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Message from the Minister and Accountability Statement

I am pleased to present the 2005/06 Annual Service Plan Report for the Ministry of Health. This report details the health system's performance in delivering high quality health services to our citizens, and provides information on the many health system innovations and advances that have occurred across the Province.

Our work over the past year has been guided by our government's Five Great Goals for a Golden Decade. Health is a key component of those goals, and our vision of a modern health system is one that supports British Columbians across their life span, whether they need support to stay healthy, get better from an illness or injury, live with and manage a chronic disease or disability, or cope with the end of life. Our commitment to health care was supported in 2005/06 by a record $11.4 billion health budget, an increase of over $3 billion from 2000/01. This report shows how this funding was strategically invested to provide services and foster innovation across the continuum of care.

In 2005/06 we expanded ActNow BC, the most comprehensive health promotion program in North America, to help people enjoy healthy lifestyles and the benefits of healthy living. At the same time, we also worked to protect British Columbians from preventable illnesses by expanding immunization programs and by monitoring and safeguarding against the outbreak of diseases like avian influenza and West Nile virus.

The Ministry also continued its commitment to providing timely access to needed health services when people do get sick or injured. In 2005/06, the Ministry made significant investments to improve access to a range of services, including implementing innovative approaches to provide more hip and knee replacements for British Columbians. In addition, we continued to work to ensure our hospitals and emergency rooms meet the needs of patients when they are required.

In 2005/06 we expanded our strategies to improve the quality and safety of services, particularly for people with chronic diseases, mental health and addictions patients, and those at the end of life. We also continued the renewal of residential, home and community care to better meets the needs of modern British Columbians. In this area we continued to work toward completing 5,000 new residential care, assisted living and supportive housing with care beds by December 2008.

This annual report also provides information on the important strategies the Ministry undertook in 2005/06 to improve the overall efficiency and sustainability of our public health care system. The Ministry has made significant investments in health research to improve care, and has made good progress on its Provincial eHealth strategy which is utilizing advances in technology and information systems to allow services to be delivered more efficiently and safely. We also implemented many health human resource strategies to ensure British Columbia has enough health professionals to deliver high quality services today and in the future. We increased training opportunities in health

professions and expanded programs to support foreign educated health professionals to work in British Columbia. In addition, we successfully reached new labour agreements with professionals and workers across the health system which represents a tremendous opportunity to work together to improve health services for British Columbians.

Overall, British Columbia has made tremendous progress in redesigning the health system, and in 2005/06 was recognized by both the Conference Board of Canada and Cancer Advocacy Coalition as national leaders in health care. The Conference Board rated B.C. as having the best overall health system performance in Canada, while the Cancer Advocacy Coalition noted our Province provides the timeliest access to cancer drugs and has the best cancer outcomes in the country. British Columbians can be proud of our provincial health system, and know that we are continuing to make the right investments to ensure they continue to receive the best care in Canada.

This 2005/06 Ministry of Health Annual Service Plan Report compares the actual results to the expected results identified in the Ministry's 2005/06 – 2007/08 Service Plan Update September 2005. I am accountable for those results as reported.

Honourable George Abbott
Minister of Health

June 30, 2006

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Highlights of the Year

In 2005/06, the Ministry of Health invested over $11.4 billion to meet the health needs of British Columbians. This investment was made across a wide spectrum of programs and services aligned with the Ministry's goals to improve health and wellness, deliver high quality patient care, and make the publicly funded health system sustainable over the long term. Following are some of the achievements of the Ministry of Health in 2005/06.

Improving the Health and Wellness of British Columbians

- Invested in ActNow BC initiatives to support healthy living and physical fitness in British Columbia. In 2005/06, initiatives included:
  - A $30 million investment in health promotion through partnerships with the BC Healthy Living Alliance and 2010 Legacies Now.
  - $4.2 million to provide communities throughout B.C. with information, resources and support to encourage healthy lifestyles.
  - A School Fruit and Vegetable Program which provides one serving of B.C. grown fruits or vegetables to children twice a week at ten elementary schools.
- Continued strategies to reduce tobacco use across British Columbia. In September 2005, the Supreme Court of Canada ruled unanimously in favour of B.C.'s effort to hold the tobacco industry to account for practices that have compromised the health of British Columbians. In early 2006 changes were made to the *Tobacco Sales Act* to improve compliance and make it even more difficult for youth to access tobacco products.
- Updated the *BC HealthGuide* handbook and made it available at pharmacies and government agent offices across the province, as part of government's wellness strategy to improve health care advice and information. The updated handbook includes new and medically reviewed information as well as expanded health tips for seniors.
- Released a new edition of *Baby's Best Chance*, an easy-to-read resource to assist parents from pregnancy through birth, and in the parenting of a baby up to six months of age.
- Introduced a new $73 million program to provide hearing screening, sight testing and dental checks for children before the age of six.
- Promoted breast cancer detection through support for an awareness campaign designed to increase the number of women having mammography screenings. The Province's $1 million investment provided support to the Canadian Breast Cancer Foundation B.C./Yukon chapter to fund its GO HAVE ONE campaign.
- Introduced an innovative CPR training program in 20 high schools throughout British Columbia. Close to 125 high school teachers learned vital CPR skills from B.C. paramedics — knowledge the teachers were able to pass on to nearly 6,000 grade 10 students.
- Increased the number of flu vaccines ordered by 10 per cent (1.28 million doses) to protect the most vulnerable British Columbians during flu season.

Providing High Quality, Patient Centred Care

- Took action to reduce wait times for hip and knee surgeries while building long-term capacity in the health care system that will maximize the number of surgeries through a $60.5 million wait time management strategy. The strategy included: funding to immediately address existing backlogs; a new Centre for Surgical Innovation at UBC Hospital; a Provincial Surgical Patient Registry; and a Research Centre for Hip Health at Vancouver General Hospital.
- Increased surgeries at B.C. Children's Hospital. The Province's only specialized pediatric facility implemented innovative measures that will add 1,000 elective pediatric surgeries a year, further reducing wait times and improving timely access to surgery for patients.
- Invested $1.3 million in the University of Northern British Columbia to assist Northern Health in reducing the incidence of cancer and improving survival rates for northern residents.
- Opened the Province's first publicly funded PET/CT scanner, which advances cancer care and treatment for B.C. citizens. The PET (positron emission tomography) system is a non-invasive, whole-body imaging technique. When combined with computed tomography (CT), it allows physicians to more accurately diagnose and manage disease, particularly cancer.
- Provided access to a breakthrough therapy for breast cancer patients. The Ministry, in partnership with the Provincial Health Services Authority and the BC Cancer Agency, provided an $8 million funding commitment for Herceptin. In clinical trials, patients treated with Herceptin after completing chemotherapy had their rate of cancer recurrence reduced by more than half, and had improved survival rates. B.C. was the first province to approve and cover the cost of the drug for all eligible breast cancer patients.
- Enhanced maternity care support and access to health care for rural women through a $3.1 million investment.
- Provided $3.5 million to expand diagnostic and assessment services for children with special needs, including those with Fetal Alcohol Spectrum Disorder.
- Added new drugs for PharmaCare coverage that will help patients with diabetes, rheumatoid arthritis, glaucoma, migraines and high blood pressure. The BC PharmaCare program is one of the most comprehensive publicly funded drug benefit programs in the country. Decisions about drug coverage are based on compelling scientific evidence that clearly shows a medication is safe, cost-effective and improves patient outcomes.
- Targeted $7 million in additional funding and new initiatives to continue the fight against crystal meth, including new money for communities to fight the drug at the local level, a public awareness campaign, and the expansion of treatment across the province.
- Began construction on more than 25 facilities for seniors and persons with disabilities. These included new assisted living units, residential care units and beds, hospices and campuses of care.

A Sustainable, Affordable, Publicly Funded Health System

- Created a stronger, better relationship with labour. In late 2005/06 the Province reached agreements with all the health sector bargaining associations as well as the British Columbia Medical Association. In addition to the collective bargaining process, government and association representatives held a series of policy discussions which have strengthened cooperation and ensured the labour agreements reflect the current concerns and interests of all parties. These joint policy tables will continue to meet and work together throughout the duration of the negotiated agreements.
- Continued to expand education opportunities for doctors, nurses and other health professionals to ensure there are enough health workers to meet British Columbians' needs. In 2005/06 the Ministry also expanded residency positions for foreign-trained physicians, and introduced measures through the Provincial Nominee program to expedite immigration processes for foreign health professionals.
- Graduated the first class of Nurse Practitioners in British Columbia in May 2005. Nurse Practitioners are Registered Nurses with advanced education and skills, and will be an important resource in delivering care to British Columbians.
- Invested in new and improved health facilities across the Province, including helping address emergency department congestion at Surrey Memorial Hospital by adding a minor treatment unit adjacent to the emergency room ($4.8 million); redeveloping and expanding surgical capacity at Nanaimo Regional General Hospital ($23 million); upgrading emergency and intensive care services at the Mills Memorial Hospital in Terrace ($1.9 million); building a new 44-bed tertiary mental health facility located on the grounds of the Royal Inland Hospital in Kamloops ($17 million); and expanding the mental health program by 15 beds at St. Paul's Hospital in Vancouver ($4.2 million).
- Launched a major eHealth initiative to modernize health system information technology and help health professionals deliver better, faster and safer care. Through a partnership with Canada Health Infoway, up to $150 million will be invested in eHealth initiatives between 2005/06 and 2008/09.
- Invested in priority areas of research to improve population health and the delivery of health services. Investments include:
  - $10 million in funding to help establish three new research chairs and a new Institute of Mental Health at UBC.
  - $2 million through the Women's Health Research Institute at BC Women's Hospital and Health Centre to fund investigation into health issues unique to women.
  - $6.1 million to open the Centre for Blood Research at UBC.
  - $100 million to the Michael Smith Foundation for Health Research to support B.C.'s best and brightest health researchers.
- Improved Medical Service Plan and PharmaCare registration and billing services through a service agreement with Health Insurance BC. By the end of 2005, service levels were among the best on record.

Recognition as Leaders in Health Service Delivery

British Columbia has recently been recognized as a leader in health service delivery in Canada. The Ministry is pleased to receive this positive acknowledgement of the B.C. health system, and is particularly proud the recognition has been for work spanning the continuum of health services. This indicates we are doing well in achieving our vision of a health system that supports people across their life spans.

Recent acknowledgements of B.C.'s health system include:

- *Healthy Provinces, Healthy Canadians: A Provincial Benchmarking Report* released by the Conference Board of Canada that rated British Columbia as having the top ranked health system in the country. The report compared and evaluated the performance of provincial health care systems in Canada based on 70 comparable health indicators.
- The Cancer Advocacy Coalition, an independent Toronto-based cancer advocacy group, noted in its annual evaluation of cancer system performance that B.C. has the best cancer outcomes and lowest cancer mortality in Canada. The report found B.C. has the best-funded and most timely access to cancer drugs within a strong, well-organized, population-based cancer control program coordinated by the BC Cancer Agency.
- The Public Health Association of Canada awarded British Columbia the Ron Draper Health Promotion award for the Province's ActNow BC initiative. The Ron Draper award is given for making a significant contribution to health promotion by working in the community to build healthy public policy, create environments that support health, enable community action, enhance personal skills, and/or re-orient health services.
- The New Health Professionals Network, a national organization representing over 25,000 health students, interns and residents, recognized British Columbia with a Celebration of Medicare award for an innovative palliative care service. The award was presented for the Fraser Health Authority and BC NurseLine's new program that provides 24 hour phone access to specialized palliative care nurses to provide advice to anyone caring for a terminally ill person.

Purpose, Vision, Mission and Values

Purpose

The Ministry of Health is responsible for British Columbia's health system, with a mandate to guide and enhance the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The B.C. health system is one of the Province's most valued social programs as it touches all British Columbians' lives — at some point virtually every person in the Province will access some level of health care or health service. Furthermore, good health is critical to overall well-being because it enables people to enjoy their lives to the fullest, take advantage of education and employment opportunities, and participate fully in society and the economy.

Vision, Mission and Values

Vision

A health system that supports people to stay healthy, and when they are sick provides high quality publicly funded health care services that meet their needs.

Mission

To guide and enhance the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

Values

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **Citizen and patient focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to quality health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency**, providing quality, effective, evidence-based services in a cost-effective way.
- **Appropriateness**, providing the right service at the right time in the right place.
- **Safety** in the delivery of health services to minimize the risks to the health and safety of British Columbians.

Strategic Context

Planning Context and Key Strategic Issues

The Ministry of Health operates within the broader economic, social and environmental influences that affect the population's health status. Enjoying good health and a high quality of life depends on many factors, including access to quality education, meaningful employment, stable family and community environments, and making healthy lifestyle choices.

Access to high quality health services also has a positive influence on health status. In British Columbia, citizens are supported in maintaining their health by a publicly funded health system, directed by the Ministry of Health and delivered primarily by B.C.'s health authorities and health care professionals. In the past 35 years, the scope of the public health system has expanded beyond traditional hospital and physician services to include comprehensive public health programs, a broad team of service providers, prescription drugs, home and community care and more.

Overall, British Columbians have a quality health system they can rely on and have some of the best health outcomes in the country. This was recently reflected in *Healthy Provinces, Healthy Canadians: A Provincial Benchmarking Report* released by the Conference Board of Canada in February 2006. The report compared and evaluated the performance of provincial health care systems in Canada based on 70 comparable health indicators, and found British Columbia to have the top ranked health system in the country. The full report is available at http://www.e-Library.ca.

Challenges and Risks

The Ministry must monitor broader societal indicators and trends to assess and plan for potential impacts on the health of the public and the health system. For instance, while British Columbians currently enjoy the best health status in Canada, there are worrying trends that are already creating unprecedented demands for health services:

- An aging population with a rising burden of illness is resulting in the continuing rise in demand for increasingly complex and expensive health services.
- 42 per cent of adult British Columbians are overweight or obese according to self-reported data, and only 58 per cent are physically active or moderately active.
- Tobacco use remains the primary risk factor that contributes most to the burden of diseases in British Columbia.
- Advances in technology are enabling and improving services, but also creating increased demand.
- As the population ages, so too does the health care workforce. The combination of looming retirements in the health workforce and increased demand for services from an aging population will make maintaining an adequate supply and mix of health professionals and workers challenging.

British Columbia's population growth and demographic shifts are also putting pressure on the health system, as health services tend to be used at higher rates in older age groups. The following demographic trends help to illustrate the scope of the future challenges to the health system:

- British Columbia's population is growing; in 2005 the population increased by 42,700 persons and is expected to increase by 45,000 persons in 2006, 47,600 in 2007, and 48,600 in 2008. By 2010, the population is forecast to be 4,485,000, an increase of 5.8 per cent from 2005.
- The share of British Columbia's population over the age of 65 is expanding. Relative to 2005, by 2015 the share of the population 65 and over will grow by 21.8 per cent, from 13.9 per cent to 16.9 per cent. Moreover, the median age in British Columbia is expected to reach 42.0 years by 2015 from 39.6 years in 2005.
- Life expectancy is increasing. In 2005, the median age at death was 79 years and by 2015 it is expected to be 81 years.

Furthermore, maintaining a high quality health system is also challenged by a number of other factors in a rapidly changing environment. Those factors include:

- The development of new treatments for patients with conditions that were previously untreatable.
- The emergence of new diseases, which result in new tests, drugs and treatments.
- Significant new public health risks such as avian flu, SARS, and West Nile virus, as well as accidental or natural emergencies.
- The continuous need to update or expand health facilities, technology and equipment.

Capacity to Manage Risks

Government has annually increased funding for health services; however, funding increases alone will not meet the increasing and changing demands placed on the health system. Accordingly, the Ministry has and will continue to undertake several strategies to ensure the health system is able to adapt and respond to changing demands.

The Ministry is engaging in longer-term planning and employing more integrated approaches to anticipating and meeting longer-term needs. The Ministry has significantly strengthened its data collection and analysis capability, and developed a long-term planning framework that provides structured guidance to ensure health system planning activities are evidence-based and focused on population and patient needs. The improved data and the framework guide the Ministry's planning in key service delivery and infrastructure areas, such as health human resource planning, information technology (including eHealth) planning, and capital investment planning for facilities and equipment. Longer-term coordinated approaches based on evidence derived from sound data and analysis strengthens the Ministry's ability to make the right strategic investments to address the challenges facing the system, and deliver a quality health system now and in the future.

Further, our capacity to manage change has been greatly increased through the development of an accountable, efficient and responsive health sector that welcomes the challenge

of improving services for the citizens of British Columbia. One of our strengths is the streamlined structure of five geographic health authorities responsible for the delivery of health services within their regions, and one additional authority responsible for highly specialized services, such as cancer and cardiac care, province-wide. This structure is well designed to manage the complexity of the health system, take advantage of the ability to adapt to change, foster innovation and make strategic investments across the continuum of care. The British Columbia structure is responsive to the changing needs of the population and well prepared to meet the challenges of an increasingly diverse, growing and aging population.

The Ministry is also working with other government and non-government organizations in support of British Columbians' health. ActNow BC is a health and wellness initiative that promotes healthy living choices to reduce chronic disease and improve the quality of life and health among the province's citizens. Coordinated across all provincial government ministries, it is a multi-year, multidisciplinary effort to create policies, programs and services that motivate British Columbians to eat a healthier diet, become more physically active, maintain healthy weight, reduce, quit or avoid tobacco use, and make healthy choices in pregnancy. What makes ActNow BC unique among health promotion initiatives is that the program broadens the focus of responsibility for the promotion of health and fitness beyond the health care system. Not solely the responsibility of the Ministry of Health, ActNow BC engages all provincial ministries as well as external partners. The BC Healthy Living Alliance (BCHLA) is a major partner, with the capacity to mobilize more than 40,000 volunteers, 4,300 health and recreation professionals and 184 local governments across B.C. BCHLA member organizations include: the Heart and Stroke Foundation, Canadian Cancer Society, Canadian Diabetes Association, B.C. Lung Association, B.C. Recreation and Parks Association, Dietitians of Canada, Public Health Association of B.C., Union of B.C. Municipalities, and the B.C. Pediatric Society. These partnerships greatly expand the Ministry's capacity to promote good health for British Columbians.

Ministry Linkage to the Five Great Goals

Government has set out five overarching goals to guide the work of ministries in achieving the full potential of British Columbia. The Five Great Goals for a Golden Decade focus on literacy and education, healthy living and physical fitness, supports for the most vulnerable members of society, environmental stewardship and job creation.

The work of the Ministry of Health is guided by the government's Five Great Goals. While the Ministry's primary contribution to achieving the five goals can be found in the goals focused on health and wellness (Goal 2) and providing supports to the most vulnerable members of society (Goal 3), the work of the Ministry ultimately contributes to the achievement of all the government's goals. Following is an overview of the key initiatives for B.C.'s health system that support the attainment of the Five Great Goals for a Golden Decade.

Great Goal 1: Make British Columbia the best-educated, most literate jurisdiction on the continent.

The Ministry of Health is:

- Providing health promotion and disease prevention programs that will help people stay healthy so they can learn. For instance, the Ministry is contributing to healthy childhood development by providing hearing screening, sight testing and dental checks for children before the age of six.

Great Goal 2: Lead the way in North America in healthy living and physical fitness.

The Ministry of Health is:

- Leading government's ActNow BC initiative through which all ministries and all sectors are supporting British Columbians to make healthy lifestyle choices in their schools, workplaces and communities. The ActNow BC initiative promotes physical activity, healthy eating, living tobacco free, and making healthy choices during pregnancy.
- Strengthening health protection and emergency management programs to promote health and safety and prepare for and respond to major public health risks such as SARS, West Nile virus, influenza, meningitis, and natural or accidental disasters.
- Continuing to deliver expanded immunization programs for children and seniors.
- Working to continue to reduce inequalities in health status among British Columbians, with a particular focus on improving Aboriginal health and wellness.
- Expanding the BC HealthGuide and BC NurseLine program to provide citizens with health information and advice 24 hours a day, 7 days a week, with translation services in over 130 languages. Providing the right information to the right person at the right time supports British Columbians to make the right health decisions for themselves and their families.

Great Goal 3: Build the best system of support in Canada for persons with disabilities, those with special needs, children at risk, and seniors.

The Ministry of Health is:

- Expanding home and residential care options for seniors and persons with disabilities, including building 5,000 new residential care, assisted living and supportive housing with care beds in partnership with BC Housing and community affiliates by December 2008.
- Strengthening and modernizing health services for seniors.
- Continuing to enhance mental health and addiction services across the Province, and participating with other ministries, health authorities, BC Housing, municipalities and community organizations to develop and implement strategies to address mental health, addictions and homelessness.
- Working with the Ministry of Children and Family Development and the Ministry of Education to better integrate services for children and youth with special needs.

Great Goal 4: Lead the world in sustainable environmental management, with the best air and water quality, and the best fisheries management, bar none.

The Ministry of Health is:

- Working with ministries across government on the ongoing implementation of the *Drinking Water Protection Act* to ensure safe, quality drinking water for British Columbians.
- Working with ministries across government to protect and enhance the Province's air quality by moving ahead on the recommendations of the Provincial Health Officer's Report on Air Quality in British Columbia.

Great Goal 5: Create more jobs per capita than anywhere else in Canada.

The Ministry of Health is:

- Continuing to foster innovation in the expanding health sector while creating safe, healthy and rewarding workplaces that will attract skilled workers and professionals to British Columbia.
- Working with the Ministry of Advanced Education, post-secondary institutions, the federal government and other provinces and territories to address the long-term need for a stable supply of health workers.
- Encouraging health research and innovation by investing $100 million in the Michael Smith Foundation for Health Research.

Service Delivery and Core Business Areas

Service Delivery

The Ministry of Health provides leadership, direction and support to its service delivery partners, such as health authorities, physicians and other health professionals, who directly deliver the majority of health services in British Columbia. The Province's six health authorities are the main organizations responsible for local health service delivery (see Appendix 1 — Map of Health Authorities). Five regional health authorities are responsible for delivering a full continuum of health services to meet the needs of the population within their respective regions. A sixth health authority, the Provincial Health Services Authority, is responsible for ensuring British Columbians have access to a coordinated network of high quality specialized health services, such as cancer care, specialized cardiac services and transplant operations. Performance agreements between the Ministry and each health authority are used to detail health authority responsibilities and the Ministry's expectations for service delivery.

The Ministry also leads and manages other health programs outside the scope of services delivered by the health authorities. The two largest of these are the Medical Services Plan and PharmaCare programs, which, respectively, provide physician services and prescription drug coverage for B.C. residents.

The delivery of health services and the health of the population are continuously monitored and evaluated by the Ministry. These activities inform the Ministry's strategic and policy direction, and lead to interventions and course corrections when required, to ensure the delivery of health services continues to meet the needs of British Columbians.

Core Business Areas — Overview

The health system is complex and multi-faceted with many different organizations, agencies and providers delivering services to meet the population's health needs. The Ministry's core business areas are organized to reflect the major partnerships and roles that combine to form a high quality, coordinated health system for British Columbians.

Core Business Area: *Services Delivered By Partners*

Our partners deliver the vast majority of health services to the public. These services span the continuum of health services, from population health programs to end-of-life care. Accordingly, this core business accounts for the vast majority of health expenditures, and is the primary focus of the system redesign efforts detailed in this service plan. The major areas included in this core business are:

Regional Health Sector

2005/06 expenditure: $7.251 billion

B.C.'s six health authorities are the Ministry's key organizational partners in delivering services to British Columbians. More than 90 per cent of the Regional Health Sector funding is provided to the six health authorities for the provision of most local health services, including health promotion and protection services, primary care, hospital services, home and community care, mental health and addiction services, and end-of-life care.

The remaining funding is provided to other health agencies for related health services, including: the provision of blood services, out of province hospital services, post-graduate medical education, health care risk management, and some palliative care services.

Medical Services Plan

2005/06 expenditure: $2.669 billion

The Medical Services Plan funds medically necessary services provided by general practitioners, specialists, midwives and other practitioners, including diagnostic services. Services are funded in a variety of ways: through fee-for-service, contracts (including contracts with health authorities), and salaried positions. Medical Services Plan funding also provides supplementary benefits to low-income British Columbians for a range of services, including physical therapy, naturopathy and chiropractic.

PharmaCare

2005/06 expenditure: $867 million

PharmaCare is B.C.'s prescription drug insurance program and includes several benefit plans. The main plan is Fair PharmaCare, which provides insurance to B.C. families for prescription drug costs. Several other plans exist to address the health needs of individuals, including seniors in long term care facilities, severely disabled children who are cared for at home, enzyme treatment for people with cystic fibrosis, and clients on provincial income assistance.

Health Benefit Operations

2005/06 expenditure: $29.2 million

Health Benefit Operations provides administrative services for B.C.'s PharmaCare Program and Medical Services Plan. These services do not involve direct health care delivery, but include registering beneficiaries, processing medical and pharmaceutical claims from health professionals, and responding to inquiries from the public. Since April 1, 2005 these administrative services have been delivered by Health Insurance BC through an operating agreement. Funding in this area represents the Ministry's purchase of these administrative services.

Health Infrastructure Investment (Debt Service Costs and Amortization of Prepaid Capital Advances)

2005/06 expenditure: $285 million

Government also provides debt-financed funding to health authorities for specific capital purposes including the capital cost of new buildings and renovations and improvements to health facilities, as well as diagnostic and medical equipment and information technology. Debt service costs and amortization related to infrastructure investment are captured in this area.

Core Business: *Services Delivered By Ministry*.

This core business encompasses two important public services: the B.C. Ambulance Service, which is delivered through the Emergency Health Services Commission, and the Vital Statistics Agency.

Emergency Health Services (B.C. Ambulance Service)

2005/06 expenditure: $257 million

The B.C. Ambulance Service (BCAS) is responsible for providing effective, efficient and equitable emergency health services for the Province. Approximately 1,300 full-time and 1,900 part-time paramedics and dispatchers provide emergency and medical transport services. BCAS is a provincial service with 190 stations and 460 ambulances across the Province, providing more than 460,000 ground calls and 7,000 air evacuations annually.

British Columbia Vital Statistics Agency

2005/06 expenditure: $6 million

The Vital Statistics Agency is responsible for documenting important events for B.C. citizens such as births, marriages, and deaths. There are two primary outputs of the Agency's vital event registration activities: the production of accurate, timely and relevant health statistics and information, and the issuance of certified documents pertaining to individual vital events (e.g., birth certificates). The Agency also has a key responsibility to secure and protect personal identity records by taking appropriate measures to prevent identity theft and related frauds as they may relate to British Columbia vital event records and documents.

Core Business: *Stewardship and Corporate Management*

2005/06 expenditure: $104 million

As stewards of the system, the Ministry provides leadership and support to its health system partners, including health authorities, physicians and other care providers. While this business area accounts for less than 1 per cent of health system expenditures, it is crucial to the effective functioning of the health system.

The Ministry sets the overall strategic direction for the health system, provides the appropriate legislative and regulatory frameworks to allow it to function smoothly, and plans for the future supply and use of health professionals, technology and facilities. The Ministry also monitors the health of the population and plans for and coordinates responses to major public health risks and emergencies. Lastly, the Ministry evaluates health system performance against clearly articulated expectations, and takes corrective action where necessary to ensure the population's health needs are being met.

This core business area includes the Office of the Provincial Health Officer. Under the *Health Act*, the Provincial Health Officer is the senior medical health officer for British Columbia and provides independent advice to the Minister of Health, the Ministry and the public on public health issues and population health. Each year, the Provincial Health Officer must report publicly, through the Minister of Health, to the legislature, on the health of the population.

Report on Performance

Overview of Ministry Results

Overall, the Ministry of Health performed well in achieving its performance targets in 2005/06. The following table provides an overview of results for the performance measures used to judge progress on the goals, objectives and strategies contained in the Ministry's 2005/06 – 2007/08 Service Plan Update (September 2005). Detailed reporting of these results, including historical data and results analysis, can be found in the section following the summary table.

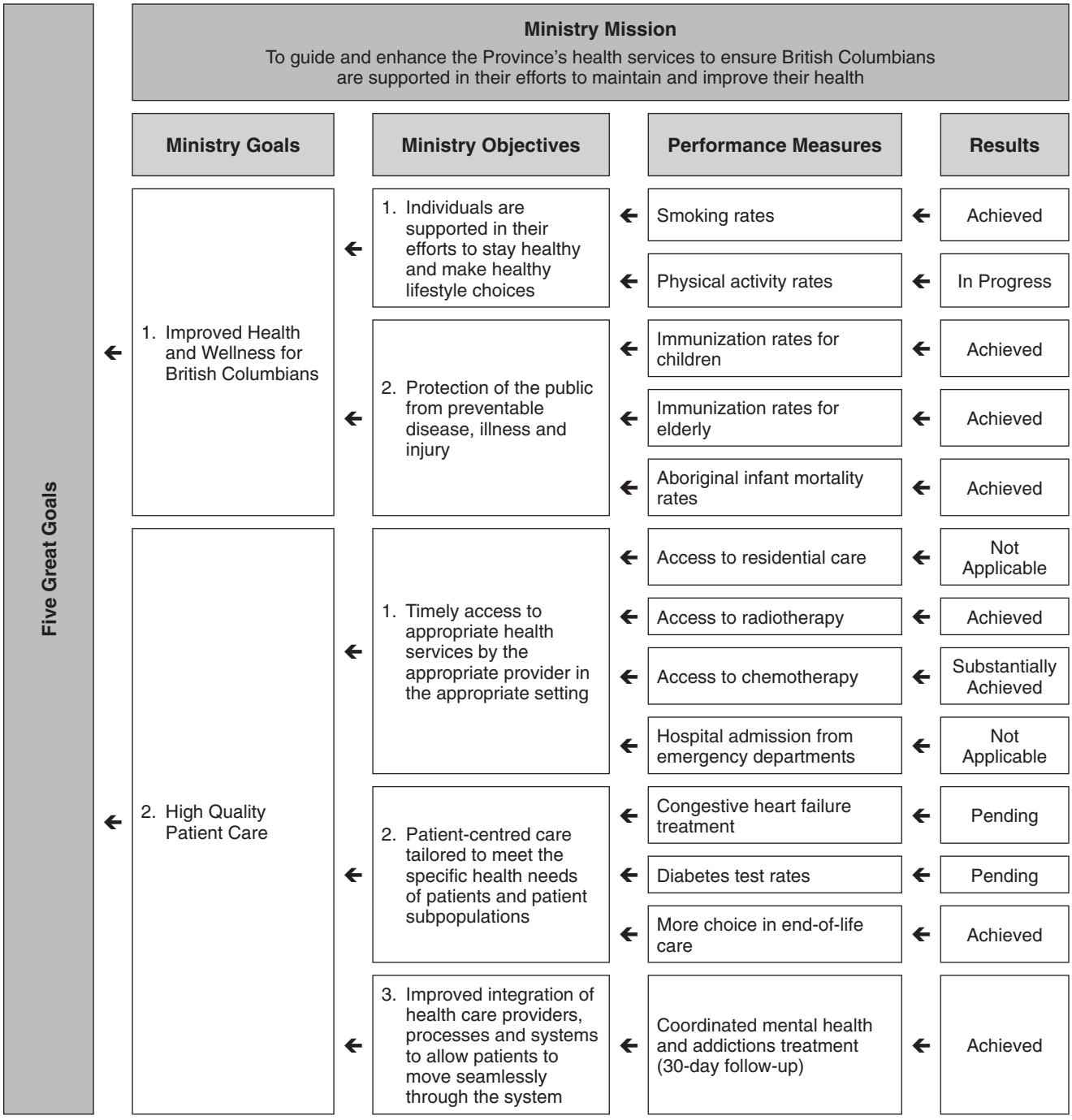
Of the 17 performance measures in the 2005/06 service plan, two measures are listed as "pending" because data are not available for 2005/06 at the time of publication. In addition, two other measures are listed as "not applicable" in the summary table as they did not have targets for 2005/06, other than to begin data collection to assess performance in future years.

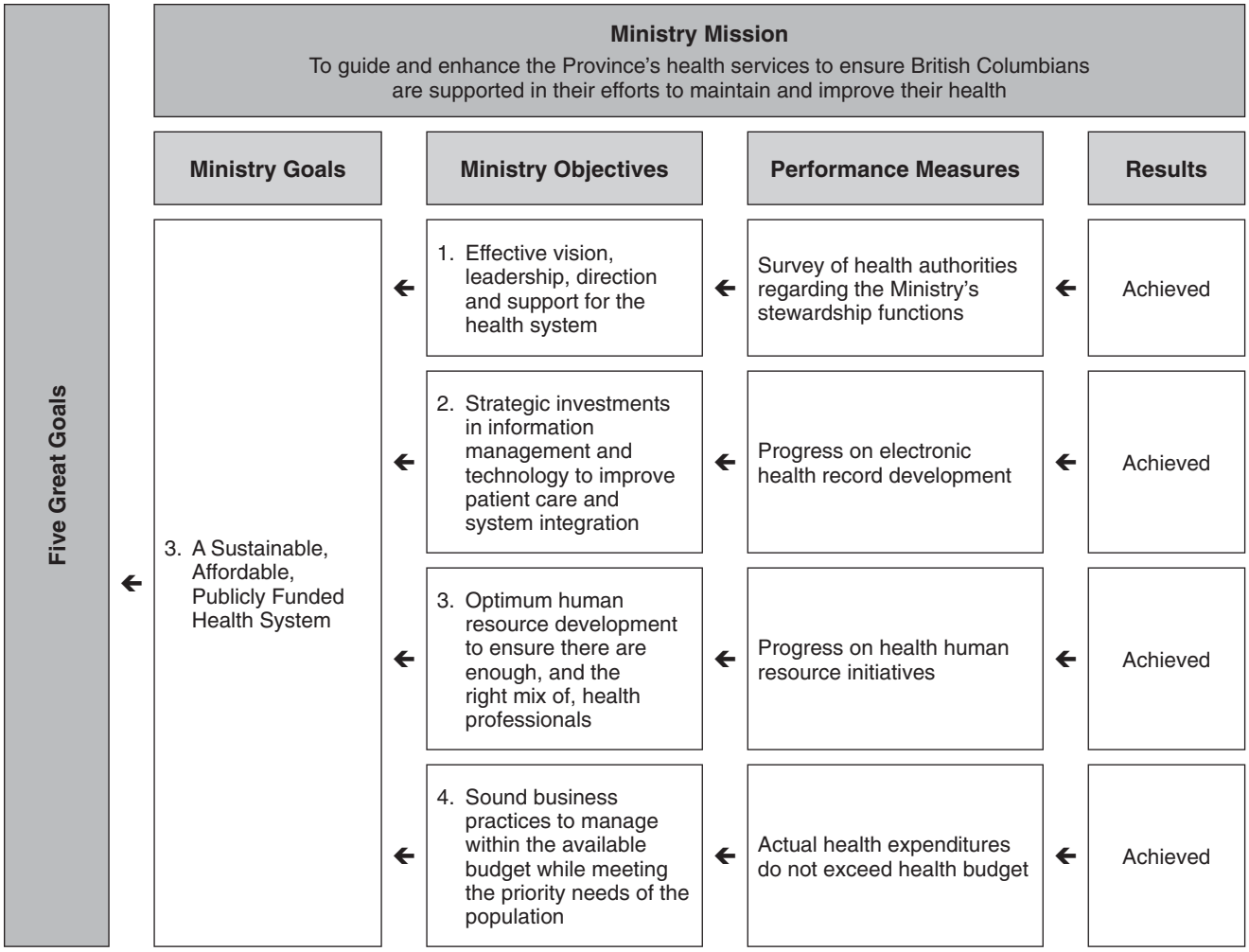
Of the remaining 13 measures of 2005/06 performance, the results show that 11 performance measures achieved or exceeded their targets, one measure substantially achieved the target (defined as making at least 90% of the target), and one measure is "in progress" because it is being judged against a longer-term target. These results indicate the Ministry has made good progress in providing a health system that keeps people healthy, provides high quality patient care, and is efficiently managed to ensure its sustainability.

The Ministry of Health is committed to transparent performance reporting in the health sector, and through its Knowledge Management and Technology Division is working to ensure quality data are available for management and reporting purposes. In addition to the Annual Service Plan Report, a number of other health system performance reports are currently available, including the Provincial Health Officer's Annual Report (http://www.healthservices.gov.bc.ca/pho/annual.html), the Annual Report on Health Authority Performance (http://www.healthservices.gov.bc.ca/socsec/index.html), British Columbia's Report on Nationally Comparable Indicators (http://www.healthservices.gov.bc.ca/cpa/publications/pirc_2004.pdf) and the Vital Statistics Annual Report (http://www.vs.gov.bc.ca/stats/annual/). Further, several external agencies produce reports that assess the performance of the B.C. health sector. Examples include the Conference Board of Canada, Cancer Agency of Canada, BC Progress Board, Heart and Stroke Foundation of Canada, and the Canadian Diabetes Association.

Performance Plan Summary Table

Synopsis of Ministry Performance Measure Results




Five Great Goals
Ministry Mission
To guide and enhance the Province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health
Ministry Goals
Ministry Objectives
Performance Measures
Results
3. A Sustainable, Affordable, Publicly Funded Health System
1. Effective vision, leadership, direction and support for the health system
Survey of health authorities regarding the Ministry's stewardship functions
Achieved
2. Strategic investments in information management and technology to improve patient care and system integration
Progress on electronic health record development
Achieved
3. Optimum human resource development to ensure there are enough, and the right mix of, health professionals
Progress on health human resource initiatives
Achieved
4. Sound business practices to manage within the available budget while meeting the priority needs of the population
Actual health expenditures do not exceed health budget
Achieved

Goals, Objectives, Strategies and Performance Measures

Goal 1: *Improved Health and Wellness for British Columbians.*

The Ministry's first goal is to support British Columbians in their pursuit of better health and wellness. This goal directly supports Government's Great Goal to *"Lead the way in North America in healthy living and physical fitness."*

British Columbians in general are already among the healthiest people in the world, and the Ministry wants to support their healthy lifestyles while also providing support to those in the population who do not enjoy good health or are at risk of diminishing health. Many citizens are at risk from factors such as poor dietary habits, obesity, inactivity, injuries, tobacco use and alcohol and drug misuse.

The two objectives under this goal articulate the two approaches the Ministry is taking to improve the health and wellness of British Columbians. The first objective is to promote health by supporting individuals in their efforts to stay healthy and make healthy lifestyle choices. The second objective is to protect the public's health from preventable disease, illness and injury.

An ounce of prevention is worth a pound of cure. Health promotion and protection are important to maintaining and improving the health of British Columbians while containing overall health system costs. If we can keep people healthy and out of the health care system, we win on two fronts: people have a better quality of life, and more health resources can be made available for non-preventable illness.

Two of the Ministry's core business areas, Services Delivered by Partners and Stewardship and Corporate Management, undertake work in support of this goal.

Objective 1: Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices.

The Ministry and its partners across government and throughout the health system are focusing efforts on innovative health promotion and disease prevention initiatives to keep the population healthy and mitigate some of the demand for health services. We have been implementing programs to reduce the growth of chronic disease in the population by educating and supporting people to eat well, exercise and stop smoking. Also, for those already with a chronic illness, we are working with key stakeholders to improve the care they receive — by involving patients more in their care, providing evidence-based guidelines for physicians, and establishing collaboratives to share best-practice knowledge among providers.

The Ministry's main initiative to achieve this objective is ActNow BC. ActNow BC is an initiative to improve British Columbians health by targeting common risk factors for chronic diseases and taking an integrated approach to reducing these risk factors. ActNow BC is a cross-sectoral, cross-government initiative that promotes healthy lifestyles by providing people with the information and resources they need to live healthily. Specifically, ActNow BC promotes physical activity, healthy eating, living tobacco free, and making healthy choices during pregnancy. For more information on ActNow BC, please see http://www.gov.bc.ca and click on the ActNow BC logo.

In 2005/06, the Ministry also introduced programs specifically focused on healthy childhood development. These new programs are designed to identify problems with hearing, vision or dental health for children before they reach grade one. Identifying and treating these problems early can lead to better outcomes and healthier development for children in British Columbia.

Also in 2005/06, the Ministry began development of an evidence-based healthy aging framework to guide planning for healthy aging in B.C. The Ministry released a discussion paper "Healthy Aging through Healthy Living", which focuses on five key areas of intervention: healthy eating, injury prevention, physical activity, social connectedness and tobacco reduction. By encouraging healthy living for seniors within the context of ActNow BC, we can enable healthier, more active and more productive seniors, prevent or reverse frailty and poor health, and reduce demand for health care services.

Performance Measure: Tobacco use rates age 15 and over

Tobacco-related illness is the leading cause of preventable death and illness in B.C.;[1] accordingly reducing smoking rates is a key goal of government. Smoking reduction targets have been set in accordance with the ActNow BC initiative. For smoking rates, the target is to continue B.C.'s downward trend (see graph below) of tobacco use by a further 10 per cent — from the 2003 prevalence rate of 16 per cent to 14.4 per cent of the population by 2010.

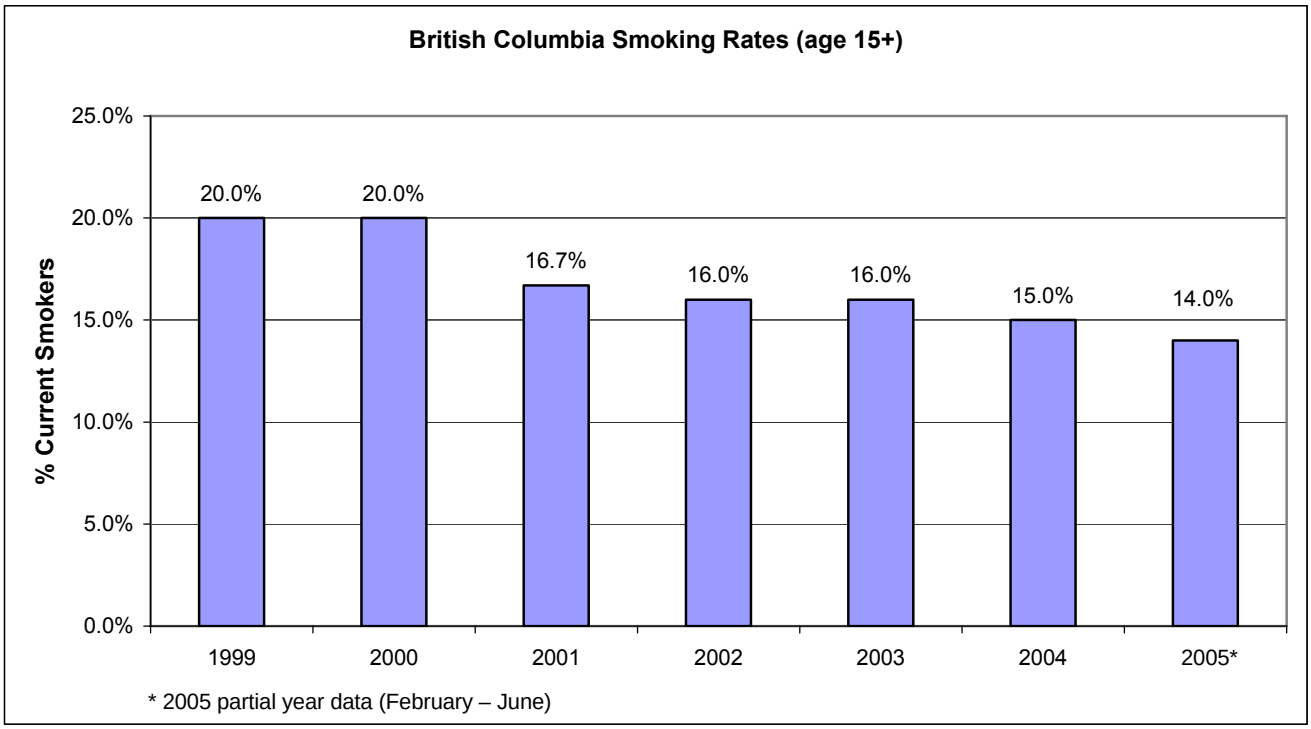
Results:

Performance Measure	2002	2003	2004	2005 Target	2005 Actual	Result
Smoking rates (age 15+)	16%	16%	15%	Decrease toward long-term target of 14.4%	14%*	Target Achieved

DATA SOURCE: Canadian Tobacco Use Monitoring Survey (CTUMS).

* Partial year data (February–June 2005).

[1] Mortality Attributable to Tobacco Use in Canada and its Regions, 1998, Makomaski Illing, Eva M., Kaiserman, Murray J, *Canadian Journal of Public Health* January-February 2004.



Analysis:

Tobacco use rates in B.C. have dropped from 15.0 per cent in 2004 to 14.0 per cent in 2005. This represents a significant success for British Columbia as we have already reached the 2010 ActNow BC target of 14.4 per cent. The 2005 results confirm that B.C. continues to have the lowest tobacco use rates in Canada.

B.C.'s Tobacco Control Strategy, *Targeting Our Efforts,* has three main objectives: helping smokers quit; stopping youth and young adults from starting; and protecting British Columbians from second hand smoke. Key initiatives contributing to successfully lowering tobacco use include:

- quitnow, an integrated cessation program introduced in 2004 which combines quitnow.ca, a web-based, fully interactive smoking cessation program, and quitnow by phone, a confidential 24/7 tobacco quitline available free-of-charge with translation services in 130 languages;
- Tobacco Free Sports, launched in 2003, is an adaptation of the successful World Health Organization's prevention program to clean sports of tobacco use, including ensuring a tobacco free 2010 Olympic and Paralympic Games;
- B.C.'s Aboriginal Tobacco Strategy, *Honouring Our Health*, a prevention program aimed at Aboriginal youth. The Strategy was the first of its kind in Canada when introduced in 2001 and has strong support in the Aboriginal community;
- Kick the Nic, a successful cessation program for youth introduced in 1999, and bc.tobaccofacts, a school-based tobacco prevention resource designed to prevent youth from starting to use tobacco, which was launched in 1998; and,

- litigation to hold the tobacco industry accountable for the impacts its products have had and continue to have on the health of British Columbians and on health care costs in the Province, which began in 1998.

In addition, the Ministry has continued to provide leadership and nurture partnerships with stakeholders including non-governmental organizations, health authorities, the Ministry of Education, and Health Canada. Currently, the Ministry is supporting applied research (i.e., Centre for Addictions Research B.C. and Tobacco Behaviours and Attitudes Survey) that supports the Ministry and its partners to pursue evidence-based changes to tobacco-related legislation and policy. Increasing the evidence-base allows for improvements in program planning and communications that raise awareness, increase knowledge and counter tobacco industry marketing efforts.

While smoking rates in B.C. are on a downward trend, the Ministry and its partners must continue to be vigilant in efforts to keep smoking rates low. The next steps in B.C.'s tobacco reduction efforts will not only focus on the general population, but will also identify and target programs for particular population groups, based on their life situation or experience. For instance, we will continue to design and deliver programs to discourage youth smoking, as that segment of the population is most susceptible to becoming new smokers.

Performance Measure: Physical activity index

Physical activity is essential to healthy growth and development and healthy living at all stages of life. Research shows there is a direct link between child and youth participation levels in physical activity and lifelong health and well-being.[2] Both physical inactivity and poor eating habits are contributing to high rates of overweight and obesity among children and adults. Research data shows obesity and overweight in adolescents (12-17 years) has more than doubled, and the obesity rate tripled, in the past 25 years.[3] About 70 per cent of obese adolescents will be obese as adults, putting them at risk for diseases such as type 2 diabetes, coronary health disease, hypertension, gall bladder disease and some forms of cancer.[4] Studies have shown that a ten per cent reduction in physical inactivity could result in savings of $150 million per year in direct health care costs.[5]

Accordingly, as part of the ActNow BC initiative, the Province is aiming to increase physical activity. The target for this measure is to increase the proportion of the B.C. population classified as active to moderately active by 20 per cent — from the 2003 rate of 58 per cent to 69.5 per cent of the B.C. population by 2010.

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[2] McKay, H. (Nov 2004) Action Schools! BC Phase I (Pilot) Evaluation Report and Recommendations (A Report to the Ministry of Health Services).

[3] Statistics Canada: Tjepkema, M. and Shileds, M. (2005) Measured Obesity: Overweight Canadian children and adolescents (Findings from the Canadian Community Health Survey, 2005).

[4] Mossberg, HO (1989) 40 year follow up of overweight children. Lancet ii: 491-493.

[5] Katzmarzyk, P.T., Gledhill, N., and Shephard, R.J. (2000) The Economic Burden of Physical Inactivity in Canada. CMAJ. November 28; 163 (11): 1435-1440.

Results:

Performance Measure	2000/01	2003	2005 Target	2005 Actual	Results
Physical Activity Index (age 12+)	49% classified as active or moderately active	58% classified as active or moderately active	Increase toward 2010 target of 69.5%	58% classified as active or moderately active	In Progress

DATA SOURCE: Data collected every two years through the Canadian Community Health. Starting in 2006, the CCHS will be completed annually.

Analysis:

Physical activity (active or moderately active) rates in B.C. significantly increased from 49 per cent in 2001 to 58 per cent in 2003. The 2005 data show that those increased physical activity rates have been maintained at 58% being active or moderately active. British Columbia's 2005 physical activity rates are the best in Canada — the overall Canadian average for active or moderately active citizens for 2005 was 51%.

Despite leading the country in physical activity, British Columbia is working to further improve rates of physical activity and has set a target of reaching 69.5% of British Columbians being active or moderately active by 2010. Maintaining the significant increase realized in 2003 is a good first step, and in 2005 the Ministry and its partners implemented a number of initiatives that will help raise physical activity levels in the coming years.

Among the key priorities of the Ministry and the ActNow BC initiative are programs such as Active Communities and Action Schools! BC, which promote physical activity and healthy eating. Action Schools! BC is a best practice physical activity model designed to assist schools in creating individualized action plans to promote healthy living. The program is being expanded across the Province in phases between September 2004 and June 2009. As of May 31, 2006, 893 schools were registered for the grade four to seven model; 597 workshops were delivered; 6,398 teachers and administrators were registered; and 100 per cent of school districts were involved.

Active Communities is a program to mobilize and support local governments and partner organizations to undertake actions to promote healthy lifestyles, build healthier communities and increase physical activity among their populations. Key strategies have included the development of workbooks, tool kits, and resources in the areas of active community planning, active workplaces and active living strategies for families living on low income, as well as the provision of grants to assist communities in developing or delivering community action plans.

Objective 2: Protection of the public from preventable disease, illness and injury.

The Ministry's and health system's second major approach to keeping people healthy is through providing effective public health services to prevent illness and disability. Government plays an important role in monitoring population health and protecting public

health. Legislation and regulation of food, air and water quality lays the foundation for communities and citizens to live in healthy and safe environments. In addition, programs that target and prevent certain diseases, like influenza, also contribute to maintaining and improving the health of British Columbians.

Since 2003, to help protect public health, the Ministry has brought into force a new *Drinking Water Protection Act*, and has modernized its Meat Inspection Regulation as part of ongoing improvements to the 2002 *Food Safety Act*. Under the *Drinking Water Protection Act*, government has dedicated additional resources to drinking water and water source protection to improve the quality of drinking water in British Columbia. Meanwhile, the new Meat Inspection Regulation harmonizes its protocols with the *National Meat Code*, and provides province-wide standards for the construction and operation of slaughtering facilities, including a provision that animals raised for sale require mandatory inspection before and after slaughter.

In 2005/06, the Ministry also continued its emergency preparedness work with provincial, national and international partners to plan and prepare for the possibility of an influenza pandemic in British Columbia. The Ministry has led the development of the Provincial Pandemic Influenza Preparedness Plan, and continued to take steps to ensure flu vaccines will be available for British Columbians in the event of a pandemic. For more information on pandemic planning please see http://www.health.gov.bc.ca/pandemic.

The Ministry has also continued to focus on preventable injuries, particularly falls among the elderly. B.C.'s leadership in falls prevention has attracted the interest of jurisdictions and organizations from around the globe, including the World Health Organization. Over the past four years, there has been a nine-fold increase throughout B.C. in programs designed to reduce falls and injuries among seniors. These efforts are proving successful: death rates either directly or indirectly due to falls for both senior men and women have significantly decreased since 1990, and over the past five years, the estimated annual hospital cost of fall-related injuries among seniors has reduced by $24 million (13.7 per cent). For more information, please see "*The Evolution of Seniors' Falls Prevention in British Columbia*", which highlights efforts in B.C. to raise awareness of the significant burden of injury from falls, at http://www.hlth.gov.bc.ca/cpa/publications/falls_report.pdf.

Another key focus under this objective is to reduce inequalities in health status among segments of the B.C. population, with a particular focus on B.C.'s Aboriginal population. In general, the Aboriginal population does not enjoy the same level of good health as the rest of the Province's population. Accordingly, and in line with Government's New Relationship with Aboriginal People,[6] the Ministry has been working with other provincial ministries, health system partners, the federal government and Aboriginal organizations to reduce health inequalities between First Nations people and the general population. Areas of focus include integration of the ActNow BC strategy with First Nations health programs, targeting mental health and addictions programs to address substance abuse and youth suicide, enhancing maternity care and increasing the number of Aboriginal health care professionals.

[6] For more information on the New Relationship with Aboriginal People see http://www.gov.bc.ca.

Performance Measure: Immunization rates

Immunization programs are a cornerstone for good population health. British Columbia has more than doubled funding for immunizations since 2002, and has expanded childhood immunization programs, as well as influenza and other targeted vaccination programs to help infants, their parents and seniors stay healthy.

British Columbia now has one of the most comprehensive immunization programs in the world (in terms of the number of vaccines available and the groups targeted), and maintaining and improving those programs is among the best ways to keep people healthy and to reduce health care costs caused by advanced illnesses. Depending on the vaccine, studies have shown that each dollar invested in immunization can save between $7 and $30 in medical care and other costs.[7]

For performance measures, the Ministry monitors both the percentage of two-year-olds with up-to-date immunizations, and the percentage of residents of care facilities who get influenza vaccinations for flu season. Childhood immunization is a very important health indicator as it impacts both individual and population protection against vaccine-preventable diseases. Delayed delivery of recommended immunizations extends a young child's period of vulnerability to a disease. Similarly, vulnerability toward some illnesses, such as influenza, increases among the elderly; therefore the influenza vaccination rate for at-risk residents of care facilities is also an important indicator.

a) Two-year-olds with up-to-date immunizations

Immunization programs for children are among the most cost-effective ways to improve population health, prevent illness and reduce health care costs. In B.C., all infants and preschool children have access to immunizations that protect them from the following diseases: diphtheria, pertussis, tetanus, polio, haemophilus influenza type b, measles, mumps, rubella, and hepatitis B. In 2003, B.C. introduced the meningococcal C conjugate and pneumococcal conjugate vaccine programs. In January 2005, B.C. introduced an infant varicella (chickenpox) program and in June 2005, all infants in B.C. became eligible for a meningococcal C vaccine.

Results:

Performance Measure	2004	2005 Target	2005 Actual	Result
Immunization rates: a) Two-year-olds with up-to-date immunizations	69%	5 percentage point increase over prior year to 74%	74%	Target Achieved

DATA SOURCE: Public Health Information System (iPHIS), British Columbia Centre for Disease Control (BCCDC).
NOTES: Data need to be interpreted with caution as it is incomplete. Differing practices exist across and within health authorities regarding delivery of immunization services and the tracking of immunization records. Consequently, this data does not include all health authorities (Fraser HA and Vancouver Coastal HA excluded); however for performance purposes it is comparable to data reported in the 2004/05 annual report. The BCCDC has been given the responsibility for data collection for this measure and is developing new reporting methodology to standardize and improve data quality.

[7] For more information on immunization programs see http://www.healthservices.gov.bc.ca/pho/pdf/phoannual1998.pdf.

Analysis:

The 2005 data show the B.C. rate of complete immunization for two-year-olds at 74 per cent, meeting the Ministry's target of a five percentage point increase from 2004's result of 69 per cent. Further, additional data indicates that 85 per cent of two-year-olds have received all of their shots except the booster shot given at 18 months of age.

The Ministry, British Columbia Centre for Disease Control (BCCDC) and health authorities are working to have a higher percentage of infants receive their full vaccination schedule. Together, we are working to identify and overcome barriers that may be affecting childhood immunization rates, including a lack of public knowledge about the importance and timing of immunization programs.

The Ministry has also worked with its partners, including the BCCDC, to develop an immunization strategic framework for British Columbia. The purpose of the framework is to guide collective action to ensure that all British Columbians understand the importance of immunization for themselves, their families and vulnerable populations and take the steps necessary to protect themselves and the community by being immunized. The B.C. framework is aligned with the National Immunization Strategy, which brings together partnerships to effectively improve immunization rates.

In addition, the Ministry and health authorities have been undertaking a number of other initiatives to improve childhood immunization rates. These activities include:

- Establishing immunization promotion and surveillance programs in regional health authorities;
- Implementing immunization recall and reminder systems across the Province;
- Adding child health clinics and clinics with revised schedules to better meet the needs of parents and care givers; and
- Conducting a client survey/focus groups to determine why parents do or do not come in for immunization services.

Through these efforts, the Ministry and its partners expect to see further improvements in childhood immunization rates in 2006/07 and beyond.

b) Influenza immunization for residents of care facilities

Influenza is a major cause of illness, hospitalization and death among older adults and residents of care facilities. Due to the age, medical condition and group living situation, this population is particularly vulnerable to influenza.

Annual influenza vaccination reduces the risk of disease and may lessen the severity of illness. In addition to protecting the overall health of the population within residential care facilities, increasing influenza immunization rates can reduce the number of deaths, hospitalizations and physician visits attributable to this common and largely preventable illness. This indicator measures the percentage of residents of care facilities immunized for influenza in a given influenza season (October to February).

Results:

Performance Measure	2002/03	2003/04	2004/05	2005/06 Target	2005/06 Actual	Result
Immunization rates: b) Influenza immunization for residents of care facilities	85.4%	89.7%	91.8%	Maintain at or above 90%	92.4%	Target Achieved

DATA SOURCE: Data are submitted by Health Authorities (Annual Influenza Immunization Program Survey). Data for 2002/03 were compiled by Population Health and Wellness Division, B.C. Ministry of Health. Data for 2003/04 onward were compiled by Epidemiology Services, B.C. Centre for Disease Control.

Analysis:

Data for 2005/06 influenza immunizations for residents of care facilities show an increase from 91.8 per cent in 2004/05, to 92.4 per cent, in excess of the target rate of 90 per cent. This is an excellent rate of immunization and plays an important role in keeping residents of care facilities healthy and safe from potentially life-threatening influenza outbreaks.

Furthermore, not only does this contribute to the health and well-being of B.C.'s seniors' population, but it also helps alleviate demand on the Province's hospitals and emergency departments as fewer residents need to be transferred from facilities to receive higher levels of care in hospital. Influenza outbreaks can have a ripple effect — outbreaks can drastically increase demands on hospitals and cause delays in the health care system's ability to provide services such as elective surgeries because hospital beds are being occupied by those suffering from influenza. A strong influenza immunization program helps to prevent outbreaks, and enables services to run more smoothly throughout the health system.

Performance Measure: Aboriginal health status measured by post neonatal infant mortality of Status Indians

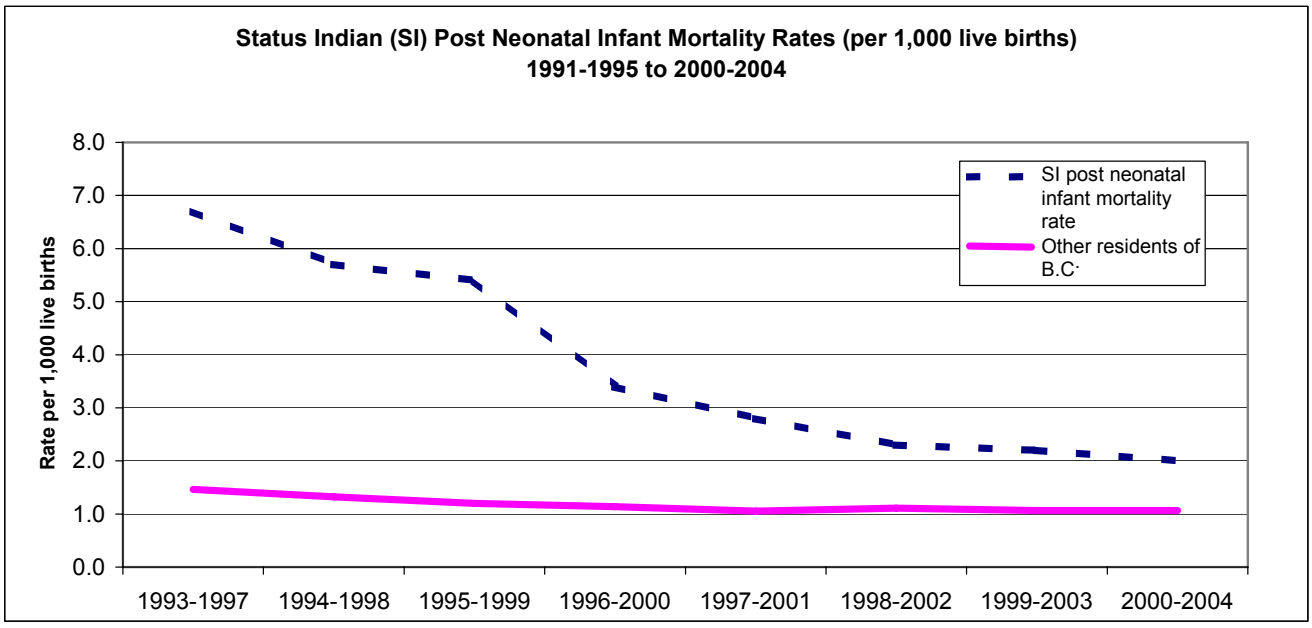
As a group, Aboriginal people have a level of health below that of the general population. Excess mortality in this population is largely due to preventable causes. The Provincial government is striving to close this gap and have Aboriginal people enjoy the same good health status as the general population of British Columbia.

The Ministry tracks post neonatal infant mortality rates as one indicator of the overall health status of Aboriginal people in British Columbia. This indicator measures the number of Status Indian infant deaths occurring in the 28 to 364 days age group expressed as a rate per 1000 Status Indian live births. Post neonatal infant mortality is primarily related to infants' environment and care.

Results:

Performance Measure	2003	Target	2004 Actual	Result
Aboriginal health status measured by post neonatal infant mortality of Status Indians	Status Indian 2.2 per 1,000; B.C. other residents 1.1 per 1,000 live births	Decrease over prior year	Status Indian 2.0 per 1,000; B.C. other residents 1.1 per 1,000 live births	Target Achieved

DATA SOURCE: Vital Statistics, December 2004 is the most recent data. The subset of Aboriginal people who are Status Indians is used as a proxy measure for the total Aboriginal population, as Status Indians are the only Aboriginal people who can be identified in Vital Statistics databases at this time. A five-year moving average (2000-2004) is used for this indicator. Given the relatively low number of infant deaths, a five-year average mitigates year-to-year variation and provides a better indication of longer-term trends.



DATA SOURCE: Vital Statistics, December 2004 is the most recent data.

Analysis:

Over the past decade, the gap between overall infant mortality rates in the Aboriginal Status Indian population and the total B.C. population has been significantly decreased. In fact, since 2001 there has been no gap between the Status Indian neonatal (< 28 days of age) infant mortality rate and the rate in the general population. However, a gap still remains in the post neonatal (28 – 364 days of age) subset so that is where the Ministry and its partners are focusing attention with this indicator.

As illustrated in the graph above, the Status Indian post neonatal mortality rates have been steadily decreasing towards the provincial non-Aboriginal rate. The current rate is a vast improvement over the early and mid-1990's when the Status Indian rate was several

times that of the general population. The improving results indicate better child health for Aboriginal people and the Ministry expects this positive trend to continue.

There are multiple social determinants of health that contribute to this indicator (e.g., socio-economic status), and government is working on many fronts to improve First Nations' economic and social well-being in British Columbia. In the health sector, the Ministry and health authorities have introduced a number of programs and initiatives that support and improve maternal and infant health for Aboriginal people across the Province. Examples include programs specifically targeted to Aboriginal people, such as:

- The B.C. Aboriginal Maternal Health Project, which is part of the Provincial Maternity Care Enhancement initiative, focuses on enhancing maternity care for Aboriginal people, including bringing birth back into the hands of women and their communities; and
- The Aboriginal Tobacco Strategy and Honour Your Health Challenge, which is a Province-wide, community based health initiative which mobilizes individuals and communities to live active, healthy and strong lifestyles free from tobacco misuse.

Other examples include more widely targeted population health initiatives that also positively affect Aboriginal health, such as:

- Pregnancy Outreach Programs which support at-risk women in British Columbia. Evaluation at the national level has found such services to be effective in increasing the birth weights of babies born to at-risk mothers;[8] and
- Healthy Choices in Pregnancy initiatives under ActNow BC, which focus on eliminating alcohol and tobacco use in pregnancy.

In addition, each regional health authority is working with its Aboriginal communities to design and deliver health services and programs that best meet the needs of those communities. Maternity and infant care is a key consideration in planning and delivering those services.

Goal 2: *High Quality Patient Care.*

The vast majority of resources in the health system are directed at providing high quality patient care. High quality care means patients receive appropriate, effective, safe care at the right time in the right setting. It also means that health services are planned, managed and delivered in concert with patient needs.

Three objectives guide the Ministry's work under this goal. The objectives represent three important facets of high quality care: access to care, patient-centred care, and integration of care services. The Ministry and its health system partners have been undertaking numerous strategies and initiatives supporting each objective, resulting in high quality care being delivered to patients across British Columbia.

Providing a wide range of high quality health services supports two of Government's Five Great Goals. Access to health services supports the Great Goal to "*Lead the way in*

[8] A Review of Infant Mortality in British Columbia: A Report of the Provincial Health Officer, October 2003.

North America in health living and physical fitness," as well as the Great Goal to *"Build the best system of support in Canada for persons with disabilities, those with special needs, children at risk, and seniors".*

Each of the Ministry's core business areas contributes to the attainment of this Ministry goal.

Objective 1: Timely access to appropriate health services by the appropriate provider in the appropriate setting.

All British Columbians should be able to access health services when they need them, be that for a visit to a family doctor, prescription drug therapy, emergency treatment, elective surgery or ongoing care. The Ministry and its partners have been working diligently over the past five years to ensure hospitals, community services and health professionals are used in the most efficient and effective way possible so that people get the right type of care in the right type of setting that will lead to the best health outcome. The key approaches have been to ensure there is an adequate supply of key providers, to increase the range and availability of services provided in the community, and to ensure that our hospitals are used effectively to provide emergency and acute care, such as surgery or cancer treatment.

Performance Measure: Percentage of clients admitted to a residential care facility within 30 days of approval

This indicator tracks the percentage of seniors and people with disabilities who are admitted to residential care within 30 days of being approved. Clients approved for residential care have complex care needs that require close attention. Improving access to this type of care leads to better outcomes and use of resources.

Results:

Performance Measure	2004/05	2005/06 Target	2005/06 Actual	Result
Percentage of clients admitted to a residential care facility within 30 days of approval	N/A [1]	Establish Baseline [2]	67% [3]	Baseline Established

DATA SOURCE: Knowledge Management and Technology Division, Ministry of Health.

NOTES:

[1] This was a new measure in 2005/06 requiring new methods of data collection. As such, directly comparable data are not available for previous years.

[2] The 2005/06 target was changed from "increase over prior year" because historical data was not available.

[3] 2005/06 data are preliminary.

Analysis:

Preliminary data from across the Province for 2005/06 show 67 per cent of clients were admitted to residential care within 30 days of being approved. While the adoption of an improved method of data collection has resulted in no directly comparable data being

available for 2004/05, it is clear the Province has significantly improved waiting times for residential care over the last 5 years. In 2001, the average waiting time for residential care was close to one year, while in 2005/06 the majority of clients were placed within 90 days. Beyond the 67 per cent of clients being admitted within 30 days of approval, 82 per cent were admitted within 60 days and 90 per cent were admitted to residential care within 90 days of approval.

The Ministry and the health authorities have been able to achieve this improvement by undertaking a significant redesign of home and community care services. Over the past five years, B.C. has been expanding its home and community care sector to modernize residential care, provide more independent housing options, improve home care and provide more options for end-of-life care. These services now provide a range of health care and support services for residents who have acute, chronic, palliative or rehabilitative health care needs. These services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family, friends and community.

Since 2001, the Ministry, BC Housing and health authorities have been working in partnership with for-profit and non-profit housing and care providers to give British Columbia seniors and people with disabilities more options that provide the right care in the most appropriate setting. The Province has modernized and replaced old and outdated residential care facilities across the Province, and has also been opening new assisted living units for seniors and people with disabilities who can no longer live at home but do not require the 24/7 nursing care provided in residential care facilities. Enhanced home care, independent living options, adult day programs and hospice beds are also part of the broader continuum of services that are being made available to better meet the needs of today's seniors and people with disabilities. In addition, government updated and modernized the *Community Care and Assisted Living Act* to better protect the health and safety of seniors and people with disabilities who reside in licensed community care facilities and registered assisted living units.

British Columbia's population is aging and it is expected there will be increased demands on home and community care services in the future. To help address these future demands, the Ministry and its partners are committed to providing 5,000 new residential care, assisted living and supportive housing beds by December 2008.

Performance Measure: Waiting times for key services:
a) radiotherapy;
b) chemotherapy

Radiation therapy and chemotherapy are principal treatments in cancer care. Ensuring treatment is available and provided in a timely manner is important to achieving the best health outcomes for patients. This indicator measures the percentage of patients that begin radiotherapy within four weeks of being ready to treat and the percentage of patients who start chemotherapy within two weeks of being ready to treat.

Results:

Performance Measure	2002/03	2003/04	2004/05	2005/06 Target	2005/06 Actual	Results
Waiting times for key services:						
a) radiotherapy;	87.0% within four weeks	90.3% within four weeks	95.5% within four weeks	Maintain at or above 90% within four weeks	96.5%	Target Achieved
b) chemotherapy.	—	—	N/A[1]	90% within two weeks	85.1%	Substantially Achieved

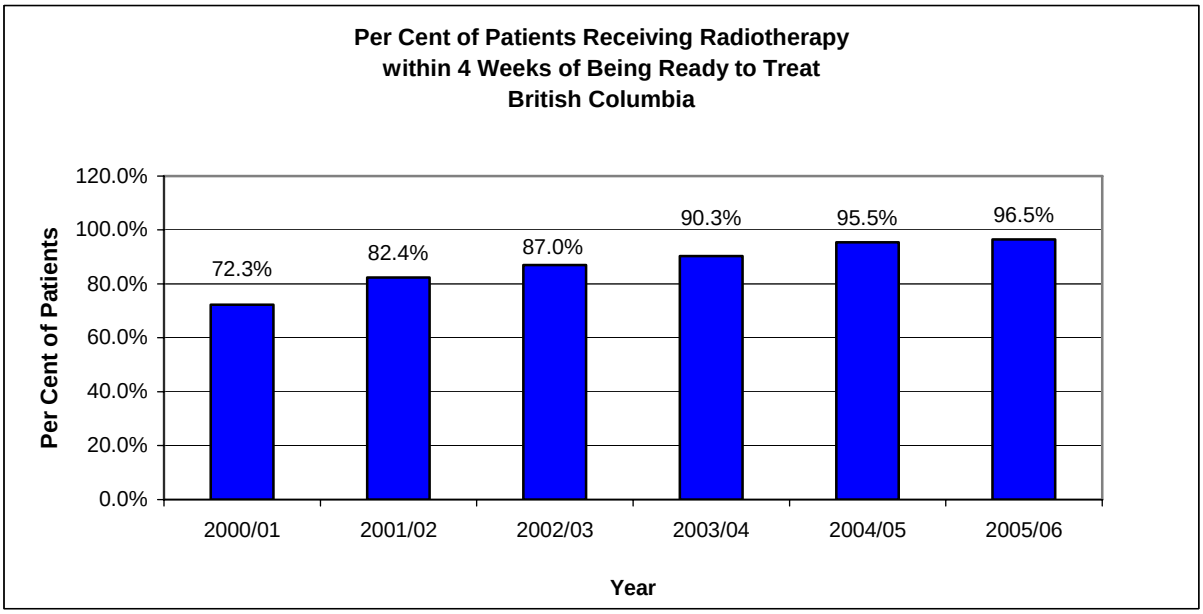
DATA SOURCES: a) Radiotherapy: Provincial Radiation Therapy Program, April 2006, BC Cancer Agency (BBCA). Data for this measure is from the BCCA scheduling system. Not all patients are captured because the most urgent patients never show up on the scheduling system as they receive treatment immediately.
b) Chemotherapy: Provincial Systemic Therapy Program and Communities Oncology Network, April 2006, BCCA. Data involves all existing BCCA centres and does not include all hospitals in B.C.
NOTES: [1] New methods of data collection for chemotherapy were introduced in 2005/06. In previous years, the Ministry reported a result of 90% receiving treatment within two weeks based on BC Cancer Agency estimates.

Analysis:

Cancer services in British Columbia are primarily delivered through the BC Cancer Agency (BCCA). The Agency's cancer control program includes research, education, care and treatment, and is provided through its four regional centres in Vancouver, the Fraser Valley, the Southern Interior and on Vancouver Island. The BC Cancer Agency also has partnerships with other health care providers (physicians, pharmacists, nurses and others) and regional hospitals and clinics across B.C. to provide services to those who do not live in urban centres.

Radiotherapy

The 2005/06 target for radiotherapy wait times was for 90 per cent of patients to receive radiotherapy within four weeks of being ready to begin treatment. As the chart below shows, the 2005/06 target was exceeded with 96.5 per cent receiving treatment within four weeks. Over the past five years the percentage of patients receiving radiation treatment within four weeks has significantly increased from the rate of 72.3 per cent in 2000/01.



DATA SOURCE: Provincial Radiation Therapy Program, April 2006, BC Cancer Agency.
NOTE: 2005/06 partial year data**.**

These results are especially encouraging as demand for radiation therapy is growing as the B.C. population ages and the prevalence and incidence of cancer increases. The BCCA has been experiencing increasing demands on its services and is projecting a further increase in demand for cancer services in 2006/07 and beyond. Using the BC Cancer Registry, the BCCA projects the number of new cancers in B.C. will increase by 2.5 per cent annually from 18,600 (2003) to 23,540 (2012). Further, a report entitled, "Projections 2006 – 2020 British Columbia" estimates that new cancer diagnosis is expected to increase from 19,859 in 2006 to 27,041 in 2020.[9]

The increasing number of cancer cases is already resulting in increased demand for radiation therapy. The number of cancer patients receiving radiation therapy in B.C. increased from 10,318 in 2004 to 10,900 in 2005. In the same period, the number of radiation treatments also increased from 161,093 to 170,116. It is expected that demand will continue to increase in the coming years.

To help meet the demand, in 2005/06 the Province completed a $20 million investment to improve radiation therapy services and increase cancer treatment access for patients. New equipment has been purchased for the radiation program, including:

- Two new linear accelerators, each with the capacity to provide approximately 9,000 individual treatments per year; a replacement linear accelerator; and renovations at the Vancouver Cancer Centre;
- Three replacement linear accelerators, a CT Simulator replacement, a 2D Simulator replacement and renovations at the Fraser Valley Cancer Centre;

[9] BC Cancer Agency — Care & Research. May 2006. Projections 2006 – 2020 British Columbia.

- Treatment imaging hardware at the Vancouver Cancer Centre and the Fraser Valley Cancer Centre; and
- Treatment planning software upgrades for all four cancer centres.

This new equipment is enabling the BC Cancer Agency to increase its capacity to deliver radiation therapy and ensure British Columbians continue to receive the timeliest access to radiation treatment in Canada.

Chemotherapy

The 2005/06 target for chemotherapy treatment was for 90 per cent of patients to receive chemotherapy within two weeks of being ready to begin treatment. In B.C., about half of chemotherapy treatments are provided in therapy clinics residing within community hospitals and the other half is provided in chemotherapy centres managed by the BC Cancer Agency.

In 2005/06, 85.1 per cent of patients received chemotherapy treatment within two weeks of being ready to treat, which was below the provincial target of 90 per cent. More positively, 98.1 per cent of patients received chemotherapy within 4 weeks of being ready to treat.

Increased demand for cancer services, as noted above, is primarily responsible for the chemotherapy treatment indicator not meeting the provincial target of 90 per cent being treated within two weeks. To meet increases in demand and ensure British Columbians continue to receive the best standards of cancer care, the Cancer Agency is replacing and expanding the Province's cancer care infrastructure and also investing in leading edge research to prevent and treat cancers. The expansion of chemotherapy services includes adding six new chemotherapy chairs, extending treatment hours and expanding partnerships with hospitals to deliver chemotherapy treatment. In addition, work continues on the new Abbotsford Hospital and Cancer Centre which will be completed by 2008 and will provide enhanced services for residents of the Fraser Valley, the fastest growing region in B.C.

To assist cancer prevention and treatment, a new $95 million BC Cancer Research Centre opened in Vancouver in 2005. The centre houses nine research departments and conducts research into more than 100 different types of cancer. Programs include the BC Cancer Agency's Michael Smith Genome Science Centre; Cancer Control Research; Cancer Endocrinology; Cancer Genetics and Developmental Biology; Cancer Imaging; Medical Biophysics; Terry Fox Laboratory; and BC Cancer Agency's Trev & Joyce Deeley Research Centre (located in Victoria).

Overall, British Columbians are well served by the BC Cancer Agency and continue to enjoy excellent cancer outcomes. The Cancer Advocacy Coalition, an independent Toronto-based cancer advocacy group, recently noted in its annual evaluation of cancer system performance that B.C. has the best cancer outcomes and lowest cancer mortality in Canada. The report found B.C. has the best-funded and most timely access to cancer drugs within a strong, well-organized, population-based, cancer control program coordinated by the BC Cancer Agency. The Coalition's report is available at http://www.canceradvocacy.ca.

Performance Measure: Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit

A hospital admission can either be planned, such as scheduled surgery, or unplanned, such as emergency cases. This measure focuses on unexpected hospital admissions that occur through hospital emergency departments. Many people are appropriately treated and released from emergency departments, but some people require an extended course of treatment and must be admitted to hospital. Measuring the amount of time from the decision to admit a patient from an emergency department to when the patient is admitted to an inpatient bed provides an indication of access to appropriate levels of care.

Results:

Performance Measure	2004/05	2005/06 Target	2005/06 Actual	Result
Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit.[1]	N/A[2]	Establish Baseline[3]	66%[4]	Baseline Established

DATA SOURCE: Interior Health Authority: Meditech Data Repository and Abstracting. Fraser Health Authority: Meditech. Vancouver Coastal Health Authority: ED cubes for LGH, RH and VH and NERD cube for PHC. Vancouver Island Health Authority: Data provided by Vancouver Island Health Authority. Northern Health Authority: Emergency Department Information System (EDIS).

NOTES:

[1] Major hospital sites only. Major hospital sites are those with over 35,000 emergency room visits per year and include Burnaby, Kelowna, Lion's Gate, Nanaimo, Prince George, Richmond, Royal Columbian, Royal Jubilee, Royal Inland, St. Paul's, Surrey Memorial, Vancouver General and Victoria General Hospitals.

[2] This was a new measure in 2005/06 requiring new methods of data collection. As such, data are not available for previous years.

[3] The 2005/06 target was changed from "increase over previous year" to "establish baseline" because comparable historical data was not available.

[4] Calculated as the percentage of total cases across all major hospital sites admitted within 10 hours of the decision to admit.

Analysis:

In 2005/06, the Ministry began tracking performance in the emergency departments of B.C.'s major hospitals. This indicator is not a measure of how long it takes to be treated in these emergency rooms; rather it is a measure of the amount of time taken to admit a patient to a bed elsewhere in the hospital once the decision has been made in the emergency room that ongoing hospital care is required.

The 2005/06 data captured over 95,000 hospital admissions through emergency departments, with 66 per cent of those admissions occurring within 10 hours of the decision to admit. This data provides valuable baseline information as the Ministry and its partners strive to improve performance in the coming years.

The strategies the Ministry has been pursuing across the continuum of care, evident throughout this report, will ultimately contribute to easing demands on emergency rooms. Initiatives to promote good health, expand home and community care options and improve chronic disease management and mental health and addiction services are focused on keeping people healthy and providing care in settings other than hospitals. These initiatives improve people's quality of life while also helping to ensure our hospitals are used to provide emergency and acute care services that cannot be appropriately delivered elsewhere.

In addition, the Ministry is pursuing initiatives specifically targeted at addressing efficient patient movement through the emergency department and improving the flow of admitted patients to inpatient beds. Under the leadership of the Ministry, health authorities, physicians, nurses, paramedics and other health staff have come together to focus on developing and implementing strategies and initiatives that will diminish pressures that occur in emergency departments. Developing and implementing these strategies will be a significant priority for the Ministry in 2006/07, with an expectation that the percentage of patients admitted to hospitals through emergency rooms in a timely manner will increase from the 2005/06 baseline.

Objective 2: Patient-centred care tailored to meet the specific health needs of patients and patient sub-populations.

When people use the health care system it is important that the care they receive is centred on their needs and will lead to the best health outcomes. This means delivering services that are evidence-based and reflect best practice. Since one size does not fit all in health service delivery, the Ministry is working with health authorities and physicians to design and deliver customized care that addresses the unique needs of specific patient sub-populations. The Ministry's primary focus under this objective has been to improve the management of patients with chronic diseases and to provide more choices and better quality of care for those at the end of life.

Chronic diseases are prolonged conditions, such as diabetes, depression, congestive heart failure, hepatitis and asthma, which often do not improve and are rarely cured completely. It is estimated that over one million people in British Columbia currently suffer from one or more chronic diseases. These diseases can have a profound effect on the physical, emotional and mental well-being of individuals, often making it difficult to carry on with daily routines and relationships. However, in many cases, deterioration in health can be minimized by good care. Implementing patient-centred approaches to service delivery can improve quality of life and health outcomes for patients and provide better use of health services.

The Ministry is monitoring three key performance measures to monitor the effectiveness of the health system's approaches in these areas. Two measures relate to chronic disease management, and one is related to the availability of community services for those at the end of life.

Performance Measure: Chronic Disease Management — the percentage of patients suffering from congestive heart failure who are prescribed: a) ACE (or ARB) inhibitors; b) beta blockers

Over 75,000 British Columbians suffer from congestive heart failure (CHF) — a chronic disease where the heart is unable to pump enough blood to meet the needs of the body's tissues. Research shows ACE inhibitor and beta blocker drugs, in combination with other treatments, significantly improve health outcomes for congestive heart failure patients; however, the rate of prescriptions for these drugs has not been in line with the highest standard of care. Accordingly, the Ministry is working to increase appropriate prescription rates of ACE inhibitors and beta blockers for those with CHF.

Results:

Performance Measure	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06 Target	2005/06 Actual	Results
% of patients suffering from CHF prescribed:								
a) ACE (or ARB) inhibitors;	41.2%	44.9%	47.2%	48.9%	50.4%	57%	Data not yet available	Pending
b) beta blockers.	11.1%	13.3%	15.5%	17.5%	19.9%	24%	Data not yet available	Pending

DATA SOURCE: Physician Framework Supply (PFS), October 25, 2005, Information Resource Management, Medical Services Branch, Medical and Pharmaceutical Services, Ministry of Health. Discharge Abstract Database (DAD), October 25, 2005, Information Resource Management, Knowledge Management and Technology Division, Ministry of Health. PharmaNet, October 25, 2005, PharmaCare Branch, Medical and Pharmaceutical Services, Ministry of Health.

Performance Measure: Chronic Disease Management — the percentage of patients with diabetes who undergo at least two blood sugar (A_{1C}) tests per year

Diabetes is one of the most common chronic diseases. It affects about five per cent of British Columbians and is steadily increasing in prevalence. By taking two A_{1C} tests per year, patients and their physicians can be aware of abnormalities faster, and lower complication rates.[10] With the right tools and information, patients with diabetes are aware of the

[10] The hemoglobin A_{1C} test is a simple lab test that shows the average amount of sugar (also called glucose) that has been in a person's blood over the previous three months. The A_{1C} test shows if a person's blood sugar is close to normal or too high, and is a valuable tool for a health care provider to assess if a patient's blood sugar is under control.

importance of receiving two A_{1C} tests a year and are proactive in ensuring the tests are scheduled and the results discussed with their physician.

Results:

Performance Measure	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06 Target	2005/06 Actual	Result
% of patients with diabetes who undergo at least two A_{1C} tests per year.	38.4%	38.7%	38.9%	40.3%	42.1%	55%	Data not yet available	Pending

DATA SOURCE: Physician Framework Supply (PFS), October 13, 2005, Information Resource Management; Medical Services Branch, Medical and Pharmaceutical Services, Ministry of Health. Discharge Abstract Database (DAD), October 13, 2005, Information Resource Management, Knowledge Management and Technology Division, Ministry of Health. PharmaNet, October 13, 2005, PharmaCare Branch, Medical and Pharmaceutical Services, Ministry of Health.

Analysis: Chronic Disease Management Performance Measures:

At the time of publishing, data for 2005/06 are not available for either the congestive heart failure or the diabetes performance measures. However, historical data shows that both measures have been improving over the past few years. The Ministry is pleased to see these improvements in chronic disease management, and is working hard to realize further and more rapid gains in this area.

Chronic diseases are a significant burden on the population and the health system, and rates of chronic disease are continuing to rise. Quality care and management of chronic disease is essential to slowing the progression of the disease and keeping people healthy. Alternatively, the consequences of poor chronic disease management is deteriorating health for the individual and increased costs for the health system as more complex care is required to deal with advancing diseases. For instance in B.C., 39 per cent of coronary bypass surgeries, 49 per cent of dialysis, 62 per cent of lower limb amputations and 70 per cent of retinal surgeries are performed on patients with advancing diabetes.[11]

The Ministry and its partners are taking a coordinated and multi-pronged approach to improving the quality of care to prevent or slow the progression of chronic diseases. The approach includes implementing disease prevention measures, providing tools help patients with self-management, improving standards of care and encouraging team approaches to care delivery.

B.C.'s prevention strategies, through the ActNow BC initiative, have been discussed under Goal 1 in this report. ActNow BC is targeting the risk factors leading to chronic disease and is key to reducing the prevalence of chronic disease in British Columbia.

Patient self-management of chronic diseases is crucial to achieving the best health outcomes. Health care can be delivered more effectively and efficiently if patients with chronic diseases

[11] Based on 2004/05 B.C. data.

take an active role in their own care and providers are supported with the necessary resources and expertise to better assist their patients in managing their illness. Accordingly, the Ministry has developed a number of tools and information sources to assist people in taking action to control pain and fatigue, use medications properly and incorporate diet, exercise and stress reduction into their daily routines. To further advance this aspect of chronic disease management, the Ministry has invested over $2 million in a program delivered through the University of Victoria to provide self-management education and training to thousands of people across the Province.

The Ministry is also working with physicians and health authorities to improve the quality of care for those with chronic conditions. In 2005/06 government and the physicians of B.C. negotiated a new agreement that better supports full service family practice and specifically targets the management of chronic diseases. The new agreement provides additional incentives and payments for physicians to manage their patients' chronic conditions according to best practices and guidelines-based care. The new agreement also includes provisions for making the Chronic Disease Management Toolkit, which assists physicians to deliver best practice care, electronically accessible within physicians' offices.

With these initiatives and others in place, the Ministry is expecting to see continued improvement in the management of chronic diseases in British Columbia. For more information on chronic disease management, see the Ministry's website at http://www.healthservices.gov.bc.ca/cdm/index.html.

Performance Measure: Decrease in percentage of natural deaths occurring in hospital

As part of a comprehensive plan to improve end-of-life care, the Ministry monitors the percentage of natural deaths that occur in hospital.[12] A decrease in the percentage of natural deaths occurring in hospital serves as a proxy measure for improvements in the availability of a range of appropriate non-hospital choices for end-of-life care.

Results:

Performance Measure	2003	2004	2005/06 Target	2005 Actual	Result
% of natural deaths occurring in hospital.	55.7%	54.4%	Decrease over prior year	54.3%	Target Achieved

DATA SOURCE: Vital Statistics Agency, Knowledge Management & Technology Division, Ministry of Health.
NOTES: Data are reported by calendar year, not fiscal year. The Ministry is investigating the accuracy of reporting the location of deaths to Vital Statistics. Discrepancies may exist regarding the reporting of hospice and residential care deaths (may be incorrectly reported as hospital), which when rectified will affect the number of deaths reported as occurring in hospitals.

[12] A natural death is defined as occurring through natural causes (e.g., old age or disease). A non-natural death is defined as a death from non-natural causes (e.g., accidents, poisonings or suicides).

Analysis:

In 2005 the percentage of natural deaths occurring in hospital decreased slightly, continuing the decrease seen between 2003 and 2004. Results from the first quarter of 2006 indicate the percentage has decreased further, to 52.1 per cent.

End-of-life care is the specialized care of people who are dying, and is an integral part of a health system that meets the needs of people across their lifespan. Good end-of-life care is provided, where possible, in the setting of a person's choice and is delivered by coordinated teams of physicians, nurses and other health professionals such as pharmacists and nutritionists, and includes family input and volunteer services.

The major direction of the Ministry's end-of-life strategy is to enhance and improve care for all persons at end of life, and to focus on developing end-of-life services within a community-based system where the greatest emphasis is placed on supporting people to remain at home (i.e., private home, assisted living, supportive housing, or residential care) for as long as possible and in accordance with their preferences.

Across the Province, end-of-life services, including hospice and home-based palliative care, are being expanded to provide dying people with greater choice and access to services. The Ministry has worked with partners, including health authorities, physicians and the B.C. Hospice Palliative Care Association, to enhance and coordinate end-of-life services. In B.C., publicly funded end-of-life care includes care provided in palliative care units or hospices in hospitals, as well as care provided in a person's home or other community-based setting. To promote innovative palliative care services, the Ministry introduced the Palliative Care Drug Program in 2001, which provides medications, medical supplies and equipment to those who choose to die at home. Previously, those items were only covered if the patient receive care in hospital. The Palliative Care Drug Program is an important resource that allows health authorities and care providers to design programs to support people who choose to die at home or in settings outside the hospital. Over 21,000 clients have enrolled in the program since its introduction.

The Province's regional health authorities have been implementing new services for end-of-life care while engaging in longer term planning to ensure the appropriate community-based programs and specialized services, such as hospices, are in place to allow for patients needing care at end-of-life to be supported in settings outside hospital. The number of publicly subsidized hospice beds has increased from 57 to 145 since 2001, and more are planned. It is expected that over time the proportion of natural deaths occurring in hospital will continue to decrease as community-based services are enhanced.

Objective 3: Improved integration of health care providers, processes and systems to allow patients to move seamlessly through the system.

The health care system is very complex. The diversity of health care needs across the Province means the system is always caring for unique patients through different caregivers, in different settings, every day. The Ministry and its partners have been working to improve

the integration of those services so care can be provided in the most coordinated and seamless manner possible to the benefit of patients and health care providers.

Under this objective, particular attention has been focused on mental health and addiction services. People with mental illness or substance use disorders often must access various providers to receive care, and too many times end up in hospital emergency rooms. The Ministry and its partners are working to ensure services, from child and youth to adult programs, are integrated and available within patients' home communities to improve and simplify the patient experience with the health system, improve outcomes and maximize efficiency.

Performance Measure: Percentage of persons hospitalized for a mental illness or substance use disorder diagnosis that receive community or physician follow-up within 30 days of discharge

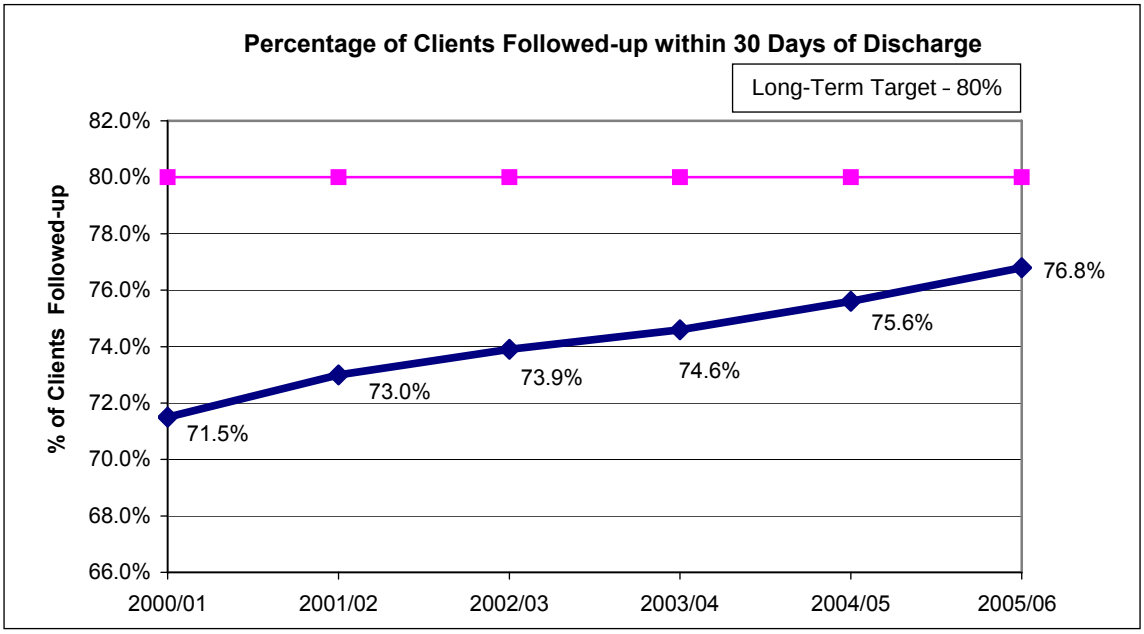
The intent of this measure is to assess the continuity in care for people who experience mental health and/or substance use disorder. A high rate of community and physician follow-up after a hospitalization for a mental illness or substance use disorder indicates well-coordinated, integrated and accessible care is being delivered. Service coordination and effective discharge planning is critical for improved outcomes for persons with mental health and substance use disorders.

Results:

Performance Measure	2002/03	2003/04	2004/05	2005/06 Target	2005/06 Actual	Result
% of persons hospitalized for a mental illness or substance use disorder diagnosis that receive community or physician follow-up within 30 days of discharge.	73.9%	74.6%	75.6%	Increase over previous year	76.8%	Target Achieved

DATA SOURCE: Mental Health Research Database: April 4, 2006 Refresh (data extracted April 4, 2006). MRR/CPIM Integration March 31, 2006. Discharge Abstract Database (DAD), March 25, 2006. Medical Services Plan fee-for-service database (MSP) payments to March 31, 2006. Information Resource Management, Knowledge Management and Technology Division, Ministry of Health.

NOTES: 2005/06 data are preliminary (partial year).



DATA SOURCE: Information Resource Management, Knowledge Management & Technology Division, Ministry of Health.
NOTES: 2005/06 partial year data.

Analysis:

The 30-day follow-up rate for the approximately 20,000 mental health and addictions clients discharged each year from hospital continues to increase, reaching 76.8 per cent in 2005/06 from 71.5 per cent in 2000/01.[13] The increasing follow-up rate is important for the recovery and stability of patients discharged from hospitals as it indicates that patients are linked with appropriate community programs and resources for subsequent care, treatment and support.

An important facet of improving follow-up is to expand access and availability of mental health and addiction services in community settings and to ensure effective discharge planning processes are in place that link patients with community resources. Monitoring and working to increase the follow-up rate for mental health and addictions clients serves as a high-level gauge of whether the health system is meeting its objective of providing a full continuum of services within each health authority which better integrates primary, secondary, community and tertiary care.

Mental health has become a major public health concern worldwide, and the World Health Organization (WHO) has placed a high focus on the importance of mental health. The Global Burden of Disease Study (2001) estimates that mental and addictive disorders make up 12 per cent of the Global Burden of Disease — a burden greater than that for AIDS, tuberculosis and malaria combined (11.4 per cent). Of the ten leading causes of disability worldwide, five are mental disorders: Major Depression, Schizophrenia, Bipolar Disorder, Alcohol Use Disorder and Obsessive Compulsive Disorder.

[13] Based on 2005/06 preliminary data.

Across Canada, mental illness represents one of the top categories of "frequent users" of emergency room services. In B.C., 2004/05 data indicates that approximately 19 per cent, or 632,000 individuals 20 years of age and over, received some treatment for a mental or substance use disorder. Mental health and addictions services operating expenditures across the B.C. health system for 2005/06 were approximately $1.02 billion, an increase of 20 per cent since 2001/02.

British Columbia recognizes the importance of strong mental health and addiction services that meet people's needs. Over the last five years, B.C. has established an integrated mental health and addictions system that includes: mental health promotion, outreach, early intervention and crisis response services, outpatient services, case management services, withdrawal management services such as inpatient/residential detox, home detox services, residential treatment, rehabilitation and support recovery services, methadone maintenance treatment, harm reduction services, community residential and family care homes, and supported housing programs, as well as specific mental health and addictions services for children and youth. This continuum supports people with mental health and addiction problems, and is strongly aligned with the government's Great Goal to "*Build the best system of support in Canada for people with disabilities, those with special needs, children at risk, and seniors.*"

British Columbia's approach to mental illness and addiction is also well aligned with recommendations made by the federal Senate Committee on Social Affairs, Science and Technology chaired by Senator Michael Kirby. The Committee's extensive review of policies and programs relating to mental health, mental illness and addiction in Canada considered B.C. to be one of the leading jurisdictions in Canada working to improve mental health and addictions services. The Committee's report can be found at http://www.hc-sc.gc.ca/hcs-sss/com/kirby/index_e.html.

Goal 3: *A Sustainable, Affordable, Publicly Funded Health System.*

This goal focuses on managing the health system to ensure it is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services. The Ministry is guided in reaching this goal by four objectives: providing effective leadership and direction, making the right investments in information technology, ensuring appropriate human resources are in place, and managing the system's finances. Work in these areas enables the health system to provide modern services to the people of British Columbia, and supports achievement of the Ministry's other two goals of improving the health and wellness of British Columbians and delivering high quality patient care.

Two of the Ministry's core business areas, Services Delivered by Partners and Stewardship and Corporate Management, undertake work in support of this goal.

Objective 1: Effective vision, leadership, direction and support for the health system.

The Ministry must provide clear strategic leadership, direction and support in order for the health system to function efficiently. In 2005/06 the Ministry undertook several strategies in support of this objective. The Ministry provided strategic direction through its service plan and through performance agreements with health authorities that articulated measurable expectations to guide the delivery of health services. The Ministry also ensured the appropriate legislative, regulatory and policy frameworks were in place to ensure health services were delivered safely and in the best interests of British Columbians.

In 2005/06 the Ministry also supported the delivery of high quality care by developing (with subject experts) and promoting the use of best practice guidelines, standards, benchmarks and protocols. As detailed earlier in this report, the Ministry has made particular progress in developing best practice tools to assist health providers and patients in the management of chronic diseases.

In addition, the Ministry also continued its support of health research. In 2005/06 the Ministry completed its commitment to provide $100 million to the Michael Smith Foundation to expand health research in British Columbia. Promoting research supports the system in making evidence-based decisions and leads to continuous improvements in service delivery which benefits patients and the general population.

Performance Measure: Survey of health authorities regarding the Ministry's stewardship functions

The Ministry is committed to ensuring that administrative processes between itself and B.C.'s health authorities are achieving the desired results. Conducting a survey can be a useful information tool in assessing the effectiveness and efficiency of current processes.

Results:

Performance Measure	2004/05	2005/06 Target	2005/06 Actual	Result
Survey of health authorities regarding the Ministry's stewardship functions.	Develop process and survey tool	Implement survey	Survey implemented	Target Achieved

Analysis:

A survey of health authority executives and management was conducted late in the 2005/06 fiscal year through the BC Stats Agency. The Ministry and health authorities will use the survey findings (expected in July 2006) to identify areas where the efficiency and effectiveness of communications and processes can be improved. This exercise is part of a commitment to strive for continuous improvement in all areas of the health system. Improving administrative processes can ultimately have a positive effect on patient care and the health of the population.

Objective 2: Strategic investments in information management and technology to improve patient care and system integration.

The Ministry is committed to making strategic investments in information management systems and new technologies to support the health system in meeting its goals and objectives. Technology can improve system integration and efficiency, improve access to services across the Province, assist managers and practitioners to make evidence-based decisions, and help citizens access valuable health information in a timely and convenient manner. The Ministry has been working with its health system partners to realize the potential in each of these areas.

Performance Measure: Progress on provincial eHealth initiatives

In 2005/06 the Ministry released British Columbia's eHealth Strategic Framework, which outlines how eHealth initiatives will improve patient care; help health professionals deliver better, faster and safer care; and improve the efficiency of the health system. The Ministry's eHealth strategy comprises 22 projects grouped into nine areas — primary care, hospital care, home and community care, public health, laboratories, pharmacies, diagnostic imaging, telehealth and foundational projects — which will combine to build an integrated, electronic record of a patient's journey through the health system. The eHealth Strategic Framework can be found at http://www.healthservices.gov.bc.ca/cpa/publications/ehealth_framework.pdf.

As part of the eHealth strategy, the Ministry entered into an agreement with Canada Health Infoway, an independent national organization that invests in electronic health record systems across Canada in partnership with provinces and territories. Infoway has conditionally agreed to allocate up to $120 million to B.C. for eHealth initiatives between 2005/06 and 2008/09. The Ministry is providing an additional $30 million over the same period.

In 2005/06 a number of key eHealth projects were initiated, including the Provincial Laboratory Information Solution (PLIS), the Integrated Electronic Health Record (iEHR), eDrug, telehealth, and Provincial Diagnostic Imaging projects. Each of these projects will help improve patient care and system efficiency. For example, PLIS will permit a patient's laboratory results to be available when and where needed across the Province, and ensure that costly duplicate testing will be virtually eliminated. The iEHR initiative will deliver critical, comprehensive electronic patient information to health care providers as needed for timely clinical decision making. The eDrug project will result in a patient's medication history being available to physicians anywhere in B.C., allow the most appropriate drugs to be electronically prescribed and transmitted to the patient's pharmacy of choice, and will mean potential adverse drug reactions will be very significantly reduced. Each of these projects, and all other eHealth projects, will also focus on safeguarding the privacy and security of personal information and will adhere to all applicable legislation protecting personal privacy.

B.C.'s eHealth strategy is modernizing the provincial health system, and will benefit both patients and health service providers.

Objective 3: Optimum human resource development to ensure there are enough, and the right mix of, health professionals.

To be sustainable the system must have enough, and the right mix of, health professionals to provide services today and in the future. The system must ensure health workers are employed in the most efficient and effective manner, and that their work environments are supportive of them delivering high quality services. As the population ages, so too does the health care workforce, which means many health system workers will be retiring at the same time as demand for health services continues to increase. Therefore, health human resource planning to meet both current and future needs is vitally important to the system's ability to deliver high quality care.

Performance Measure: Progress on health human resource initiatives

The Ministry has been working to address both short and long-term health human resource needs across the Province, and has made significant progress in many areas. To ensure the long-term supply of physicians, the Province has significantly expanded B.C.'s medical school program. B.C.'s annual intake for medical students was 128 in 2003. The medical school's expansion doubles the number of first-year spaces to 256 by 2007, with courses offered at the University of British Columbia, the University of Victoria and the University of Northern British Columbia. In 2005, a further expansion was announced with the new Okanagan medical program expected to add an additional 30 spaces by 2009.

The Ministry has also been expanding postgraduate medical education positions (residencies) to keep pace with the medical school expansions. Since July 2003, the Ministry has approved funding for 89 new residency positions. The number of entry-level residency positions will increase to at least 256 by 2011/12. In addition, the Province has expanded residency positions for international (foreign) medical graduates, and also introduced measures through the Provincial Nominee program to expedite immigration processes for foreign doctors. These expanded programs will allow more foreign-trained physicians to practice in areas of need in British Columbia.

Similarly, the Ministry has worked with the Ministry of Advanced Education to add over 2,500 new nursing education seats (over a 60 per cent expansion) since 2001. Further, since December 2001, almost 1,000 nurses have been funded through the Return to Nursing initiative and more than 1,200 Licensed Practical Nurses (LPN) have received funding through the LPN Upgrade Program. In addition, in 2005/06 B.C. added Nurse Practitioners to the provincial health system, with the first group graduating in May 2005. Nurse Practitioners are Registered Nurses with advanced education and skills. They perform the full range of nursing functions, as well as functions shared with physicians such as diagnosing and managing common acute and chronic illnesses, prescribing, ordering diagnostic tests and referring to specialists.

Government has also added almost 500 new educational spaces for allied health professionals throughout the Province in the last five years, and has developed a number of strategies that better support the education and deployment of pharmacists and paramedics, two of the largest groups of allied health professionals. Specialized software

is now providing pharmacists with a platform for on-line meetings and collaboration, making it easier for pharmacy professionals to participate in continuing education and other professional development activities. The B.C. Ambulance Service is moving forward with strategies that will provide more Advanced Care Paramedics, help paramedics deal with violence in the workplace and train high school students in CPR.

In late 2005/06 the Province reached agreements with all of the health sector bargaining associations as well as the British Columbia Medical Association. These agreements represent approximately 120,000 health workers across the Province and include doctors, nurses, paramedicals, community health workers and professional residents in B.C. Overall, more than 90 per cent of voting members supported these agreements. In addition to the collective bargaining process, government and association representatives held a series of policy discussions which have strengthened cooperation and ensured the labour agreements reflect the current concerns and interests of all parties. These joint policy tables will continue to meet and work together throughout the duration of the negotiated agreements.

Reaching these agreements is a significant accomplishment and signifies a new and improved relationship between labour and government in the health sector. These agreements provide a tremendous opportunity for the Ministry and its partners to move forward with health professionals and health workers to provide world-class health services for the people of British Columbia.

Objective 4: Sound business practices to manage within the available budget while meeting the priority needs of the population.

Sound financial and accountability practices are fundamental to delivering a high quality system and ensuring services are delivered that meet people's needs. To do so, the Ministry works with health authorities and other system partners to ensure their services and outcomes are aligned with government direction and policy.

To enable good management the Ministry provides three-year funding commitments to health authorities, updated annually, to allow them to plan and act with certainty. To ensure accountability, the Ministry develops and implements three-year performance agreements with health authorities that detail responsibilities and expectations for service delivery. In addition, the Ministry monitors and evaluates the delivery of physician services through the Medical Services Plan, prescription drug coverage through BC PharmaCare, and emergency services through the B.C. Ambulance Service.

The continuous evaluation and monitoring of health services and the health of the population is used by the Ministry to inform strategic direction and policy, and facilitate course correction where warranted.

Performance Measure: Actual expenditures do not exceed budgeted expenditures

B.C.'s health services budget has continued to grow — the Ministry's budget for 2005/06 was over $11.4 billion and health spending consumed approximately 43 per cent of all government spending. It is important this funding is used wisely to provide the best care and achieve the best outcomes for patients. The Ministry monitors financial status throughout the year so any problems can be identified and addressed, and ensures overall costs remain within its budget. Staying within the budget provides a high-level indication of whether the health system is well managed and on a sustainable path.

Results:

Performance Measure	2004/05	2005/06 Target	2005/06 Actual	Result
Actual expenditures do not exceed budgeted expenditures.	Expenditures within budget	Manage within budget	Expenditures within budget	Target Achieved

Analysis:

Ministry of Health expenses did not exceed budgeted expenses for 2005/06. For details, please see the Report on Resources on page 54.

Deregulation Summary

In 2001, government committed to reduce the overall regulatory burden in B.C. by one-third, to be consistent with global trends in regulatory reform and management. That target has been met, and the Ministry of Health has continued to contribute to government's intention to maintain a "0" net increase to the baseline regulatory count. The Ministry has continued to identify regulatory reduction and reform opportunities, and focus on improving regulations to ensure they are consistently results-based, cost-effective, flexible and promote competitiveness and innovation while maintaining a firm commitment to public health and safety.

At the conclusion of the three-year Deregulation Initiative, June 5, 2004, the Ministry of Health had a baseline regulatory count of 7,744. As of March 31, 2006, the Ministry had a regulatory count of 7,613. This represents a net decrease of 131 regulatory requirements below the baseline.

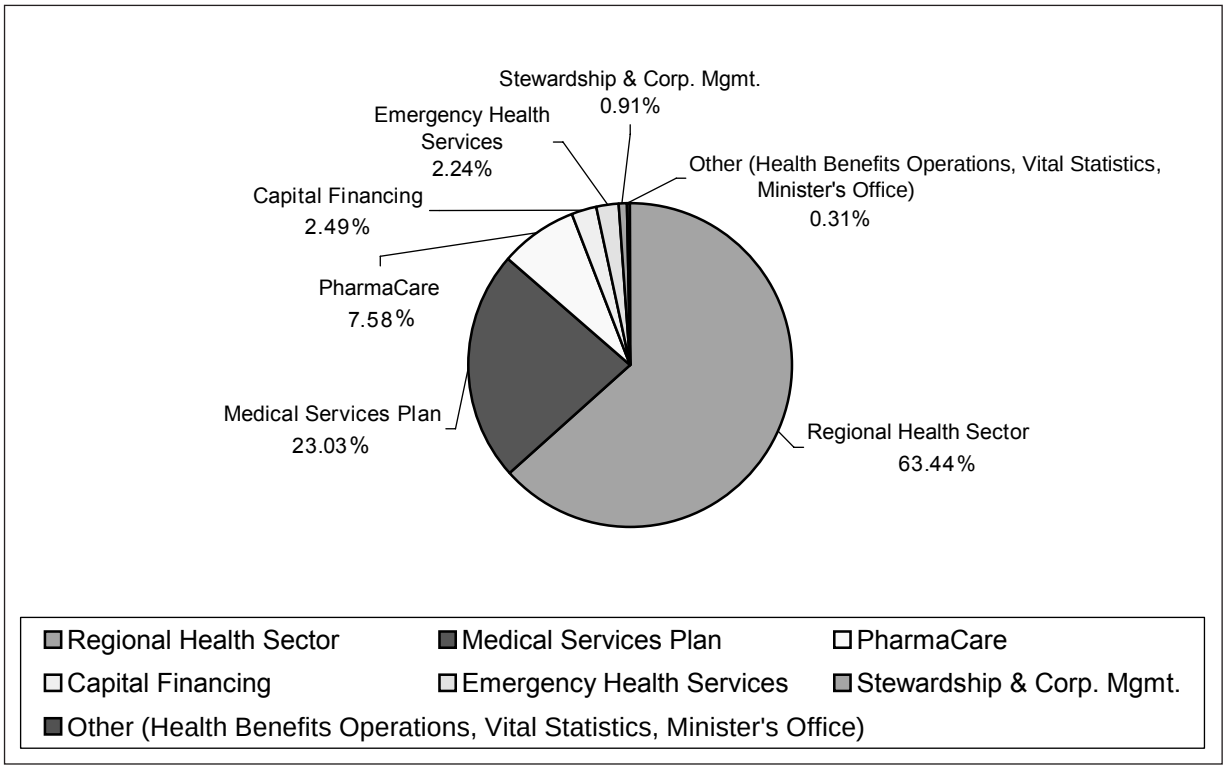
Report on Resources

Resource Summary Table 2005/06

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Operating Expenses ($000)					
Services Delivered by Partners					
Regional Health Sector Funding	7,239,659		7,239,659	7,250,617	10,958
Medical Services Plan	2,627,065		2,627,065	2,631,857	4,792
PharmaCare	889,547		889,547	867,032	(22,515)
Debt Service Costs	169,500		169,500	133,884	(35,616)
Amortization of Prepaid Capital	152,908		152,908	151,002	(1,906)
Health Benefits Operations	28,213		28,213	29,231	1,018
Sub-Total	**11,106,892**	**0**	**11,106,892**	**11,063,623**	**(43,269)**
Services Delivered by Ministry					
Emergency Health Services	253,523		253,523	256,854	3,331
Vital Statistics	6,786		6,786	6,013	(773)
Sub-Total	**260,309**	**0**	**260,309**	**262,867**	**2,558**
Executive and Support Services					
Minister's Office	567		567	554	(13)
Stewardship and Corporate Management	102,730		102,730	103,616	886
Sub-Total	**103,297**	**0**	**103,297**	**104,170**	**873**
Recoveries — Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 34 — Ministry of Health	**11,323,248**	**0**	**11,323,248**	**11,283,410**	**(39,838)**
Health Special Account	147,250		147,250	147,250	0
Sub-total — Operating Expenses	**11,470,498**	**0**	**11,470,498**	**11,430,660**	**(39,838)**
Reversal of Prior Year Over Accruals [1]				(13,257)	(13,257)
Total — Ministry of Health	**11,470,498**	**0**	**11,470,498**	**11,417,403**	**(53,095)**

[1] Reversal of prior year over accruals is the total amount written off for prior years' accruals that are no longer valid. The credit was not available for spending.

The Ministry of Health 2005/06 budget was $11.470 billion. The actual operating expenditures for the fiscal year ending March 31, 2006 are $11.430 billion, resulting in an operating variance of $40 million. Additionally, the Ministry reversed $13 million of prior years' accruals, resulting in a total surplus position of $53 million; however, the reversed amounts were not available for spending.



Operating Expense Variance Explanations

Regional Health Sector Funding: The deficit was primarily due to increased investments across the continuum of care by health authorities. Investments included increasing access and reducing waiting times for surgeries, enhancing home and community care, implementing the nursing strategy and providing life support programs.

Medical Services Plan: The deficit is primarily due to increases in fee-for-service billings by physicians.

PharmaCare: The surplus in PharmaCare is primarily related to lower than anticipated Fair PharmaCare utilization increases.

Debt Service Costs: The debt servicing surplus at year-end is due to lower debt balances, lower than anticipated interest rates and higher sinking fund recoveries.

Emergency Health Services: The deficit is due to additional costs for staffing, air ambulance services, provincial operations, and building occupancy.

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Full-time Equivalents (Direct FTEs)					
Health — Ministry Operations					
Emergency Health Services	1,999		1,999	1,964	(35)
Stewardship and Corporate Management	680		680	651	(29)
Minister's Office	6		6	6	0
Vital Statistics	85		85	78	(7)
Total Ministry of Health	**2,770**	**0**	**2,770**	**2,699**	**(71)**

The FTE budget was 2,770 in 2005/06. Utilization was 2,699 resulting in a surplus of 71 FTE's due to lower than anticipated utilization in emergency health services and recruitment lag elsewhere in the Ministry.

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)					
Health — Ministry Operations					
Stewardship and Corporate Management	44,510		44,510	14,040	(30,470)
Emergency Health Services	15,490		15,490	10,128	(5,362)
Vital Statistics	550		550	269	(281)
Total Ministry of Health	**60,550**	**0**	**60,550**	**24,437**	**(36,113)**

The Consolidated Revenue Fund Capital budget was $60.550 million in 2005/06. The surplus is mainly due to deferred information systems projects.

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Consolidated Capital Plan ($000)					
Prepaid Capital Advances	280,000	31,088	311,088	311,088	0
Total Ministry of Health	**280,000**	**31,088**	**311,088**	**311,088**	**0**

The budget for prepaid capital advances was $280 million. During the year, the budget was increased by $31.088 million to implement a 2005 agreement for replacement funding for the Greater Vancouver Regional Hospital District.

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Other Financing Transactions ($000)					
Health Innovative Incentive Program					
Receipts	769		769	769	0
Disbursements	0		0	0	0
Net Cash Source/Requirements	**769**		**769**	**769**	**0**

The financing transaction recovery totaling $0.769 million was received in 2005/06 from the Vancouver Island Health Authority as the third in a series of repayments for the reimbursement of funds provided to the authority in a prior year for its Picture Archiving and Communication System.

Health Authorities Included in the Provincial Reporting Entity

As required under the *Budget Transparency and Accountability Act*, British Columbia's six 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 service plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Sector	2005/06 Budget	2005/06 Actual	Variance
2005/06 Combined Income Statement ($000)			
Total Revenue [1]	**8,618,000**	**9,087,411**	**469,441**
Total Expense [2]	**8,618,000**	**9,085,274**	**467,274**
Operating Results	**0**	**2,167**	**2,167**

NOTES: This combined income statement is based on audited financial statements from six health authorities and 10 hospital societies. Numbers do not include the eliminating entries required to consolidate these agencies with the government reporting entity.

[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) and fees and licences.

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

Capital Investment

The province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost-effective. Recognizing the significant cost and long lifespan of most capital investments — both in acquisition and use — the Ministry and health authorities are moving toward a comprehensive ten-year capital planning process that is aligned with other health sector planning. This change in the planning horizon will enable the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long-term capital investments accordingly.

In 2005/06, health sector projects included expanding hospital and community services, expanding BC's medical school, purchasing high tech medical equipment, and investing in information management technology to support B.C.'s eHealth strategy.

Major Capital Projects

A major capital project is defined as any capital commitment or anticipated commitment that exceeds $50 million. In 2005/06, the Ministry's commitments that exceeded $50 million were:

Vancouver General Hospital Redevelopment (VGH) — Vancouver Coastal Health Authority

Objective: The hospital redevelopment is to consolidate patient services and clinical expertise to assist in meeting patient care needs over the next 20 years or more.

Benefits: Anticipated benefits are new patient areas and consolidation of hospital services within the Centennial Pavilion and the Jim Pattison Pavilion to create a modern and efficient hospital environment for enhanced patient care and accessibility.

Cost and Timeline: The total capital cost is $156 million, and the project is expected to be completed in 2007.

Academic Ambulatory Care Centre (AACC) — Vancouver Coastal Health Authority

Objective: The AACC is a state-of-the-art, 11-storey, 365,000-square-foot facility planned for the Vancouver General Hospital (VGH) site. The project will be completed through an agreement with Access Health Vancouver (AHV), a team of companies selected through an open competitive process.

Benefits: The AACC will provide single-site access to a range of outpatient (ambulatory) services along with undergraduate and post-graduate medical education facilities, teaching physician/specialist practice offices, and related commercial/retail activities. The facility is expected to support several hundred medical students, approximately 580 medical and health professionals, and an estimated 600,000 patient visits annually.

Cost and Timeline: The capital cost for the project is estimated at $95 million. Construction commenced in October 2004 and is scheduled for completion in 2006.

For more information on the Academic Ambulatory Care Centre project, please see the Ministry's website at http://www.healthservices.gov.bc.ca/cpa/publications/index.html.

Abbotsford Regional Hospital and Cancer Centre — Fraser Health Authority and Provincial Health Services Authority

Objective: The Abbotsford Regional Hospital and Cancer Centre (ARHCC) will be a new 300-bed facility that replaces the current 202-bed Matsqui-Sumas-Abbotsford (MSA) hospital, which is aging, physically obsolete, and not suitable for expansion.

Benefits: The new hospital and cancer centre will provide enhanced programs and services to meet the needs of Fraser Valley residents, and will also help to recruit and retain health professionals. ARHCC includes integration of a new cancer treatment centre that will be part of the provincial network operated by the BC Cancer Agency.

Cost and Timeline: The capital cost of the project is estimated to be $355 million. The Fraser Valley Regional Hospital District is contributing $71.3 million towards the project. Construction, which commenced in December 2004, is expected to end in spring 2008, with the facility opening for patients in Summer 2008.

For more information on the Abbotsford Regional Hospital and Cancer Centre project, please see the Ministry's website at: http://www.abbotsfordhospitalandcarecentre.ca.
To see Partnerships British Columbia's value for money report on the project, go to: http://www.healthservices.gov.bc.ca/cpa/publications/PBCAbbotsford.pdf.

Investments Across the Province

In addition to the major capital projects listed above, significant capital investments to improve B.C.'s health system have been made by the Ministry, health authorities, regional hospital districts, foundations and other funding partners. The following are some examples of those investments.

Fraser Health Authority

- Investments to help address congestion in the Emergency Department at Surrey Memorial Hospital, including a minor treatment unit adjacent to the emergency room, which opened in December 2005 ($4.8 million).
- A new 10-bed critical care unit, completed in November 2005, at Royal Columbian Hospital ($1.1 million).
- Expanding and redesigning the Delta Hospital Emergency Department and Surgical Day Care. The $6 million project is scheduled for completion in 2006.

Interior Health Authority

- Redeveloping the Royal Inland Hospital in Kamloops. The $27.5 million project doubles and modernizes the ER and medical imaging departments and includes renovations to numerous outpatient areas such as pharmacy, vascular, and orthopaedic clinics, pathology and the nuclear medicine department. The Regional Hospital District and Hospital Foundation are major funding partners for this project, which is scheduled for completion in 2006.
- Expanding the East Kootenay Regional Hospital in Cranbrook to enhance its Regional Health Care Centre role. The addition will expand and upgrade the Emergency, Ambulatory Care and Diagnostic Imaging departments. The $32 million project is scheduled for completion in 2007.
- Building a $17 million, 44-bed tertiary mental health facility located on the grounds of the Royal Inland Hospital in Kamloops that opened in early 2006. It contains three separate programs, including: a 10-bed psychiatric intensive care unit, a 10-bed secure care unit, and a 24-bed geriatric psychiatric unit.

Northern Health Authority

- Renovating and building an addition to the Prince George Regional Hospital to accommodate a special care nursery, a combined labour delivery and maternity unit and improvements to pediatric and pediatric ambulatory care. The project has a budget of $12.5 million and is scheduled for completion in 2006.
- Upgrading emergency and intensive care services at the Mills Memorial Hospital in Terrace. The $1.9 million project, with funding from government and the Regional Hospital District, was completed in early 2006.
- Relocating the Intensive Care Unit at the Prince Rupert Regional Hospital to improve workflow and work processes. The $2.4 million project is scheduled for completion in 2006.

Vancouver Coastal Health Authority

- Redesigning the Vancouver General Hospital Emergency Room to improve treatment efficiency and patient care. The $3.3 million project is scheduled for completion in 2006.
- Improving Richmond Hospital's management of severe respiratory illness through a $2.2 million project to provide upgraded isolation capability. The 2003 SARS outbreak emphasized the need to safely manage potential infectious disease cases. The project is scheduled for completion in 2006.
- Expanding the mental health program by 15 beds at St. Paul's Hospital in Vancouver through a $4.2 million project.

Vancouver Island Health Authority

- Aberdeen Primary Health Care Centre is a $14.4 million, 12-bed 'respite hotel' and a seniors' primary care centre. It is an innovative project that combines assisted living accommodation that is owned and operated by Victoria Cool Aid Society.

- Island Medical School projects are under construction at Royal Jubilee and Victoria General Hospitals. The $7 million projects are to be completed in September, 2006 to accept the medical students that are part of the medical school expansion established in 2004 at the University of Victoria.
- Redeveloping Nanaimo Regional General Hospital which includes a $23 million surgical expansion completed in April 2005 and the new $12 million perinatal services component to be completed in 2007.

Provincial Health Services Authority

- The Child, Adolescent and Women's Mental Health Centre will open in 2006, and will provide a full range of mental health assessment and treatment services including a child and adolescent psychiatric emergency unit, outreach services, specialty clinics and an eating disorders program. The total project cost is $19 million.
- Enhancing disease control through a $4.6 million project to consolidate lab functions at the BC Centre for Disease Control to a single site.
- Expanding the Radiation Therapy Annex at the Vancouver Cancer Centre. The $7.8 million project includes construction of four underground linear accelerator treatment vaults with associated patient waiting and change areas, plus an exam room.

Appendix 1

Profiles of British Columbia's Six Health Authorities

British Columbia has six health authorities that, in conjunction with the Ministry of Health, manage and deliver most publicly funded health services in the Province. Responsibility for local health services, such as home and hospital care, rests with five regional health authorities. The sixth health authority, the Provincial Health Services Authority, is responsible for providing province-wide specialized services, and for supporting the regional health authorities with their service delivery.

Figure 1: Map of B.C. Health Authorities

Interior Health Authority (IHA)

Web Address: http://www.interiorhealth.ca

2005 Population:[14] 717,012

IHA serves a large geographic area, which ranges from densely populated to scarcely populated areas. IHA covers a region that stretches from Williams Lake to the U.S. border and from Anahim Lake in the Chilcotin to the Alberta border. The mixture of population density provides challenges to effectively delivering health care services to the region's residents.

Fraser Health Authority (FHA)

Web Address: http://www.fraserhealth.ca

2005 Population: 1,466,328

FHA consists of a small geographic area with a high population density. Its borders stretch eastward from Delta to Burnaby to Boston Bar and southward to the U.S. border. Over the past 10 years FHA has experienced significant population growth and currently represents about 34 per cent of B.C.'s population. This historic and projected population growth, compounded by an aging population has created increased demands for health care services in this region.

Vancouver Coastal Health Authority (VCHA)

Web Address: http://www.vch.ca

2005 Population: 1,040,614

Similar to FHA, VCHA is small in geographic area with a high population density. VCHA serves residents in Vancouver, Richmond, the North Shore and communities in the coastal region, including: Squamish and Whistler along the Sea-to-Sky Highway; Gibsons and Sechelt on the Sunshine Coast; and Powell River, Bella Bella and Bella Coola. VCHA also partners with Providence Health Care in Vancouver.

Vancouver Island Health Authority (VIHA)

Web Address: http://www.viha.ca

2005 Population: 723,002

VIHA serves the residents of Vancouver Island, the Gulf and Discovery Islands and the residents of the mainland located adjacent to the Mount Waddington and Campbell River areas. Almost half of Vancouver Island's population lives in and around the provincial capital of Victoria, at the southern end of Vancouver Island.

[14] Population estimates for all Health Authorities obtained from BC STATS. (P.E.O.P.L.E. 30) 2004. Ministry of Labour and Citizens' Services.

Northern Health Authority (NHA)

Web Address: http://www.northernhealth.ca

2005 Population: 307,566

NHA covers almost two-thirds of B.C., and is bordered by the Northwest and Yukon Territories to the North, and the B.C. interior to the South, and Alberta to the East, and Alaska and the Pacific Ocean to the West. The primary challenge for NHA is to administer and provide quality services across a large, sparsely populated region with significant recruitment and retention issues due to its Northern location.