

SCHEDULE A

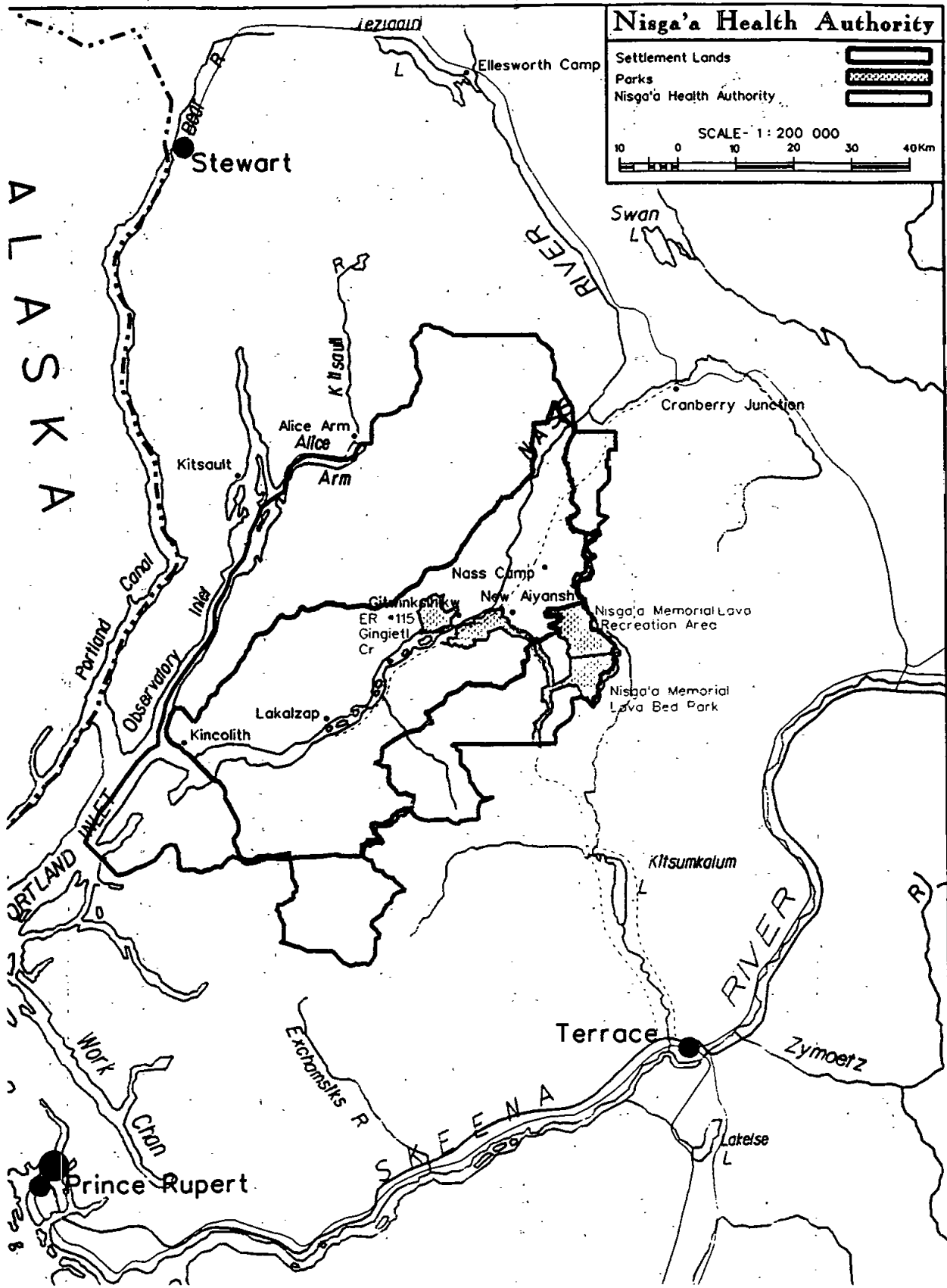
Nisga'a Health Authority

Commencing at the northeast corner of District Lot 1788, Cassiar District; thence southerly along the easterly boundaries of District Lots 1788 and 1794 to the southeast corner of District Lot 1794; thence westerly along the southerly boundary of District Lot 1794 to the northeast corner of District Lot 1795; thence southerly and westerly along the easterly and southerly boundaries of District Lot 1795 to the northeast corner of District Lot 1776; thence southerly along the easterly boundary of District Lot 1776 to the northerly boundary of District Lot 1796; thence easterly and southerly along the northerly and easterly boundaries of District Lot 1796 to the southeast corner thereof; thence due South to the easterly boundary of the watershed of North Seaskinnish Creek; thence in a general southerly direction along the easterly boundaries of the watersheds of North Seaskinnish Creek, Seaskinnish Creek, Tseax River and Lava Lake to the surveyed 55th parallel of north latitude; thence westerly along the surveyed 55th parallel of north latitude to the easterly boundary of the watershed of Ksedin Creek; thence southerly and westerly along the easterly and southerly boundaries of the watershed of Ksedin Creek to the easterly boundary of the watershed of Ishkheenickh River; thence southerly, westerly and northerly along the easterly, southerly and westerly boundaries of the watershed of Ishkheenickh River to the northerly boundary of the watershed of Kwinamass River; thence westerly along the northerly boundaries of the watersheds of Kwinamass River and Kwinamass Bay to a point on the northerly boundary of the watershed of Kwinamass Bay, with said point being southeasterly in a straight line, on a bearing of 135°, from the southeast corner of District Lot 6439, Range 5, Coast District; thence northwesterly in a straight line to the southeast corner of District Lot 6439; thence northerly and westerly along the easterly and northerly boundaries of District Lot 6439 to the northwest corner thereof, being a point on the natural boundary of Portland Inlet, on the southeasterly shore thereof; thence northwesterly in a straight line, on a bearing of 315°, to the middle line of Portland Inlet; thence northeasterly along the middle line of Portland Inlet and continuing northeasterly along the middle lines of Observatory Inlet and Alice Arm, to a point lying due West of the southwest corner of District Lot 60; thence due East, crossing the natural boundary of Alice Arm, on the northeasterly shore thereof, to the southwest corner of District Lot 60; thence easterly along the southerly boundary of District Lot 60 to the southeast corner thereof; thence northerly along the easterly boundaries of District Lots 60, 51, 54 and 57 to the northeast corner of District Lot 57; thence due North to the southeasterly boundary of the watershed of Dak River; thence northeasterly along the southeasterly boundary of the watershed of Dak River to the summit of the Cascade Mountains as defined for administrative purposes in the *Interpretation Act*, Revised Statutes of British Columbia, 1996, Chapter 238; thence in a general northwesterly direction along said summit of the Cascade Mountains to the northerly boundary of the watershed of Lahte Creek; thence easterly along the northerly boundary of the watershed of Lahte Creek to a point thereon, with said point lying due West of the northwest corner of District Lot 3158, Cassiar District; thence due East to the northwest corner of District Lot 3158; thence easterly along the northerly boundary of District Lot 3158 to the northeast corner thereof; thence due East to the easterly boundary of the watershed of Kinskuch River; thence southerly along the easterly boundary of the watershed of Kinskuch River to a point thereon, with said point lying due North of the northeast corner of District Lot 3131; thence due South to the northeast corner of District Lot 3131; thence southerly along the easterly boundary of District Lot 3131 to the southeast corner thereof, being a point on the natural boundary of Nass River, on the right bank thereof; thence southeasterly in a straight line to the northeast corner of District Lot 4001, being a point on the natural boundary of Nass River, on the left bank thereof; thence southerly along the easterly boundaries of District Lots 4001 and 4006 to the southwest corner of District Lot 4005; thence easterly along the southerly boundaries of District Lots 4005, 1789, 1790, 1791 and 1792 to the northeast corner of District Lot 1788, being the point of commencement.


SCHEDULE B


[see attached map]


ALASKA



Nisga'a Health Authority

Settlement Lands 

Parks 

Nisga'a Health Authority 

SCALE - 1 : 200 000

10 0 10 20 30 40 Km

SCHEDULE C

[see attached Health Services Management Policy for Health Authorities]

**HEALTH SERVICES
MANAGEMENT POLICY**

FOR

HEALTH AUTHORITIES

Ministry of Health
and
Ministry Responsible for Seniors

February 1998



CHAPTER:	TABLE OF CONTENTS	NUMBER:
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Appendices:

- 1 Statutes and Regulations
- 2 Document List



CHAPTER: 1 PRINCIPLES	NUMBER: 1
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Policy

Health authorities are expected to use the following principles as the foundation for planning and managing health services.

Consumer Focus

Health services should be developed, delivered, and evaluated in collaboration with consumers and should respect the diversity of all British Columbians.

Equity

Health services should focus on decreasing the disparity in health status among population groups.

Access

All British Columbians should have access to the health services they require.

Effectiveness

Health services should be managed and delivered to provide the best possible health outcomes for British Columbians.

Efficiency

Health services should be managed and delivered at the lowest cost consistent with quality services.

Appropriateness

Health services should provide the right service at the right time in the right place.

Safety

Health services should focus on minimizing risks to the health and safety of British Columbians.



CHAPTER: 2 POLICY AND STANDARDS	NUMBER: 2
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Policy

To provide health services of a quality and effectiveness that is consistent throughout the province, it is necessary for health authorities to have a common understanding of how, where, and by whom services are to be delivered. The Ministry provides this common framework through provincial legislation and Ministry policy, including this policy document and individual service/program policy manuals.

Health authorities are expected to:

- comply with provincial legislation that regulates or affects their operations or activities, and Ministry policy and standards.
- enforce applicable health legislation and Ministry policy and standards.
- ensure that all contracted service providers comply with provincial legislation and Ministry policy and standards that regulate or affect the operations or activities of the providers.
- ensure that all policies they develop are consistent with provincial legislation and Ministry policy and standards.

A list of health legislation that regulates or affects the operations and activities of health authorities and service providers is set out in Appendix 1, Part A, while Part C lists non-health provincial legislation that affects the operations and activities of health authorities and service providers. A list of statutes that regulate health professionals is provided in Appendix 1, Part B.

Reference

Individual Ministry program policy manuals.



CHAPTER: 3 HEALTH PLANNING	NUMBER: 3.1
SECTION: 3.1 HEALTH PLANS	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

In order to fulfill their mandate of planning and managing health services, health authorities are expected to:

- plan health services and set priorities based on the needs of the populations within the areas they govern.
- consult and collaborate with the community, neighbouring health authorities, and the Ministry for Children and Families, where appropriate, in the preparation of their plan.
- submit an annually updated multi-year plan to the Ministry, as required.
- provide the Ministry with written notification of significant changes to their plan, particularly where the changes reflect shifting priorities in service delivery and associated funding considerations.
- base their plans on the best available evidence of ability to address the seven principles outlined in chapter 1 and of health outcomes.



CHAPTER: 3 HEALTH PLANNING	NUMBER: 3.2
SECTION: 3.2 PROVINCIAL EMERGENCY PREPAREDNESS	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

Health authorities are expected to:

- develop effective emergency response plans to enable staff to mobilize resources to limit negative health outcomes associated with emergencies and disasters.
- fulfill the emergency response roles set out in the *Government Emergency Management System: A Strategy for Response*.
- ensure that local health emergency or disaster plans are consistent with those of the Ministry, other Provincial lead agencies, and local and municipal authorities.
- cooperate with other health authorities in the event of an emergency or disaster that requires shared resources.



CHAPTER: 4 SERVICES	NUMBER: 4.1
SECTION: 4.1 SERVICES TO BE DELIVERED	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

The Ministry of Health has the authority to specify what health services must be provided by a health authority.

Health authorities are expected to:

- provide, or ensure the provision of, health services as described in the *1994 Core Services Report*, as amended by the Ministry periodically.
- ensure the provision of a continuum of health services ranging from health promotion and disease and injury prevention to facility based care either through the health authority or through agreement with another health authority.

Where a health authority provides a service to an area other than the one they govern, the respective health authorities are expected to:

- contribute to planning activities for cross-jurisdictional services by participating on provincial and cross-jurisdictional bodies established for this purpose.
- enter into written agreements which describe:
 - the nature and the amount of service to be provided.
 - how the service may be accessed.
 - how services received will be coordinated with other services.
 - how discharge planning will be managed.
 - funding arrangements.
 - the nature and extent of involvement of other health authorities in the planning, evaluation and management of the service.
 - the process to be used to resolve disagreements between health authorities with regard to the service.



CHAPTER: 4 SERVICES	NUMBER: 4.2
SECTION: 4.2 SPECIALIZED SERVICES	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

Specialized services are provided and managed by a limited number of health authorities in accordance with performance contracts between the Ministry and the responsible health authorities. These services are often referred to as tertiary/quaternary services.

Specialized services are defined as those which cannot be provided efficiently, or at an appropriate level of quality or safety, in most health areas because they require a large population base to produce the number of cases to sustain competence among staff delivering the services and sophisticated support services in terms of equipment and facilities. Funding will be protected and provided separately from the funding provided for other health services.

Provider health authorities are expected to:

- provide specialized services in accordance with performance contracts with the Ministry.
- ensure that specialized services are delivered in a manner that achieves the greatest service integration.
- ensure that specialized services are coordinated with services provided by other health authorities.

All health authorities are expected to:

- participate in planning activities for specialized services, thereby ensuring appropriate access to these services for all residents.



CHAPTER: 4 SERVICES	NUMBER: 4.3
SECTION: 4.3 PROVINCIAL PROGRAMS	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

Provincial Programs are those services that will be managed by either the Ministry or a separate society or commission. These include the BC Ambulance Service, Medical Services Plan and Pharmacare, which will continue to be directly managed by the Ministry.

To ensure services managed by health authorities are integrated with provincially-managed services, health authorities are expected to:

- provide representatives to consult and plan with Ministry of Health staff to develop the best method of delivering provincial programs within the area they govern.
- collaborate with Ministry staff when developing the provincial programs portion of the Health Plan.
- involve staff from the Ministry in discussions on service changes that would have an impact on a provincial program (for example, it would be necessary to involve the BC Ambulance Service in discussions respecting closure of an emergency ward in a local hospital).
- endeavour to provide services such that care for each individual client is coordinated with available and appropriate provincial programs.



CHAPTER: 5 ACCESS TO SERVICES	NUMBER: 5
SECTION:	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

Access refers to the ability to obtain appropriate services when required. All residents of the province, regardless of where they reside, may access health services provided anywhere within the province.

Health authorities are expected to:

- ensure all health services they are required to provide within their area are accessible to all residents of the province regardless of the area of the province in which the resident resides.
- identify and work to remove barriers to access.



CHAPTER: 6 PERFORMANCE MANAGEMENT	NUMBER: 6.1
SECTION: 6.1 OUTCOME AND PERFORMANCE MEASURES	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

Within a regionalized system, health authorities, service providers and the Ministry have joint responsibility for using information on the outcome of health services to ensure the range of services provided contributes to the health of the population.

The Ministry, working with the health services industry, is establishing an accountability system whereby performance expectations are set and health authority performance is monitored.

Health authorities are expected to:

- ensure the services they are responsible for are monitored.
- provide requested information on performance to the Ministry for inclusion in the Minister's Annual Report on the Performance of Health Authorities.
- cooperate with Ministry monitoring mechanisms.



CHAPTER: 6 PERFORMANCE MANAGEMENT	NUMBER: 6.2
SECTION: 6.2 UTILIZATION MANAGEMENT	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

Health authorities are accountable for ensuring the efficient and effective use of resources under their governance and for the implementation of utilization management programs and initiatives.

Health authorities are expected to:

- participate in a Ministry/industry-defined approach to improve the *appropriateness and efficiency of health services and administrative services* when they fall below an acceptable level.
- report, as required, to the Ministry.



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.1
SECTION: 7.1 FINANCE AND ADMINISTRATION	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

The *Financial Administration Act* is the principal authority for financial administration in the Province and has been designed to ensure the financial resources of the Province are properly controlled and managed. The *Financial Management Policy for Health Authorities* describes the health authorities' obligations for financial administration in the respective areas they govern.

Health authorities must demonstrate they are prudently administering and accounting for public funds in carrying out their mandate.

Health authorities are expected to:

- comply with Ministry directives contained in the *Financial Management Policy for Health Authorities*.
- create and maintain systems of financial administration that allow for the orderly and efficient delivery of health services in the areas they govern.
- provide adequate internal controls over financial activities.



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.2
SECTION: 7.2 INFORMATION AND RECORDS MANAGEMENT	PAGE: 1 OF 2 EFFECTIVE: 98 FEB 1

Policy

The vision for health information management in British Columbia is to effectively and efficiently manage health information to support the health system. To ensure a smooth transition to a regional and community operated system, all health authorities are expected to:

- continue to use existing Ministry support information systems and comply with the Ministry's current reporting requirements until new requirements are established in the *Information Management Policy Manual*.
- comply with the requirements established in the *Information Management Policy Manual*.
- establish information management steering committees, develop and submit to the Ministry information resource management plans and participate in the Health Information Management Coordinating Council as described in the *Information Management Policy Manual*.

Records management, specifically storage and disposal of client records containing personal information, is an important responsibility of the Ministry, health authorities and service providers. Protection of client confidentiality is widely recognized and enshrined in professional rules and regulations, provincial legislation and contract stipulations.

Health authorities are expected to:

- ensure that all service provider contracts contain provision for compliance with the requirements of the *Freedom of Information and Protection of Privacy Act*.
- put in place proper procedures to ensure that clinical records are safely stored and appropriately disposed of and that client privacy is preserved.



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.2
SECTION: 7.2 INFORMATION AND RECORDS MANAGEMENT.	PAGE: 2 OF 2 EFFECTIVE: 98 FEB 1

- ensure that all employees and contracted service providers clearly understand and follow the Ministry of Health's *Code of Practice for Ensuring the Confidentiality and Security of Health Records in British Columbia* as contained in the Review of the Storage and Disposal of Health Care Records in British Columbia, Dr. Shaun H.S. Peck, July 1995.



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.3
SECTION: 7.3 CAPITAL PLANNING	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

Staff of health authorities are responsible for managing and planning for health facilities in their geographic areas. To meet these responsibilities, health authorities are expected to:

- *develop asset maintenance and replacement plans for all health facilities.*
- *prepare and submit to the Ministry a five-year replacement plan for major equipment.*
- *develop and submit capital projects in consultation with the regional hospital district where appropriate.*
- *meet the Ministry's reporting requirements for capital projects.*



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.4
SECTION: 7.4 COMMUNICATION & ISSUES MANAGEMENT	PAGE: 1 OF 1 EFFECTIVE: 98 NOV 1

Policy

As managers of the health services system, health authorities are responsible for making decisions about the funding and delivery of services and managing and communicating the issues that arise from these decisions to the public and affected stakeholders.

Health authorities are expected to:

- establish the communications function as part of the executive management role of the health authority in order to provide effective and on-going communications with the public and relevant stakeholders.
- provide adequate resources to the communications function to enable the health authority to have the capacity for providing, managing and meeting the comprehensive communications and issues management needs of the services providers and the public they serve.
- consult with the Ministry on issues involving provincial jurisdiction.
- consult with another health authority if an issue impacts on that health authority's jurisdiction.
- identify and assess emerging trends respecting media and communication issues, and set priorities.
- have written complaint handling policies and procedures to address client complaints about services delivered by a health authority or by a third party under contract to a health authority which:
 - respond to client complaints with a decision;
 - conduct a review of that decision on request; and
 - are accessible, consumer focused and fair.

Reference:

Complaint Management Guidelines for BC Health Authorities
(forthcoming, Health Association of British Columbia)



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.5
SECTION: 7.5 HUMAN RESOURCES	PAGE: 1 OF 2 EFFECTIVE: 98 FEB 1

Policy

The health sector is facing a major challenge of achieving administrative efficiency and service integration which will require strategic decisions regarding human resources.

Health authorities are expected to:

- develop policies and procedures as required to ensure effective management of human resources.
- retain appropriately qualified, skilled individuals to provide safe and quality health services.
- ensure that staff have continuing education and training opportunities to maintain and enhance knowledge and skills needed.
- work in cooperation with colleges, universities and other recognized educational institutions to provide teaching and learning opportunities, including practicums and internship positions, for people entering health professions.
- submit to the Ministry information for all staff through the Ministry Health Sector Compensation Information System (HSCIS) as required.

The Health Employers Association of British Columbia (HEABC) has developed a Compensation Reference Plan for executives and non-contract staff that is to be used by all member organizations. The Plan is based on the Public Sector Employers' Council's sectoral standards, and provides a system of establishing compensation in the health sector that ensures accountability to trustees and government.

Health authorities are expected to:

- compensate all executive and non-contract management staff in accordance with the *Health Employers Association of British Columbia Executive and Non-Contract Compensation Reference Plan*.



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.5
SECTION: 7.5 HUMAN RESOURCES	PAGE: 2 OF 2 EFFECTIVE: 98 FEB 1

- submit all new or revised Chief Executive Officer contracts to HEABC for review and determination as to whether the contract falls within the Compensation Reference Plan.



CHAPTER: 7 ADMINISTRATIVE SERVICES	NUMBER: 7.6
SECTION: 7.6 REQUIREMENTS RESPECTING AGREEMENTS WITH OTHER JURISDICTIONS	PAGE: 1 OF 1 EFFECTIVE: 98 FEB 1

Policy

In delegating authority for health services to health authorities, the Ministry must ensure that it continues to meet its obligations under the *Canada Health Act*, federal and provincial agreements, and agreements with other jurisdictions. The Ministry will provide health authorities with a list of relevant agreements.

Health authorities are expected to:

- comply with any existing or future agreement signed by the Crown through the Government of Canada, the Province and the Ministry with other jurisdictions including other ministries, levels of government, provinces, or countries.
- request Ministry approval in advance to negotiate and enter into agreements with other levels of government including municipalities, except for contracts for the provision of services funded by other governments.
- provide information as requested to support the inter-jurisdictional work of the Ministry of Health (for example, research agreements, surveys or interviews).



CHAPTER: 8 JOINTLY FUNDED SERVICES	NUMBER: 8
SECTION:	PAGE: 1 OF 2 EFFECTIVE: 98 FEB 1

Policy

The Ministry of Health and the Ministry for Children and Families (the ministries) have joint responsibility for ensuring public health nursing, speech-language pathology, audiology, nutrition and dental public health services (PHN and SAND) and ensuring they are accessible to all residents of the Province. The Ministry for Children and Families is the lead ministry for policy direction related to children, youth and families. The Ministry of Health is the lead ministry for policy direction related to adult services, general population health and communicable disease prevention and control. Expectations of Regional Health Boards and Community Health Services Societies for these services will be jointly agreed to by the ministries.

Regional Health Boards and Community Health Services Societies are expected to:

- deliver PHN and SAND services in accordance with applicable provincial legislation and policies, standards, management requirements, and performance expectations of the ministries.
- ensure services are consistent with the goals, principles and strategic priorities and expected outcomes of both ministries.
- work together with Regional Operating Agencies to ensure PHN and SAND services are part of a regionally integrated service system for children, youth and families in communities and to ensure the provision of a regionally integrated public health service.
- develop a regional service delivery plan for PHN and SAND services, when jointly requested by the ministries and which will be jointly agreed to by the ministries, in consultation with services providers, client groups and the ministries.
- ensure the provision of services within a health promotion, prevention, early support and population health framework.



CHAPTER: 8 JOINTLY FUNDED SERVICES	NUMBER: 8
SECTION:	PAGE: 2 OF 2 EFFECTIVE: 98 FEB 1

- ensure the provision of disease prevention and control services as required under the *Health Act*, under the direction of the Medical Health Officer.

Reference

Ministry for Children and Families policies

Ministry of Health policies

Role of the Ministry for Children and Families (January 1997)

Ministry for Children and Families Measuring Our Success:

Framework for Evaluating Population Outcomes (September 1997).

Regional Operating Plan specific to their geographic area

APPENDIX 1
STATUTES AND REGULATIONS

Part A

Statutes and Regulations
Under The Jurisdiction of
The Minister of Health

The following health statutes and regulations regulate or affect the operations and activities of health authorities and service-providers in the health services system.

Access to Abortion Services Act

Abortion Services Access Zone Regulation

Anatomy Act

Anatomy Act Regulation

British Columbia Health Research Foundation Act

Community Care Facility Act

Adult Care Regulations

Child Care Regulations

Community Regulation Act

Continuing Care Act

Continuing Care Fees Regulation

Continuing Care Programs Regulation

Forensic Psychiatry Act

Health Act

British Columbia Cancer Agency Research Information Regulation

Frozen Food Locker Plant Regulation

Health Act Communicable Disease Regulation

Health Act Fees Regulation

Health Hazard Regulation

Industrial Camps Health Regulation

Personal Service Establishments Regulation

Public Place Sanitary Facilities Regulation

Safe Drinking Water Regulation

Sanitary Regulations

Sanitation and Operation of Food Premises Regulation

Sewage Disposal Regulation

Slaughter House Regulation

Sterilization of Rags Regulation

Summer Camps Regulation

Swimming Pool Exemption Regulation No. 1

Swimming Pool, Spray Pool and Wading Pool Regulations

Health Authorities Act

Amalgamation of Regional Health Boards and Community Health Councils
Regulation

APPENDIX 1
STATUTES AND REGULATIONS

Part A

Statutes and Regulations
Under The Jurisdiction of
The Minister of Health

Designated Corporations Regulation
Health Board Composition Regulation
Health Boards Designation Regulation
Health Council Regulation
Health Sector Labour Relations Regulation
Hospital Transfer Regulation
Transfer of Union Board Powers and Duties Regulation
(individual health authority regulations are not listed)
Health Care (Consent) and Care Facility (Admission) Act [not in force]
Health Emergency Act
Emergency Medical Assistants Regulation
Health Emergency Regulation
Hospital Act
Hospital Act Regulation
Hospital (Auxiliary) Act
Hospital (Auxiliary) Act Regulation
Hospital Corporations Act
Hospital District Act
Hospital District Act Regulation
Hospital Insurance Act
Hospital Insurance Act Regulations
Human Tissue Gift Act
Marriage Act
Marriage Act Fees Regulation
Meat Inspection Act
Medicare Protection Act
Information Sharing Agreement Prescribed Enactments Regulation
Medical and Health Care Services Regulation
Mental Health Act
Ministry of Health Act
Mental Health Regulation
Name Act
Name Act Regulation
Public Toilet Act
Seniors Advisory Council Act
Tobacco Sales Act
Tobacco Sales Regulation
Vancouver General Hospital Act
Venereal Disease Act

APPENDIX 1
STATUTES AND REGULATIONS

Part A

Statutes and Regulations
Under The Jurisdiction of
The Minister of Health

Venereal Disease Act Regulation

Venereal Disease Act Treatment Regulation

Vital Statistics Act

Vital Statistics Act Regulation

Wills Act (Part II)

Wills Notices Regulation

APPENDIX 1
STATUTES AND REGULATIONS

Part B

Statutes Governing Professions
Under the Jurisdiction of
The Minister of Health

The following statutes establish individual colleges for the regulation of health professions.

Chiropractors Act

Chiropractors

Dentists Act

Dentists

Dental Assistants

Health Emergency Act

Emergency Medical Assistants

Health Professions Act

Opticians

Dental Hygienists

Physical Therapists

Massage Therapists

Midwives

Dental Technicians

Denturists

Acupuncturists

Licensed Practical Nurses

Hearing Aid Act

Audiologists (private practice)

Hearing Aid Dealers

Medical Practitioners Act

Physicians

Osteopaths

Naturopaths Act

Naturopaths

Nurses (Registered Psychiatric) Act

Registered Psychiatric Nurses

Nurses (Registered) Act

Registered Nurses

Optometrists Act

Optometrists

Pharmacists, Pharmacy Operations, and Drug Scheduling Act

Pharmacists

Podiatrists Act

Podiatrists

Psychologists Act

Psychologists

APPENDIX 1
STATUTES AND REGULATIONS

Part C

Other Provincial Statutes

The following provincial statutes, not administered by the Ministry, may affect the operations and activities of health authorities and service providers in the health services system.

	<u>Ministry Responsible</u>
<i>Adult Guardianship Act</i>	Attorney General [not in force]
<i>Child, Family and Community Service Act</i>	Children and Families
<i>Child, Youth and Family Advocacy Act</i>	Children and Families
<i>Coroners Act</i>	Attorney General
<i>Emergency Program Act</i>	Attorney General
<i>Environmental Assessment Act</i>	Environment, Land and Parks
<i>Environment Management Act</i>	Environment, Land and Parks
<i>Financial Administration Act</i>	Finance and Corporate Relations
<i>Financial Information Act</i>	Finance and Corporate Relations
<i>Fish Inspection Act</i>	Agriculture, Fisheries and Food
<i>Infants Act</i>	Attorney General
<i>Freedom of Information and Protection of Privacy Act</i>	Employment and Investment
<i>Milk Industry Act</i>	Agriculture, Fisheries and Food
<i>Municipal Act</i>	Municipal Affairs
<i>Offence Act</i>	Attorney General
<i>Representation Agreement Act</i>	Attorney General [not in force]
<i>School Act</i>	Education, Skills and Training
<i>Tobacco Tax Act</i>	Finance and Corporate Relations
<i>Waste Management Act</i>	Environment, Land and Parks

APPENDIX 2
DOCUMENT LIST

Health authorities should be familiar with the following documents:

Enhancing Accountability for Performance in The British Columbia Public Sector. Auditor General of British Columbia and Deputy Minister's Council. (1995).

Better Teamwork, Better Care: Putting Services for People First. The Regionalization Review Team's Report to the Minister of Health. (1996).

Closer to Home: Summary of the Report of the British Columbia Royal Commission on Health Care and Costs. British Columbia Royal Commission on Health Care and Costs. (1991).

Closer to Home, The Report of the British Columbia Royal Commission on Health Care and Costs. British Columbia Royal Commission on Health Care and Costs. (1991).

Government Emergency Management System: A Strategy for Response.

Listening: A Review of Riverview Hospital. Appendix 1. Office of The Ombudsman.

Ministry of Health Documents:

Building our Future: A Guide to Health and Management Planning for Regions and Communities. (January 1995).

1994 Core Services Report. (1994).

Framework for Monitoring and Reporting Regional Health Outcomes: A Guide for Regional Health Boards. (March 1996).

Guide to Amalgamation and Affiliation for Regional Health Boards and Community Health Councils. (August 1995).

Health Impact Assessment Guidelines: A resource for program planning and development. (January 1995).

Policy Frameworks on Designated Populations. (April 1995).

Reports on the Health of British Columbians: Provincial Health Officer's Annual Report for 1994 and 1995.

The Changing Face of Volunteerism in the BC Health Sector. (1996).

APPENDIX 2

DOCUMENT LIST

The Determinants of Health: Making Decisions for a Healthier Population. (video). (1995).

The Evaluation Framework Reference Guide. (1996).

Vision for Health Information Management in British Columbia. (May 1995).

Vision for Utilization Management in British Columbia. (1996).