario's Ministry of Children, Community and Social Services. Highlights of Darryl's career as an Assistant Deputy Minister include co-developing the Ontario Indigenous Child and Youth Strategy with Indigenous partners, a transformative policy framework and action plan that addresses the complexities of Indigenous jurisdiction and reconciliation. He also led the amendments for a new *Child, Youth and Family Services Act*, developed and implemented an Ontario Youth Action Plan and a Black Youth Action Plan, and collaborated across ministries to develop a Special Needs Strategy.

Since joining MMHA, the Substance Use Policy Division has led several "first-in-Canada" policy initiatives related to the decriminalization of people in possession of small amount of illicit drugs for personal use and prescribed safer supply as well as implementation of Budget 2021 commitments related to overdose prevention, nurse prescribing and the creation of new bed-based treatment and recovery services.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Ross Hayward
Seniors' Services Division

Core Business/ Program Area Description/Critical Business Processes:

The Seniors' Services Division (SSD) was created to support the Minister of Health and the Parliamentary Secretary of Seniors' Services and Long-Term Care's Mandated Commitments and bring a provincial focus to Strengthen Care for Seniors in BC. The focus continues to be on healthy and active aging, access to appropriate primary care for seniors, increasing access to affordable home health supports, and reducing admission to Long-Term Care (LTC) by assisting seniors to remain in their home, all while applying a GBA+ and Indigenous reconciliation lens to policy and operations. SSD's primary areas of responsibility include:

- Home Health & Community Care Support Services Branch:
 - Responsible for the overall leadership and management of the Province's home and community care services, including strategic policy to improve access to services and quality of care for seniors. This includes setting the foundation for the delivery of high-quality health services by establishing patient centered health services policy; monitoring quality assurance in the system, design of service delivery models that meet the needs of clients and works with service delivery partners on key actions and quality improvement initiatives, including those for special populations.
 - Responsible for programs and policies to support seniors as they age, whether at home in independent living, assisted living or long-term care, including the provision of high-quality end of life care as close to home as possible. Enabling seniors to age at home for as long as possible with home and community supports is a key priority. The Branch is leading strategic planning and implementation support for the development of Specialized Community Service Programs for the complex medically frail population, including seniors.
 - Responsible for monitoring and reporting on the significant investments government is making across the continuum of care for seniors.
- Long-term Care & Assisted Living Strategy & Policy Branch: responsible for policy and The *Continuing Care Act*, the Continuing Care Fees Regulation, and the Continuing Care Programs Regulation guidance for home and community care client rates, elder abuse prevention, programs supporting people with disabilities, including Choice in Supports for Independent Living, and the added care funding program in partnership with the Ministry of Social Development and Poverty Reduction, and senior's information.
- The Assisted Living Registry and Community Care Licensing Branch:
 - Stewardship responsibility for the *Community Care and Assisted Living Act*, Residential Care Regulation, Child Care Licensing Regulation, and the Assisted Living Regulation. While the day-to-day monitoring of licensed community care facilities is carried out by the health authorities, the Branch has operational responsibility for the Assisted Living Registry and carries out inspections and investigations for assisted living residences on behalf of the registrar.
 - Supports the issuing of new licenses to Private Hospitals when there are sales of these facilities under the *Hospital Act*. This includes conducting site inspections to determine whether upgrades are needed to the premises. The financial and land titles aspects of these transactions are supported through Financial and Corporate Services Division.

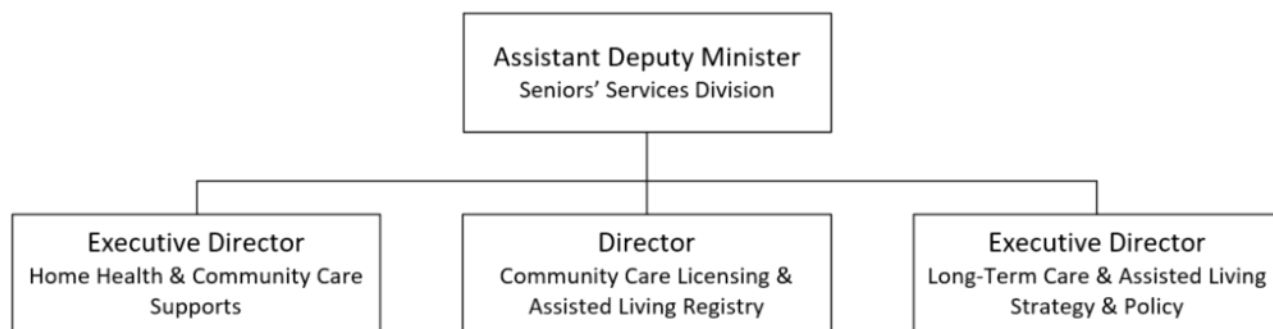
Budget: \$6.3 million

Full Time Equivalents (FTEs): 51

Related Legislation:

- *Hospital Act* (as it relates to private hospitals and not to acute care)
- *Community Care and Assisted Living Act*
 - Residential Care Regulation
 - Child Care Licensing Regulation
 - Assisted Living Regulation
- *Continuing Care Act*
 - Continuing Care Fees Regulation
 - Continuing Care Program Regulation

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Ross Hayward
Assistant Deputy Minister
Seniors' Services Division
Ministry of Health

Ross Hayward was appointed Assistant Deputy Minister, Seniors' Services Division in July 2022, and acted in the role from June 2021 until his appointment. Prior to this, Ross was the Executive Director of Mental Health and Substance Use Branch.

During his 20 plus years of experience with the BC Public Service, Ross has held many senior positions in the Ministry of Health, as well as previous experience in the Ministry of Social Development and Poverty Reduction and Ministry of Attorney General. Before entering the public service, Ross was a uniformed police officer and criminal investigator.

Ross holds a degree in Sociology and Psychology from the University of Victoria, as well as a Master of Arts in Leadership from Royal Roads University.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Kristy Anderson
Hospital and Provincial Health Services Division

Core Business/Program Area Description/Critical Business Processes:

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

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

Currently, HPHSD brings together key mandated initiatives such as increasing access and reducing wait times to surgical and diagnostic care, modernizing monitoring and care delivery of hospital-based care, (delivery of provincial specialized service programs (i.e., Cancer, Transplant, Cardiac, 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: \$8.2 million

Full Time Equivalents (FTEs): 69

Related Legislation:

- *Access to Abortion Services Act*
- *Anatomy Act*
- *Emergency Health Services Act*
- *Evidence Act (s51)*
- *Health Authority Act*
- *Health Care (Consent) and Care Facility (Admission) Act*
- *Hospital Insurance Act*
- *Hospital Act*
- *Human Tissue Gift Act*
- *Laboratory Services Act*
- *Medical Research (BC Cancer Agency) and Health Status Registry Act*
- *Patient Care Quality Review Board Act*
- *Representation Agreement Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Kristy Anderson
Assistant Deputy Minister
Hospital and Provincial Health Services Division
Ministry of Health

Kristy Anderson was appointed Assistant Deputy Minister, Hospital and Provincial Health Services Division on July 15, 2022.

Kristy joined the Ministry of Health in 2011 and has been the acting Assistant Deputy Minister for the Hospital and Provincial Health Services Division since October 2021. Her other positions in the Ministry include Executive Director, Access and Wait Times, and Director of Communications.

Before joining the BC Public Service, Kristy held roles with BC Emergency Health Services and in the private sector.

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.

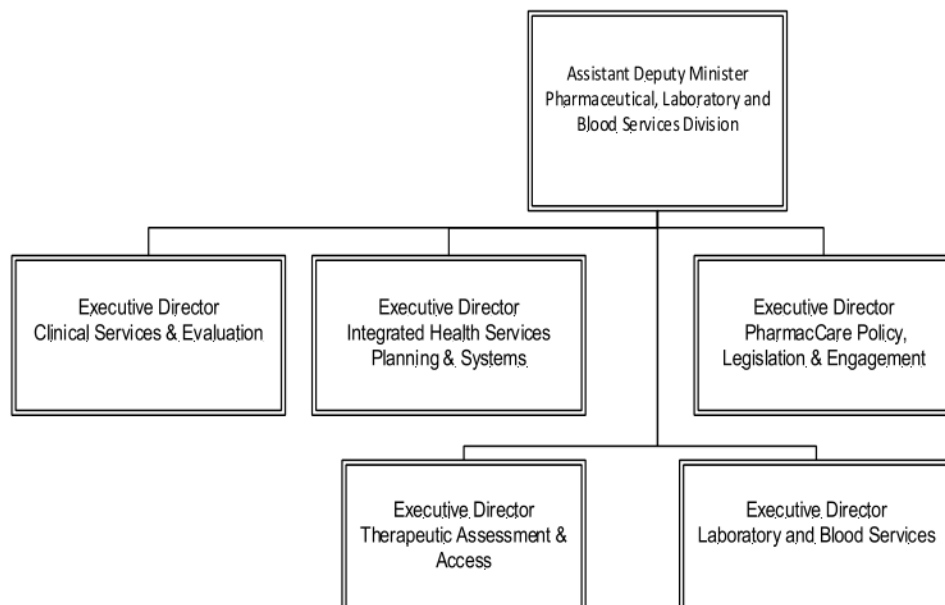
Budget: \$2,166,949,325

Full Time Equivalents (FTEs): 141

Related Legislation:

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

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Mitch Moneo

Assistant Deputy Minister
Pharmaceutical, Laboratory and Blood Services Division
Ministry of Health

Mitch Moneo was appointed as Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services Division on August 11, 2017. 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 now serving as chair of the pan Canadian Pharmaceutical Alliance. He has served 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.

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:

- Allied Health Policy Secretariat
- Beneficiary and Diagnostic Services
- Compensation Policy and Programs
- Emergency Medical Assistant Licensing
- Health Workforce Planning and Implementation
- Labour and Agreements
- Nursing Policy Secretariat
- Physician Services
- Professional Regulation and Oversight

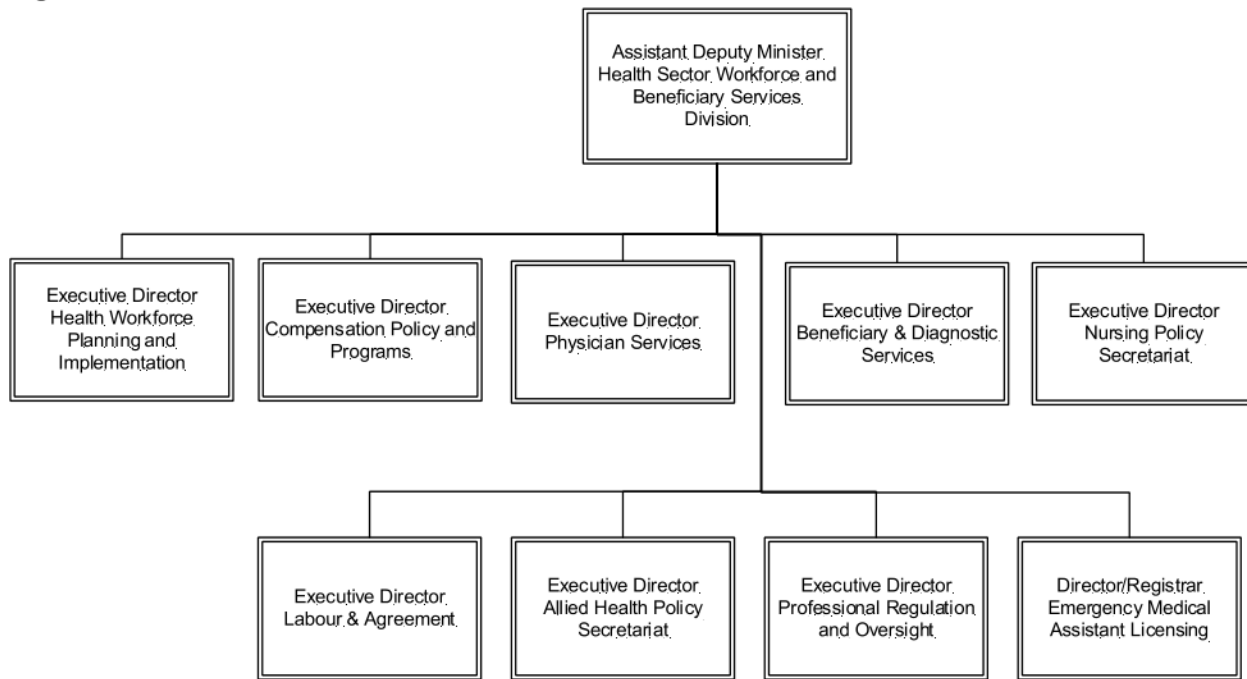
Budget: \$43,916,521

Full Time Equivalents (FTEs): 221

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*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Mark Armitage
Assistant Deputy Minister
Health Sector Workforce and Beneficiary Services Division
Ministry of Health

Mark Armitage was appointed Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services Division on August 9, 2018.

His portfolio includes Beneficiary and Diagnostic Services, Labour and Agreements, Compensation Policy and Programs, Physician Services, Health Workforce Planning & Implementation, Professional Regulation and Oversight, Emergency Medical Assistant Licensing, Nursing Policy Secretariat and the Allied Health 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.

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.

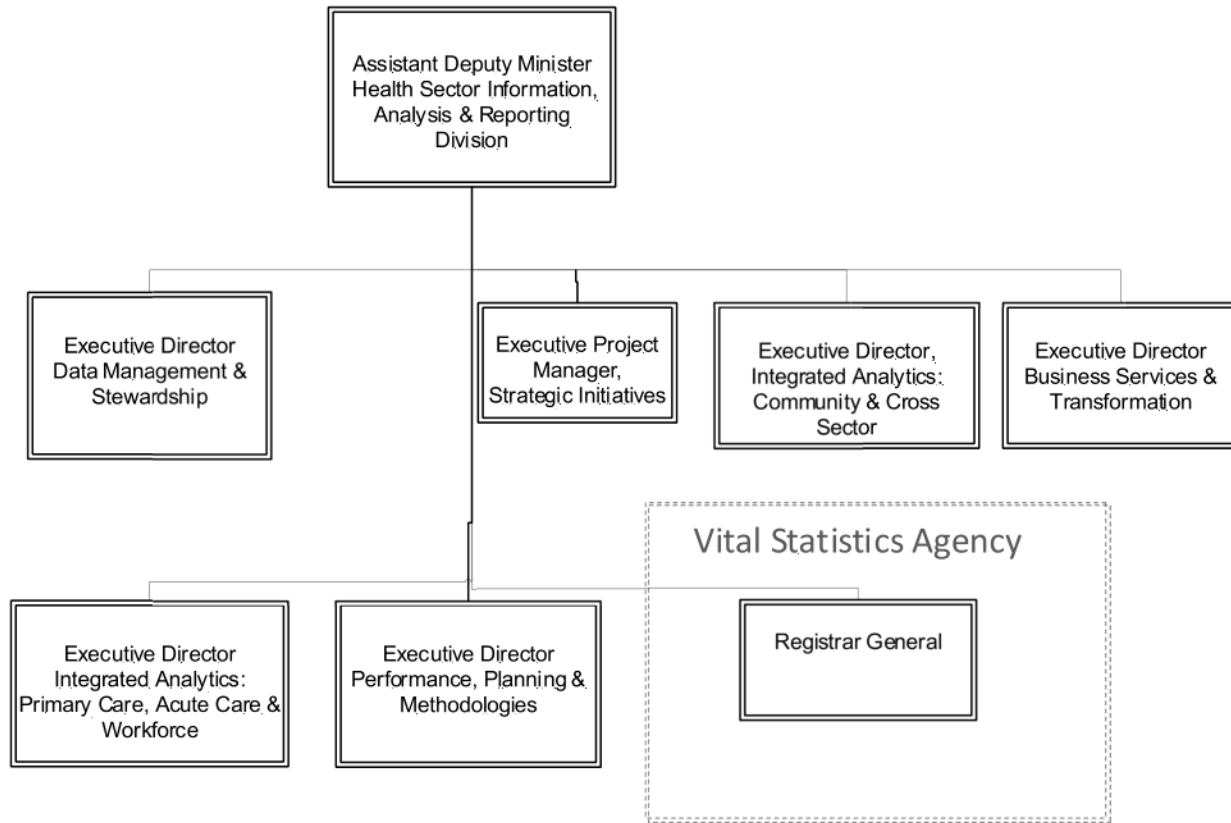
Budget: \$30,124,919

Full Time Equivalents (FTEs): 250

Related Legislation:

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

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Martin Wright

Assistant Deputy Minister
Health Sector Information, Analysis and Reporting Division
Ministry of Health

Martin Wright was appointed Assistant Deputy Minister, Health Sector Information, Analysis and Reporting Division on 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.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Ian Rongve
Strategy and Innovation Division

Core Business/Program Area Description/Critical Business Processes:

The Strategy and Innovation Division has been mandated to create a thriving, vibrant environment of excellence by supporting BC's population and patients in accessing new innovations in care; supporting BC's health services and health infrastructure in developing and scaling novel and sustainable models of delivery; driving large scale innovation tackling the systems most significant challenges, and to make BC's health system attractive to innovators.

The Division is responsible for the implementation, analysis, reporting and continuous improvement of Ministry and health sector performance management and reporting supporting the achievement of the strategic vision, goals and objectives while upholding the principles of accountability and transparency. This work includes leading the Ministry of Health Service Plan and Annual Service Plan report process, leading other corporate reporting requirements, as well as the coordination, support and continuous improvement of Ministry strategic and operational planning and reporting.

The Strategy and Innovation Division primary areas of responsibility include:

- Health System Transformation Branch: supports and enables large scale health system transformation through creation of an environment where change can happen.
- Innovation Branch: provides expertise and supports in knowledge mobilization and collaborative innovation.
- Research and Technology Branch: serves as the Ministry's primary liaison with researchers, research organizations and funding agencies, and the life sciences industry to capitalize on opportunities for collaboration that lead to improved health and health care services.
- Strategy Advancement, Accountability and Planning Branch: supports the strategic repositioning of health sector strategies and initiatives that enable BC's population in accessing sustainable innovations in healthcare working with key partners within the Ministry and across the health system.
- Planning and Projects 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.
- Transformation and Corporate Reporting: ensures division projects and initiatives meet objectives while achieving best outcomes through change management strategies and plans. Identifies and manages interdependencies, progress, flags issues, manages resources and tracks outcomes achieved.

Budget: \$8,940,693

Full Time Equivalents (FTEs): 52

Related Legislation: N/A

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Ian Rongve
Assistant Deputy Minister
Strategy and Innovation Division
Ministry of Health

Dr. Ian Rongve was appointed Assistant Deputy Minister, Strategy and Innovation Division in June 2021.

Ian joined the Ministry of Health in June 2016 as Assistant Deputy Minister, Provincial, Hospital and Laboratory Health Services Division. In May 2020, he was appointed Assistant Deputy Minister of the COVID Response and Health Emergency Management Division, ensuring an ongoing, focused response to supporting the health system within the context of COVID-19.

The Strategy and Innovation Division supports BC's population and patients in accessing new innovations in care, BC's health services and health infrastructure in developing and scaling novel and sustainable models of delivery and will drive large scale innovation tackling the systems most significant challenges.

Prior to joining the Ministry of Health, Ian was 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.

Ian 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.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: A/Jeff Aitken
Health Sector Digital 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 Digital 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.
- Health Information Management Act (HIMA) Legislation.

Budget: \$ 123,505,035

Full Time Equivalents (FTEs): 139

Related Legislation:

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

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Jeff Aitken

A/Assistant Deputy Minister

Health Sector Information Management/Information Technology Division

Ministry of Health

Jeff Aitken was appointed A/Assistant Deputy Minister, Health Sector Information Management/Information Technology Division (HSIMIT) on December 16, 2021.

Under Jeff'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 delivering corporate IT services to Ministry program areas. HSIMIT is also helping to strengthen the Ministry's stewardship role by focusing on improving IT governance in the health sector, transitioning to agile service delivery, and maximizing the value of provincial digital and IMIT investments. Program responsibilities under HSIMIT include IT vendor procurement and relationship management; corporate IT service delivery; digital policy, security, and privacy; strategic portfolio and project management; digital health investment management; development of the new *Health Information Management Act*; and Health Insurance BC re-procurement.

Jeff has 27 years of experience within the Division. Over this time, he has led major digital health transformation initiatives, from initial strategy development through to implementation such as the provincial Electronic Medical Record initiative; negotiated large master service agreements with service delivery partners; developed effective governance frameworks involving stakeholders across the health sector; and led the Ministry's digital response team tasked with building new public health digital solutions in response to the COVID-19 pandemic.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Rob Byers
Finance and Corporate Services Division

Core Business/Program Area Description/Critical Business Processes:

The Finance and Corporate Services Division supports the Ministry of Health's 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, Finance Operations, Financial Analysis & Decision Support, Logistics Strategy, Regional Grants, Facilities Management, and Emergency Management. 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: \$28,899,060

Full Time Equivalents (FTEs): 178

Related Legislation:

- *Balanced Budget and Ministerial Accountability Act*
- *Budget Transparency and Accountability Act*
- *Financial Administration Act*
- *Financial Information Act*
- *Health Authorities Act*
- *Societies 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*
- *Mental Health 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)

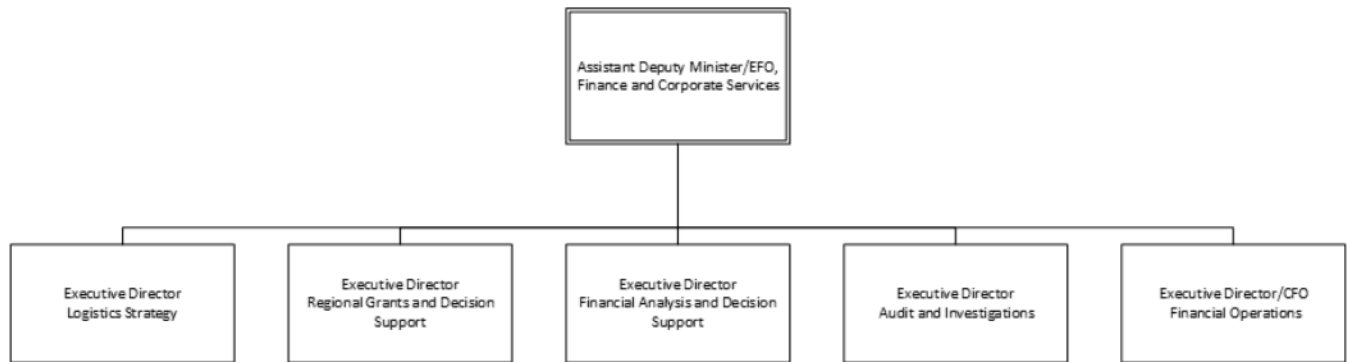
Emergency Management Unit, Logistics Strategy

- *Emergency Health Services Act*
- *Emergency Program Act*
- *Public Health Act*

Financial Operations

- *Health Special Account Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Rob Byers

Assistant Deputy Minister and Executive Financial Officer
Finance and Corporate Services Division
Ministry of Health

Rob Byers was appointed Assistant Deputy Minister, Finance and Corporate Services Division, Ministry of Health on July 4, 2022. Before his role with the Ministry of Health, Rob was the Assistant Deputy Minister and Executive Financial Officer of Finance and Corporate Services with the Ministry of Children and Family Development from June 2019 to July 2022.

Rob started with the BC Public Service in 1992 and began his career with the Vital Statistics Agency before moving into the Social Services Sector. He has held a variety of senior leadership positions including Assistant Deputy Minister and Chief Information Officer for both the Ministry of Children and Family Development and the Ministry of Social Development and Poverty Reduction. Rob has a strong background in finance, IM/IT, human resources, project management and procurement.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible: Kelly Uyeno
Strategic Financial Management Division

Core Business/Program Area Description/Critical Business Processes:

The Strategic Financial Management Division supports the Ministry of Health by providing strategic budget analysis, planning and allocation decisions linked to the Ministry and Health Sector's strategy and innovation planning and management agenda.

Services provided include Business Financial Transformation, Capital Services, and Strategic Financial Analysis. These services assist program areas and health authorities to meet their strategic goals and operational plans.

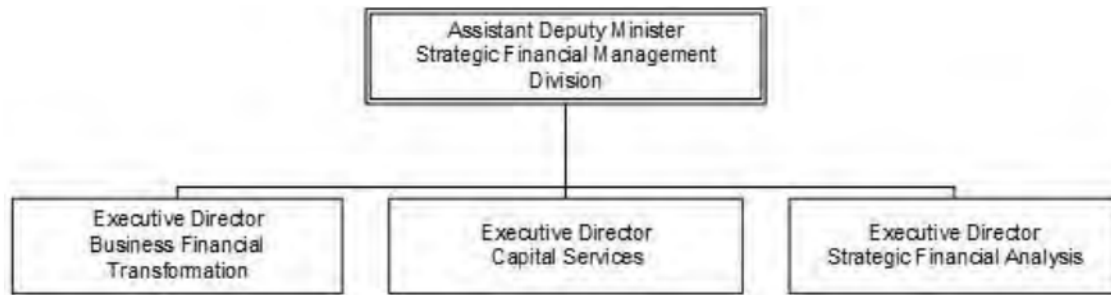
Budget: \$3,268,802

Full Time Equivalents (FTEs): 30

Related Legislation:

- *Balanced Budget and Ministerial Accountability Act*
- *Budget Transparency and Accountability Act*
- *Community Care and Assisted Living Act*
- *Community Charter*
- *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*
- *Land Title Act*
- *Medicare Protection Act*
- *Mental Health Act*
- *Opioid Damages and Health Care Costs Recovery Act*
- *Pharmaceutical Services Act*
- *Pharmacy Operations and Drug Scheduling Act*
- *Societies Act*
- *Tobacco Damages and Health Care Costs Recovery Act*
- *Vancouver Charter*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Kelly Uyeno
Assistant Deputy Minister
Strategic Financial Management Division
Ministry of Health

Kelly Uyeno was appointed Assistant Deputy Minister, Strategic Financial Management Division on April 13, 2022.

Kelly brings 10 years of experience at the Ministry of Health as an Executive Director. As an Executive Director in the Pharmaceutical and Laboratory Blood Services Division, Kelly has been responsible for the development and implementation of the Province's first Health Sector Pharmaceutical Care Management Strategy in collaboration with the Ministry and our health sector stakeholders. This included complex prescription drug negotiations with Kelly co-leading the pan-Canadian Pharmaceutical Alliance Generics 2.0 Initiative.

Before joining the Ministry, he held executive roles with the Provincial Health Services Agency and BC Cancer Agency which included Lower Mainland Consolidation, Riverview Hospital Redevelopment, Northern Cancer Control Strategy, Abbotsford Hospital and Cancer Center, and clinical trials research.

Kelly is a Chartered Professional Accountant, Certified General Accountant and has a Bachelor of Business Administration/Management (Hons) from the BC Institute of Technology.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

PHO 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 Ministers of Health and Mental Health and Addictions, 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 Ministers, 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, chronic disease prevention, immunization programs, mental health, substance use, psychoactive substances, environmental health, community care facilities licensing, Indigenous health, emergency management, determinants of health, population health surveillance and injury prevention.

Urgent areas of focus: COVID-19 including vaccinations and scenario planning for the next phase of the pandemic and pandemic recovery, the toxic drug crisis including work surrounding decriminalization and safer supply, and upholding Indigenous rights and reconciliation.

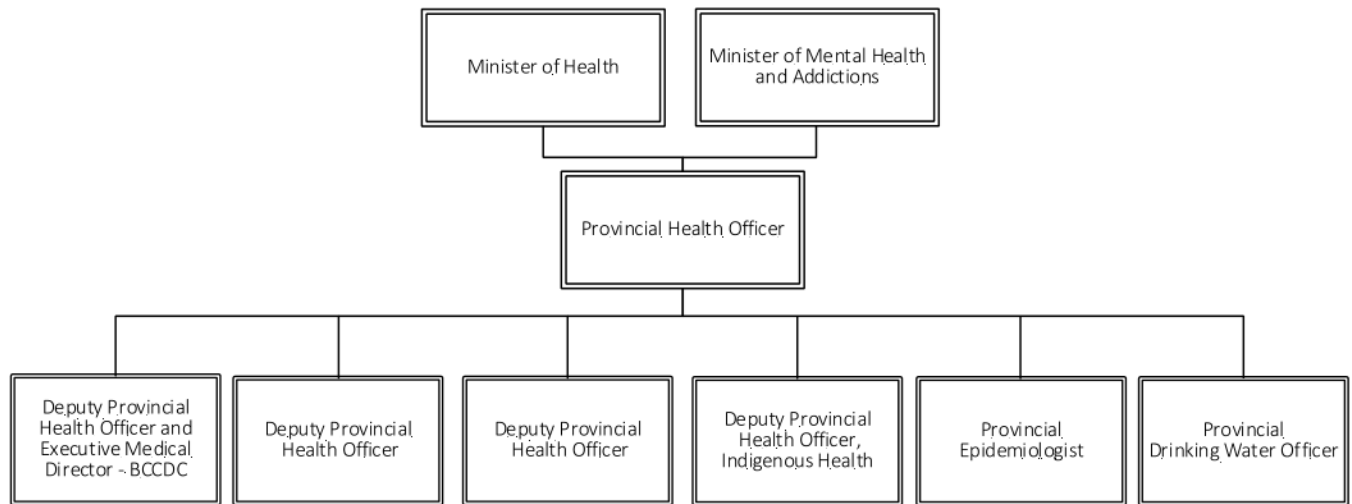
Budget: \$2,936,805

Full Time Equivalents (FTEs): 30.55

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



Dr. Bonnie Henry
Provincial Health Officer
Office of the Provincial Health Officer
Ministry of Health

Dr. Bonnie Henry was appointed as BC's Provincial Health Officer in 2018 following three years as the Deputy Provincial Health Officer. As BC's most senior public health official, Dr. Henry is responsible for monitoring the health of all British Columbians and undertaking measures for disease prevention and control and health protection. Most recently Dr. Henry has led the Province's response on the COVID-19 pandemic and drug overdose emergency.

Dr. Henry's experience in public health, preventive medicine and global pandemics has extended throughout her career. She served in a number of senior roles at the BC Centre for Disease Control and Toronto Public Health, including as the operational lead in the response to the SARS outbreak in Toronto.

She has worked internationally with the WHO/UNICEF polio eradication program in Pakistan and with the WHO to control the Ebola outbreak in Uganda and has been actively involved in mass gathering health planning in Canada and internationally.

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, completed a Master's in Public Health and residency training in preventive medicine at University of California, San Diego and in community medicine at University of Toronto. She is an associate professor in the School of Population and Public Health at the University of BC.

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 15-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: \$1.2 million

Full Time Equivalents (FTEs): 17

Related Legislation:

- *Seniors Advocate Act*

Organizational Chart:



EXECUTIVE MEMBER BIOGRAPHY



Isobel Mackenzie
Seniors Advocate
Office of the Seniors Advocate
Ministry of Health

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.

BRIEFING NOTE
CROWN AGENCIES

Name: British Columbia Emergency Health Services

Legislative Authority:

- *Emergency Health Services Act*

Mandate:

The British Columbia Emergency Health Services (BCEHS) is primarily responsible for:

- providing emergency health and ambulance services and assisting hospitals, municipalities and others to provide emergency health services;
- ensuring the provision of high quality and consistent levels of pre-hospital emergency health care services throughout the province;
- The BC Ambulance Service (BCAS) is the service delivery vehicle for the BCEHS and provides direct pre-hospital emergency care, inter-facility transfers, standby at public events and disaster preparedness;
- The BCEHS also recruits and trains emergency medical assistants.

Current Appointees:

Name	Expiry Date
James Siu Soon Chu (Chair)	July 31, 2023
Colleen Paula Austin	October 31, 2022
Douglas Alan LePard	October 31, 2022
Barry Thomas O'Neill	October 31, 2022
Lauren Rae Brown	June 30, 2023
Elizabeth Cull	June 30, 2023
Dr. Kerry Leslie Jang	June 30, 2023

Appointments required:

- **3 appointments required within 30 days.**

Issue(s):

- **No issues within the 30, 60 or 90-day time frame.**

Key Contact:

- James Siu Soon Chu
- Board Chair

BRIEFING NOTE
CROWN AGENCIES

Name: Fraser Health Authority

Legislative Authority:

- *Health Authorities Act*

Mandate:

The Fraser Health Authority is primarily responsible for:

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

Current Appointees:

Name	Expiry Date
James Hunter Sinclair (Chair)	December 31, 2023
Chief William Theodore Charlie	December 31, 2022
Opreet Kaur Kang	December 31, 2022
Jasbir Kaur Lehail	December 31, 2022
Marie Rose Antoinette Nicole Asselin	December 31, 2022
Manpreet Grewal	December 31, 2022
Inderjeet Singh Hundal	December 31, 2023
Ramya Hosak	December 31, 2023
Dr. Alfred Earl Dennis Wardman	December 31, 2023
Cynthia Darlene Jim	December 31, 2023

Appointments required:

- **5 appointments required within 60 days.**

Issue(s):

- **No issues within the 30, 60 or 90-day time frame.**

Key Contact:

- Jim Sinclair
- Board Chair
- 604-587-4639

BRIEFING NOTE
CROWN AGENCIES

Name: Interior Health Authority

Legislative Authority:

- *Health Authorities Act*

Mandate:

The Interior Health Authority is primarily responsible for:

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

Current Appointees:

Name	Expiry Date
David Douglas Cochrane (Chair)	December 31, 2023
Karen Hamling	December 31, 2022
Allan Brent Louis	December 31, 2022
Cindy Lou Popescul	December 31, 2022
Diane H. Jules	December 31, 2022
Crystal Spring Hawes	December 31, 2023
Dr. Selena Lawrie	December 31, 2023
Cindy Lea Stewart	December 31, 2023
Chief William Darrell Sellars	December 31, 2024

Appointments required:

- **4 appointments required within 60 days.**

Issue(s):

- **No issues within the 30, 60 or 90-day time frame.**

Key Contact:

- Dr. Doug Cochrane
- Board Chair
- 250-469-7070 Extension Government Financial Information

BRIEFING NOTE
CROWN AGENCIES

Name: Northern Health Authority

Legislative Authority:

- *Health Authorities Act*

Mandate:

The Northern Health Authority is primarily responsible for:

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

Current Appointees:

Name	Expiry Date
Colleen V. Nyce (Chair)	December 31, 2023
John George Kurjata	December 31, 2022
Wilfred Adam	December 31, 2022
Patricia Corinne Sterritt	December 31, 2022
Brian Kennelly	December 31, 2022
Franklin Mark Everitt	December 31, 2023
Linda Dianne Locke	December 31, 2023
Shannon Anderson (he/him)	December 31, 2023
Russell Gordon Beerling	December 31, 2023
Shayna Lane Dolan	December 31, 2023

Appointments required:

- **4 appointments required within 60 days.**

Issue(s):

- **No issues within the 30, 60 or 90-day time frame.**

Key Contact:

- Colleen Nyce
- Board Chair
- 250-565-2922

BRIEFING NOTE
CROWN AGENCIES

Name: Provincial Health Services Authority

Legislative Authority:

- *PHSA Bylaw 2.1*

Mandate:

The Provincial Health Services Authority/BC Emergency Health Services is primarily responsible for:

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

Current Appointees:

Name	Expiry Date
Timothy Folsom Manning (Chair)	December 31, 2023
Donisa Natalia Bernardo	December 31, 2022
Sandra Annette Mary Harris	December 31, 2022
Dr. Kerry Leslie Jang	December 31, 2022
David John Graham Turchen	December 31, 2022
Sharon Stromdahl	December 31, 2022
Sukhjit Kaur Hayre	March 31, 2023
Gurdeep Singh Pooni	December 31, 2023
Dr. Kenneth Lyle Bassett	December 31, 2023
Gary John Caroline	March 31, 2024
Julia Eleonore Dillabough	March 31, 2024
Joanna Gislason	March 31, 2024
Gloria Ann Morgan	March 31, 2024
Bill Chan	March 31, 2024

Appointments required:

- **5 appointments required within 60 days.**

Issue(s):

- **No issues within the 30, 60 or 90-day time frame.**

Key Contact:

- Tim Manning
- Board Chair
- Government Financial Information

BRIEFING NOTE
CROWN AGENCIES

Name: Vancouver Coastal Health Authority

Legislative Authority:

- *Health Authorities Act*

Mandate:

The Vancouver Coastal Health Authority is primarily responsible for:

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

Current Appointees:

Name	Expiry Date
Dr. Penny Janet Ballem (Chair)	December 31, 2024
Dr. Margaret Jane McGregor	December 31, 2022
Chief Marilyn May Slett	December 31, 2022
Allan Baydala	December 31, 2022
Eyob Goitom Naizghi	December 31, 2023
Deborah A. Baker	December 31, 2023
Wendy Wun Yee Au	December 31, 2023
William Arthur Duvall	December 31, 2023
Davis Paul McKenzie	June 30, 2024
John Hedley McLaughlin	June 30, 2024
Dr. Kathy Greenberg	June 30, 2025

Appointments required:

- **3 appointments required within 60 days.**

Issue(s):

- **No issues within the 30, 60 or 90-day time frame.**

Key Contact:

- Dr. Penny Ballem
- Board Chair
- 604-551-1477

BRIEFING NOTE
CROWN AGENCIES

Name: Vancouver Island Health Authority

Legislative Authority:

- *Health Authorities Act*

Mandate:

The Vancouver Island Health Authority is primarily responsible for:

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

Current Appointees:

Name	Expiry Date
Leah Ann Hollins (Chair)	December 31, 2023
Alana Gaye Nast	December 31, 2022
Margaret Diane Brennan	July 31, 2023
Anne Roberta Davis	December 31, 2023
Ronald Bruce Mattson	December 31, 2023
Anne Pauline McFarlane	December 31, 2023
Vivian Lynn Hermansen	December 31, 2023
Shaunee M. Casavant	July 31, 2024
Ronald W. Rice	July 31, 2024

Appointments required:

- **1 appointment required within 60 days.**

Issue(s):

- **No issues within the 30, 60 or 90-day time frame.**

Key Contact:

- Leah Hollins
- Board Chair
- 250-370-8693

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 CEO Government Financial Information 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 Personal Information 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. <small>Government Financial Information</small> doug.cochrane@interiorhealth.ca Susan Brown President and CEO 250-469-7070 Ext. <small>Government Financial Information</small> 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
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

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
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 <small>Government Financial Information</small> tmanning@phsa.ca Dr. David W. Byres President and CEO 604-675-7489 David.Byres@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: <ul style="list-style-type: none"> • Leadership Council / TCFNH Responsible for: <ul style="list-style-type: none"> • 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
DMO	Vancouver Coastal Health Authority	Dr. Penny Ballem Board Chair 604-551-1477 pballem@telus.net Vivian Eliopoulos Interim President and CEO 604-875-4721 vivian.eliopoulos@vch.ca	Responsible for planning and delivering quality, appropriate and timely health services across the continuum of care.	CEO sits on: <ul style="list-style-type: none"> • Leadership Council / TCFNH

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
DMO	Vancouver Island Health Authority	<p>Leah Hollins Board Chair 250-370-8693 <small>Personal Information</small></p> <p>Kathy MacNeil President and CEO 250-370-8692 kathryn.macneil@viha.ca</p>	Responsible for planning and delivering quality, appropriate and timely health services across the continuum of care.	<p>CEO sits on:</p> <ul style="list-style-type: none"> • Leadership Council / TCFNH

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
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 604-585-5612 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.	
HPHSD	BC Cancer Foundation	John McCarthy Chair Sarah Roth President & CEO 604-877-6040 bccfinfo@bccancer.bc.ca	Fundraising partner of the BC Cancer Agency and largest charitable funder of cancer research in this province.	
SSD	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.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
PHO	BC Centre for Disease Control	Dr. Jason Wong (Acting) Vice President, Public Health and Wellness and Deputy Provincial Health Officer jason.wong@bccdc.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
SUP (MMHA)	BC Centre on Substance Use	Cheyenne Johnson Executive Director 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. David May President office@bccfp.bc.ca	A voluntary organization of family physicians that represents over 4,200 family physicians in BC.	
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 General 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.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
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.	
PLBS	BC Pharmacy Association	Jamie Wigston 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.
SID	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.

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
PLBS	College of Pharmacists of British Columbia	Suzanne Solven 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
HSWBS	College of Physicians and Surgeons of BC	Dr. Heidi M. Oetter Registrar and CEO <small>Personal Information</small> 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
SSD	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. Ramneek Dosanjh President 604-736-5551 president@doctorsofbc.ca Dr. Josh Greggain, President Elect Anthony Knight Interim Chief Executive Officer 604-736-5551 aknight@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.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
PLBS	Drug Benefit Council	Kyle Stirling Drug Review Process Manager 778-698-1834 Kyle.stirling@gov.bc.ca	Independent advisory body that makes evidence-informed recommendations to the Ministry of Health about listing drugs in the PharmaCare formulary.	
OIH	First Nations Health Council	Wade Grant Chair 604-908-1494 Wade.Grant@fnha.ca Wayne Christian Deputy Chair 250-503-7072 <small>Personal Information</small>	Key political, advocacy and governance group representing First Nations interests on health matters.	
SID	Genome BC	Margaret (Peggy) Johnson Chair, Board of Directors <small>Personal Information</small> <small>Personal Information</small> Suzanne Gill President and CEO 604-551-9221 sgill@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.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
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.	
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	Kane Tse President 604-517-0994 webpres@hsabc.org ktse@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.	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
SID	Michael Smith Health Research BC	Dr. Elinor Wilson Board Chair <small>Personal Information Personal Information</small> Bev Holmes President and CEO 604 714-6600 bholmes@healthresearchbc.ca	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.	
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). 	

MINISTRY OF HEALTH
KEY STAKEHOLDERS

Division	Organization	Contact	Description	Key Issues
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.	

MINISTRY OF HEALTH
30-60-90 – as of November 1, 2022

Issue	Status/Key Milestones/Next Steps
30 Days	
Advice/Recommendations	
MSP Coverage for Individuals from Ukraine	<ul style="list-style-type: none"> • Ongoing collaborative work with the Ministry of Municipal Affairs and the Ministry of Citizens' Services to support those arriving from Ukraine under the Canada-Ukraine Authorization for Emergency Travel (CUAET). • Advice/Recommendations • Cabinet Confidences; Advice/Recommendations
Indigenous Health - In Plain Sight	<ul style="list-style-type: none"> • Planned publication of a progress report on implementing <i>In Plain Sight</i> recommendations re: Indigenous-specific racism in the health system.
Primary Care	<ul style="list-style-type: none"> • Anticipate completion of a new payment model for Family Physicians as part of refreshed primary care strategy and Physician Master Agreement – with planned public communication in partnership with Doctors of BC. • Burnaby Metrotown Urgent Primary Care Centre (UPCC) scheduled to open November 1, 2022. • Advice/Recommendations
Cabinet Confidences	
Long Term Care (LTC) Funding Model Consultation	<ul style="list-style-type: none"> • As committed to in Health Estimates Debate, consultation with key stakeholders on the LTC funding model has begun. • The next meeting will be scheduled prior to November 18, 2022, ^{Advice/Recommendations} • Advice/Recommendations

Issue	Status/Key Milestones/Next Steps
Family Councils	<ul style="list-style-type: none"> • The OIC was deposited on September 27, 2022, bringing into force changes to the Residential Care Regulation. • Advice/Recommendations •
Single Site Order	<ul style="list-style-type: none"> • An engagement strategy is underway to inform key stakeholders of the planned approach to “unwinding” the Single Site Order put in place as part of the COVID-19 Measures Act in 2020, which is expected to be lifted on December 31, 2022. The Single Site Order covers 4 aspects that impact LTC and Assisted Living operationally: Staff Assignment, Facility Cluster, Labour Adjustment Order, and the Information Collection Order. • Advice/Recommendations
Health Professions Act (HPA) modernization Advice/Recommendations; Cabinet Confidences	<ul style="list-style-type: none"> • Legislation to modernize the HPA is slated to be debated in the legislature in fall 2022.
Select Standing Committee on Health	<ul style="list-style-type: none"> • On April 4, 2022, the Legislative Assembly empowered the Select Standing Committee on Health to examine the urgent and ongoing illicit drug toxicity and overdose crisis. • The Committee heard 112 presentations and received nearly 900 written submissions during its public consultation process, which has now ended. • The Committee is now preparing its report, to be submitted by November 2, 2022.
60 Days	
OAG Provincial Response: Access to Adult Tertiary Mental Health and Substance Use Services	<ul style="list-style-type: none"> • Provincial Adult Tertiary Care Mental Health and Substance Use Standards, Framework, Performance Management Framework, and Waitlist Management Plan, completed and endorsed by the Provincial Mental Health and Substance Use Working Group on December 2, 2021. Implementation is underway. • Advice/Recommendations • Advice/Recommendations • Advice/Recommendations; Legal Information • Advice/Recommendations; Legal Information

Issue	Status/Key Milestones/Next Steps
BC Coroners Service Death Review Panel on Illicit Drug Toxicity <small>Cabinet Confidences; Advice/Recommendations</small>	<ul style="list-style-type: none"> • BC Coroners Service Death Review Panel on Illicit Drug Toxicity was released in March 2022, with recommendations to the Ministry, the Ministry of Mental Health and Addictions (MMHA), health authorities and other health system partners. • The Ministry and MMHA are preparing a formal response to the report (with input from various divisions within these ministries, other provincial ministries, regional health authorities, Provincial Health Services Authority, and First Nations Health Authority). • The government response is anticipated to be submitted to BC Coroners Service in the fall (after which the response is made public by the BC Coroners Service through posting on its website).
OAG – Access to Emergency Health Services Report (Recommendation #4)	<ul style="list-style-type: none"> • In 2019, the Office of the Auditor General (OAG) released a report titled “Access to Emergency Health Services”. • One of the recommendations was accepted by the Ministry – to work with local governments and BC Emergency Health Services (BCEHS) to ensure BCEHS can implement a coordinated approach to pre-hospital care. • Consultation sessions were held in June and a post consultation survey ended July 15, 2022. <small>Advice/Recommendations</small>
Public Accounts Committee Report 2019 OAG report on the Protection of Drinking Water	<ul style="list-style-type: none"> • <small>Advice/Recommendations</small>
<i>In Plain Sight</i> Report Anniversary	<ul style="list-style-type: none"> • November 30, 2022, marks the 2nd anniversary of the release of the <i>In Plain Sight</i> report on Indigenous-specific racism and discrimination within the provincial health system. • <small>Advice/Recommendations</small>
90 Days	
Office of the Seniors Advocate (OSA) Annual Report	<ul style="list-style-type: none"> • The OSA annual report, Monitoring Seniors Services is expected to be released in December or January.
Office of the Seniors Advocate (OSA) Assisted Living Report	<ul style="list-style-type: none"> • A report on Assisted Living is being prepared by the OSA and the planned release date is Fall 2022, though the OSA has indicated this has been delayed.

Issue	Status/Key Milestones/Next Steps
Office of the Seniors Advocate (OSA) Home Support Survey/Report	<ul style="list-style-type: none"> In follow-up to the 2019 Home Support Report, the OSA has undertaken a survey of home support clients and caregivers. Advice/Recommendations
Office of the Seniors Advocate (OSA) Resident/Family Survey	<ul style="list-style-type: none"> In follow-up to the 2017 Every Voice Counts: Provincial Residential Care survey, the OSA launched the 2nd province-wide survey of the experiences of residents in Long Term Care (LTC) in February 2022. The survey will offer residents and their family members an opportunity to provide feedback on quality of life in LTC. The survey will be conducted between June 2022 and February 2023. Advice/Recommendations
Update Provincial Quality, Health and Safety Standards and Guidelines for Secure Rooms in Designated Mental Health Facilities Under the <i>Mental Health Act</i>	<ul style="list-style-type: none"> The Provincial Mental Health and Substance Use Working Group endorsed an update of the 2014 Ministry of Health Provincial Quality, Health and Safety Standards and Guidelines for Secure Rooms in Designated Mental Health Facilities under the <i>Mental Health Act</i>. Recently, the Office of the Ombudsperson raised concerns about the use of cameras in secure rooms and recommended the use of “blurring technology” to respect a person’s privacy. Advice/Recommendations
Advice/Recommendations	<ul style="list-style-type: none"> The Cambie appeal decision was released by the BC Court of Appeal on July 15, 2022. The decision ruled in the Province’s favor and dismissed Cambie’s appeal. On September 29, 2022, Cambie submitted their application for leave to appeal to the Supreme Court of Canada. Advice/Recommendations

LEGISLATIVE SESSION - FACT SHEET

Ministry Overview by Sub-Vote Health Programs

TOPIC

The Ministry of Health is comprised of the following 3 sub-votes: Health Programs, Recoveries from Health Special Account, and Executive and Support Services.

CURRENT SITUATION

- The Health Programs sub-vote remains unchanged.
- Key drivers for budget 2022/23 relate to:
 - Regional Services – growth and targeted spending
 - Medical Services Plan – demand and volume pressures
 - PharmaCare – price and volume increase and the addition of new drugs
 - Health Benefit Operations – no change

FINANCIAL IMPLICATIONS

Allocation of Operating Expenses - \$000's

Core Business	2021/22 Restated	2022/23 Estimates	2023/24 Estimates	2024/25 Estimates
HEALTH PROGRAMS				
Regional Services	16,547,635	17,539,818	18,052,927	18,627,195
Medical Services Plan	5,550,427	6,069,225	6,306,325	6,494,825
PharmaCare	1,470,454	1,513,972	1,538,972	1,563,972
Health Benefit Operations	49,158	49,158	50,190	51,690
Sub-Total	23,617,674	25,172,173	25,948,414	26,737,682

KEY BACKGROUND

Health Programs - This sub-vote provides for the administration, operation, and delivery of health programs through the following voted appropriations:

- **Regional Services** - Provides funding for the management and delivery of health services, including:
 - mental health services to adults;
 - public and preventive health services;
 - acute care services;
 - emergency medical services;
 - provincial programs;
 - home and community care services;
 - multidisciplinary comprehensive self-care and health services information to British Columbians and health care providers;
 - other health services.
- **Medical Services Plan** - Provides funding for eligible services provided by medical practitioners, health care practitioners, laboratories, diagnostic facilities, and human resource and planning initiatives with respect to physicians and other providers of health care.
- **PharmaCare** - Provides funding to individuals, agencies, or other organizations for the full or partial cost of designated prescription drugs, dispensing fees, and other approved items and services that complement PharmaCare programs.

LEGISLATIVE SESSION - FACT SHEET

- **Health Benefits Operations** - Provides funding for the administration of the Medical Services Plan and PharmaCare programs, including enrolment.
 - Costs may be recovered from the federal government under the Home and Community Care and Mental Health and Addictions Funding Agreement. Costs may also be recovered from other ministries, health authorities, other levels of government, organizations, and individuals for activities described within this sub-vote.

LAST UPDATED

The content of this fact sheet is current as of September 23, 2022, as confirmed by Shannon Ostertag.

APPROVALS

2022 09 26 - Kevin Craig, CFO, Financial Operations Branch

2022 09 28 - Rob Byers, EFO, Finance and Corporate Services Division

LEGISLATIVE SESSION - FACT SHEET

Costs of Health Care

TOPIC

The Ministry of Health budget represents 41% of the total Provincial Consolidated Revenue Fund (CRF) budget in Budget 2022.

CURRENT SITUATION

- The Ministry's 2022/23 budget is \$25.456 billion, an increase of \$1.574 billion, or 6.6%, over the 2021/22 restated budget.
- The Ministry's 3-year budget to 2024/25 will increase by \$3.164 billion, or 13.30%, over the 2021/22 restated budget.
- The Ministry received approval to access COVID-19 Pandemic and Economic Recovery contingencies of \$875,000 million for 2022/23.
- The Ministry received approval to access operating contingencies of \$164.8 million for 2022/23.

FINANCIAL IMPLICATIONS

The Ministry of Health Estimates for Budget 2022:

Allocation of Operating Expenses - \$000's

Core Business	2021/22 Restated	2022/23 Estimates	2023/24 Estimates	2024/25 Estimates
HEALTH PROGRAMS				
Regional Services	16,547,635	17,539,818	18,052,927	18,627,195
Medical Services Plan	5,550,427	6,069,225	6,306,325	6,494,825
PharmaCare	1,470,454	1,513,972	1,538,972	1,563,972
Health Benefit Operations	49,158	49,158	50,190	51,690
Sub-Total	23,617,674	25,172,173	25,948,414	26,737,682
RECOVERIES FROM HEALTH SPECIAL ACCOUNT	-147,250	-147,250	-147,250	-147,250
EXECUTIVE AND SUPPORT SERVICES				
Minister's Office	1,032	1,049	1,065	1,065
Stewardship and Corporate Services	263,514	282,673	293,194	308,194
Sub-Total	264,546	283,722	294,259	309,259
Health Special Account	147,250	147,250	147,250	147,250
Total – Ministry of Health	\$23,882,220	\$25,455,895	\$26,242,673	\$27,046,941

KEY BACKGROUND

Costs Drivers in Health Care

- Growing population – over the period 2021 to 2025, BC's population is projected to grow from 5,194,137 to 5,480,322 (increase of 286,185 or 5.5%).
- Aging population – health services tend to be used at higher rates as the population ages. The BC population over 65 years of age is expected to grow from 1,025,937 in 2021 to 1,183,171 by 2025 (an increase of 157,234 or 15.3%).¹ This also results in increased home care and residential care demands. The share of health expenditure spent on Canadians 65 and older was 46.0% in 2019. By comparison, the share spent on Canadians aged 1 to 64 was 53.0% and was 1.0% for infants younger than age 1 in 2019.²

¹ BC Stats – Population Estimates & Projections as of October 2021, <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-projections>

² National Health Expenditure Database, Canadian Institute for Health Information website [National Health Expenditure Trends](#) | CIHI

LEGISLATIVE SESSION - FACT SHEET

- Technology - advancement in technology and testing expands the ability to treat more people for existing conditions (e.g. hip replacements for older patients), and new and expensive treatments for previously untreatable conditions.
- Chronic disease – managing incidents of chronic disease (e.g. diabetes, renal failure, congestive heart failure).
- Drug costs – rapidly rising drug prices, especially cancer drugs and increased utilization.
- Developmental conditions - expanding treatment for developmental conditions (e.g. autism, fetal alcohol syndrome).
- Compensation pressures – negotiated compensation agreements covering six health sector bargaining units (e.g. resident doctors of BC, nurses, ambulance paramedics).
- Public health emergencies – preparing for and managing critical situations of a temporary nature that seriously endanger the lives, health and/or safety of the population (e.g. opioid overdose crisis, COVID-19).

LAST UPDATED

The content of this fact sheet is current as of September 26, 2022 as confirmed by Shannon Ostertag.

APPROVALS

2022 09 26 - Rob Byers, EFO, Finance and Corporate Services Division

2022 09 27 - Kevin Craig, CFO, Financial Operations Branch

ORDER IN COUNCIL APPOINTMENTS REQUIRED WITHIN 90 DAYS

Position	Institution	Authority for Appointment	Expiry Date
Shabira Rajan – beneficiary representative	Health Care Practitioners Special Committee for Audit Hearings	<i>Medicare Protection Act</i>	Dec 31/22
Grant Michael Ross - licensed emergency medical assistant	Emergency Medical Assistants Licensing Board	<i>Emergency Health Services Act</i>	Dec 31/22
Dr. Philip Wooil Yoon - medical practitioner	Emergency Medical Assistants Licensing Board	<i>Emergency Health Services Act</i>	Dec 31/22
Ellen Rachel Godfrey - beneficiaries representative	Medical Services Commission	<i>Medicare Protection Act</i>	Dec 11/22
Kenneth Jay Werker - beneficiaries representative	Medical Services Commission	<i>Medicare Protection Act</i>	Dec 31/22
Dr. Jillianne R. Code - beneficiaries representative	Medical Services Commission	<i>Medicare Protection Act</i>	Dec 31/22
Dr. Ramneek Kaur Dosanjh - Doctors of BC second alternate member.	Medical Services Commission	<i>Medicare Protection Act</i>	Dec 31/22
1 vacant position for Doctors of BC third alternate member. Doctors of BC will provide nomination in December 2022	Medical Services Commission	<i>Medicare Protection Act</i>	

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. 189/2019
- 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

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

¹ Except ss.8, 29(1), (1.1), (4) and (11), 29.1; and 34(2)(h) and (h1.), (4)(c) and (6).

Health System Legislation

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
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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

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
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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

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

Health System Legislation

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 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. 32/2020
- 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

Medicare Protection Act

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
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Health System Legislation

***Mental Health Act*⁵**

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

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. 328/2021
 - Drug Plans Regulation, B.C. Reg. 73/2015
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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
 - Pharmacy Operations General Regulation, B.C. Reg. 43/2018
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⁵ Except ss.24.1 and 24.2, and Part 5.

Health System Legislation

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 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

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.	November 9, 2022	Virtual
PT and FPT Health Minister Meeting In person in Vancouver. BC is hosting.	Attended by the Health Minister from each province/territory and federal government. Minister is Chair of the PT Table and Co-Chair of the FPT Table.	November 6, 7, 8, 2022	Vancouver, Pan Pacific Hotel
First Nations Leaders Gathering	Attended by Ministers	November 28-29, 2022	Vancouver
Nurses & Nurse Practitioners of BC - Awards of Excellence	Minister invited to participate virtually	Thursday, December 10, 2022	Virtual

MINISTRY OF HEALTH - LITIGATION

Background:

- The Ministry of Health works closely with the Ministry of Attorney General on litigation matters where the Ministry is a named party in a court filing.
- The FOI, Litigation and Reporting Unit (FLR) is the first point of contact for all incoming litigation matters. The FLR Unit works with program areas within the Ministry on document disclosure requests, tracking of timelines and is the communication conduit between AG's and the Ministry.

Issue / Opportunity:

- The Ministry of Health has 35 active litigation files open (as of October 24, 2022).
- *CSASPP v. MoH/PHO*: The Canadian Society for the Advancement of Science in Public Policy has named both the Ministry of Health and the Public Health Officer (PHO) in a Supreme Court of Canada Notice of Civil Claim with respect to the pandemic and government's response to COVID-19.

Advice/Recommendations; Legal Information

Advice/Recommendations; Legal Information

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