

FEDERAL FUNDING IN BRITISH COLUMBIA

2003/04

HEALTH REFORM FUND
PRIMARY HEALTH CARE
DIAGNOSTIC AND MEDICAL EQUIPMENT FUND



BRITISH
COLUMBIA

Ministry of Health Services

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INTRODUCTION

The *2003 Health Accord for Canada* provided a blueprint that will renew and sustain Canada's publicly funded health system into the future. In the Accord, provincial and territorial first ministers made a series of commitments that will reform the system and make it more accountable to Canadians. Each province and territory agreed to publish regular reports describing how health services are funded and delivered in their jurisdictions. This document delivers on that commitment by outlining improvements to patient care in British Columbia that have resulted from strategic investments in fiscal year 2003/04 through the Health Reform Fund (\$130 million), and the Medical and Diagnostic Equipment Fund (\$21.7 million, including both operating and capital funding).

In addition to this funding, the provincial government's investment in health services increased by about \$2 billion between 2000/01 and 2003/04. British Columbia's health budget reached an all-time high of \$10.9 billion in 2004/05. This represents an increase of \$2.4 billion or 28 per cent since 2000/01. The health budget now consumes 43 per cent of the total provincial budget, in comparison to just 33 per cent 10 years ago.

After three years of redesign, B.C.'s health system is more streamlined and better able to respond to patient needs than ever before. British Columbia's care delivery structure is now comprised of six health authorities. Working under the stewardship of the Ministry of Health Services, these health authorities are in an excellent position to allocate both federal and provincial funds in the best interests of patients. Allocations are determined based on population needs that are established by evaluating demographics, patient flow, complexity of cases and remoteness. Performance agreements are developed between the Ministry of Health Services and health authorities to ensure there is accountability for the delivery of services.

The Province of British Columbia is working to deliver on key commitments that form part of the 2003 Health Accord. These include:

- Reporting on indicators of health system performance
- Acquiring diagnostic/medical equipment through the funding established by the federal government.

The Canadian government has also moved ahead with a number of its commitments under the Accord. These include:

- Establishment of the Canadian Patient Safety Institute
- Establishment of the Health Council to monitor and make public reports
- Implementation of the compassionate care benefit
- Acceleration of coordinated health technology assessment
- Improvement of health services to minority communities in both official languages
- Creation of the Canada Health Transfer as the vehicle for future federal funding for health care

All provinces and territories, including B.C., continue to work on a number of long-term commitments established by the Accord. British Columbia's progress toward a number of these federal and provincial commitments continues. These include:

- Primary health care renewal
- Pharmaceuticals management
- Health human resources planning
- Innovation and research development
- Public health care enhancements
- Technology assessments
- Aboriginal health improvements
- Reporting and accountability

Many of the programs and strategies required to meet the commitments set out in the 2003 Health Accord for Canada are already in place in British Columbia. As a result, B.C. continues to lead in providing accessible, patient-centred care to citizens, when and where they need it.

HEALTH REFORM FUND

In the 2003 Health Accord, First Ministers agreed that the Canadian health care system needed additional investments in primary health care, home care, and catastrophic drug coverage. The Federal Government created the five-year Health Reform Fund to address these three priorities.

British Columbia was already one of the leading provinces in health care reform. As a result, the province's health care needs vary widely from the rest of Canada. Because each jurisdiction is at a different stage of health care reform, the Health Reform Fund has built-in flexibility that allows each province or territory to make independent decisions to achieve their set objectives.

Under the terms of the Accord, British Columbia received \$130 million from the Fund in 2003/04. This funding has been designated to specific programs and strategies designed to improve British Columbians' access to home and community care, catastrophic drug coverage and primary health care.

HOME AND COMMUNITY CARE

British Columbia has a growing and aging population. For this reason, home and community care is a key component of effective health service delivery. B.C. seniors are healthier than ever before, and many prefer housing and care options that help them remain independent, contributing members of their communities for as long as possible.

In British Columbia, home and community care services include a range of health care and support services for eligible 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 their family, friends and community.

In-home services for eligible clients may include home care nursing, rehabilitation, home support and palliative care. Community-based services often include adult day programs, meal programs, community mental health programs, assisted living, residential care services and hospice care. Case management services are provided for clients in both the home and community programs.

Services that are provided in the home and the community are often more appropriate and less expensive than those offered in an acute care setting. In the 2003 Health Accord, First Ministers agreed that the quality of life of Canadians could be improved if adequate services were available to help them remain or recover at home. First Ministers agreed to provide coverage for services that would provide short-term acute home care, including acute community mental health and end-of life care. Such services could include nursing and other professional services, personal care services, some key pharmaceuticals and medical equipment and supplies. In addition, First Ministers clearly indicated that structured clinical assessments of client needs and case management are integral to effective home and community services. In 2003/04, British Columbia spent approximately \$75 million from the Health Reform Fund to enhance home and community care services. This was in addition to funding already provided by the Government of British Columbia.

Home and community care services are designed to:

- support clients to remain independent and in their own homes for as long as possible
- provide services at home to clients who would otherwise require admission to hospital or would stay longer in hospital
- provide assisted living and residential care services to clients who can no longer be supported in their homes
- provide services that support people who are nearing the end of their life, as well as their families, at home or in hospice

HOME CARE NURSING, HOME SUPPORT AND COMMUNITY REHABILITATION

Home based services provide a range of support to clients who wish to return home after a hospital stay or stay in their home as long as possible managing their chronic illness or disability. These services provide personal assistance with daily activities that help to maintain a safe and supportive home, such as bathing, dressing, grooming and light household tasks.

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As a result of new federal funding, the Vancouver Island Health Authority was able to increase home support hours across Vancouver Island. The Provincial Health Services Authority was able to use this funding to increase resources to the home renal program, which allows patients across B.C. to remain independent through a home dialysis program.

Home care nursing and community rehabilitation are professional services, delivered to clients in the community by registered nurses and rehabilitation therapists. Nursing care is available for British Columbians requiring acute, chronic, palliative or rehabilitative support. Rehabilitation therapists can also provide assessment and treatment to ensure a client's home is suitably arranged for their needs and safety. Often a patient leaving hospital after major orthopedic surgery requires follow-up support through home care programs to ensure a successful recovery. For example, in the Vancouver Island Health Authority, federal funding has been used to support increased access to home care nursing and community rehabilitation, and to assist clients recovering from surgery or injury.

MENTAL HEALTH/ADDICTIONS HOME AND COMMUNITY CARE

Mental health home care and community-based services include supports that improve the outcomes of individuals in sustaining their day-to-day functioning. In British Columbia, mental health and addictions services have been integrated to reflect the significant overlap of patients dealing with both challenges.

In 2003/04, funding from the Health Reform Fund has been used to help establish a new Adult and Sobering Assessment Centre serving the vulnerable, downtown Victoria population. Health Reform funds were also used by the Vancouver Coastal Health Authority to enhance their investment in mental health community supports for Vancouver and Richmond.

GERIATRIC OUTREACH

Geriatric outreach programs include programs and services in the community that support seniors who are living independently.

The Fraser Health Authority used Health Reform Funding to increase a number of frail seniors' programs. The Interior Health Authority funded short-term respite beds to meet the needs of families caring for frail seniors.

HOME-BASED PALLIATIVE CARE

End-of-life care is supportive and compassionate care that improves the quality of life for people at the end stages of a terminal illness. It is provided wherever a person is living, whether at home or in a hospital, hospice, assisted living residence or residential care facility.

End-of-life care preserves a person's comfort, dignity and quality of life. Community services include palliative care co-ordination and consultation, professional nursing services, a palliative drug program, community rehabilitation services, home support and respite for the caregiver. Palliative care services assist in providing comfort and diminishing pain so those at the end-of-life can devote their energies to enjoying their remaining time with loved ones.

All of British Columbia's health authorities are moving ahead on community-based palliative care programs. At St Michael's Centre and Crossroads Hospice in the Fraser Health Authority funding has been used to support hospice care. In the Northern Health Authority, a coordinator for palliative care has been hired to improve the case management of clients across a geographically large region.

With the B.C. Palliative Care Benefits Program, people living at home and nearing the end-of-life can receive free medications for pain and symptom relief as well as key medical supplies and equipment. The Drug Benefit Program allows easy access of approved medications through the patient's local pharmacy.

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RESIDENTIAL CARE AND ASSISTED LIVING

Residential care facilities provide 24-hour professional nursing care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes. British Columbia's residential access policy ensures people with the highest need and urgency have priority access to the first available, appropriate care facility. The health care system now provides a comprehensive, standardized assessment of all patients being considered for referral to residential care. This provides health planners with better information about how to meet the complex needs of patients.

Using Health Reform Fund resources, the Vancouver Coastal Health Authority added to their staffing complement in some residential care facilities to meet the increasingly complex needs of senior residents. The Interior Health Authority used part of their funding to provide additional convalescent beds in the Okanagan for frail seniors recovering from a hospital stay and enhanced access to assisted living units for frail seniors in Vernon.

In 2003/04, approximately 350 assisted living units were brought on-stream for seniors across British Columbia, allowing them independence and support and preventing unnecessary admissions to residential care.

Assisted Living services include:

- an assisted meal service
- medication supervision
- personal assistance with daily activities, such as bathing, dressing or grooming
- a planned program of social and recreational activities

CATASTROPHIC DRUG COVERAGE

Access to quality care can only be achieved if an effective public drug plan provides patients with access to key categories of prescription drugs. British Columbia has historically been one of the most generous provinces when it comes to our drug plan. Changes made in May 2003 brought in the new Fair PharmaCare program, which bases access to prescription drugs on income and ensures all British Columbians have access to the drugs they need, when they need them. About 280,000 families are now paying less than they did in the past.

First Ministers agreed that no Canadian should suffer financial hardship when they need drug therapy. The 2003 Health Accord made a commitment that by the end of 2005/06, Canadians would have access to catastrophic drug coverage, no matter where they live in Canada. During the September 2004, Federal Ministers Meetings, the Premier of British Columbia, Gordon Campbell, led discussion on the creation of a national PharmaCare program. As a result, British Columbia is co-leading a task force that will develop and implement a national pharmaceutical strategy. Some of the key elements of the strategy will include: a national formulary; mechanisms to allow better access to breakthrough drugs; strengthened evaluation procedures to ensure drug safety and effectiveness; and innovative purchasing strategies for drugs in Canada.

In addition to Fair PharmaCare, the province of British Columbia also provides full coverage to other important pharmaceuticals for patients across the province.

INCREASED FUNDING FOR CANCER DRUGS

The BC Cancer Agency provides access to cancer drugs for all British Columbians, and this has helped the province attain the best cancer outcomes in Canada. Health Reform Fund resources were used to help address the significant cost pressures in this program so all patients across British Columbia can continue to access a broad formulary of chemotherapy drugs.

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Drug interactions may cause death or illness. Each year, numerous British Columbians, particularly seniors, are admitted to hospital because of complications related to medications. PharmaNet is a province-wide network that increases prescription drug safety by tracking all drugs dispensed in B.C.

The PharmaNet system provides patient profiles that allow the patient's physician and pharmacist to review all drugs dispensed, reported drug allergies and other relevant drug history. PharmaNet is currently available to the majority of pharmacists in the province, emergency departments, and a number of physicians. The Province is working to expand access to PharmaNet to all hospitals and physicians offices in the province as part of its electronic health record initiative.

INCREASED ACCESS TO SPECIALIZED BLOOD PRODUCTS

Although blood products aren't normally thought of as 'drugs', many of the new specialized products supplied to patients in British Columbia by the Canadian Blood Services are indeed pharmaceuticals. British Columbians receive a variety of specialized blood products for a wide range of medical uses. Health Reform Fund resources have enabled coverage for patients who require a wide group of specialty products. These include hemophiliacs who require clotting factor, patients with immune disorders who need intravenous gamma globulins and infants who need access to special products to prevent severe infection. Synagis is an example of a product that prevents a serious pneumonia in groups of infants with particular risk factors.

PRIMARY HEALTH CARE

Primary health care is the foundation of Canada's health care system. For most British Columbians, it is the first and most frequent point of contact with health services. It may include a checkup by the family doctor, care by a midwife or nurse practitioner, a visit to a physiotherapist or even a trip to the pharmacist or the school nurse. Primary health care is where new health problems are identified and addressed, and where patients and providers work together to prevent and manage ongoing problems. Successful primary health care initiatives like immunization and vaccination programs have removed the threat of diseases like polio, chicken pox, whooping cough and diphtheria from the population.

The burden of disease in British Columbia and Canada is largely life-style driven. About 30 per cent of our health care budget is focused on about five per cent of the population, many of who suffer from multiple chronic diseases, such as diabetes, congestive heart failure and arthritis. Our data indicates that management of these diseases can be improved at the primary health care level. Not only would this improve the quality of life for citizens and their families, it would also reduce the pressures and costs on the acute care system.

The goal for primary health care, as stated in the First Ministers Accord, is to provide all Canadians with 24/7-access to an appropriate care provider, no matter where they live. In the 2003 Health Accord, First Ministers agreed to accelerate primary health care initiatives and make significant annual progress to ensure citizens routinely receive needed care from multi-disciplinary primary health care organizations or teams. Within eight years, 50 per cent of Canadians should have access to an appropriate health care provider, 24 hours a day, seven days a week.

In 2003/04, \$35 million in federal funding from the Health Reform Fund was directed to primary health care renewal initiatives. This funding was used to enhance and complement activities funded through the Primary Health Care Transition Fund.

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ENHANCING OUR IMMUNIZATION PROGRAM

In British Columbia, primary care physicians and community nurses deliver vaccination programs. These prevention programs not only avert disease, but also reduce physician visits, hospitalizations and even death. With support from the Health Reform Fund and additional provincial funding, British Columbia has introduced a number of new vaccine programs in the last three years.

In January of 2001, B.C. introduced an infant hepatitis B program that ensures all infants now have access to vaccinations against diphtheria, pertussis, tetanus, polio, *haemophilus influenzae* type b, measles, mumps, rubella and hepatitis B.

In March of 2003, B.C. introduced a pneumococcal and meningococcal program for those at highest risk. Pneumococcus is a major cause of childhood meningitis, pneumonia and middle ear infection. The meningococcal vaccine program expanded in July 2003 to include all infants at 12 months of age, and again in September 2003 to include all infants at 2, 4, 6 and 18 months of age. The meningococcal vaccine is designed to protect children against bacterial meningitis and other serious infections caused by this bacterium. This vaccination program, recommended by the National Advisory Committee on Immunizations, will avert up to seven cases of bacterial meningitis, and one death, annually.

ENHANCING ACCESS TO RURAL MEDICAL CARE

The Rural General Practitioner Locum Program assists General Practitioners (GPs), in communities with seven or fewer physicians, to obtain locums for up to 28 days per year for vacation relief and continuing medical education (CME). The program pays the locum physician a guaranteed daily amount and travel time honorarium. This program allows rural family physicians opportunities to have a well-deserved rest with their families or connect with colleagues throughout the world through continuing education.

Providing access to specialist colleagues who can support physicians as they care for more complex patients is a key strategy to ensuring access to skilled primary care providers in rural areas. The Rural Specialist Locum Program was implemented on March 1, 2003 and helps health authorities recruit specialists to provide vacation relief and intermittent support. The Health Reform Fund provided assistance in funding these strategies in 2003/04.

INTERPROFESSIONAL TRAINING FOR PRIMARY CARE PROVIDERS

Effective primary care requires a well functioning team from many health disciplines: medicine, nursing, pharmacy, midwifery, physiotherapy, speech language pathology and others. Learning about each other's disciplines and working together in the training years will change the somewhat fragmented nature of our existing primary care sector. The Interprofessional Rural Program of BC (IRPbc) is a new and exciting way to educate future health care professionals.

As the first interprofessional rural placement program for students in Canada, the program places teams of students from different health sciences in rural communities. Supported by local health professionals (preceptors), the students participate in interprofessional team learning, as well as rural life and practice. In the summer of 2003, teams were placed in Hazelton, Bella Coola and Port McNeill/Mount Waddington. The program has been well received by both the students and communities. In January 2005, teams will be placed in communities in the Interior Health Authority and in the Northern Health Authority. Funding from the Health Reform Fund was instrumental in making this program possible.

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IRPbc is designed to:

- model and evaluate learning among health professionals
- expand capacity for educating health professionals in B.C.
- support the recruitment and retention of health professionals

ACCESS TO QUALITY CARE THROUGH TELEHEALTH

Telehealth uses communications technologies and diagnostic medical equipment to deliver health services over distances. It can be used to collect, organize and share information for patient assessment, diagnosis, and treatment. It can also be used for research, education and administration. Telehealth is especially useful in remote or under-served areas where it helps improve access to services.

There are a number of telehealth initiatives underway in British Columbia that have benefited from the Health Reform Fund. These include:

- Planned consultations that allow patients of rural primary care providers receive medical assessment and care planning from medical specialists over a secure videoconferencing network, rather than traveling to receive the same services.
- Opportunities for rural practitioners dealing with unique emergency situations to access medical specialists working in large teaching centres in Vancouver.
- Follow-up care between the community hospital and the home of a recovering patient.
- Digital image transfer between Children's and Women's Health Centre of British Columbia and hospitals throughout B.C. to assist in the expert care of children and women around the province.
- Virtual family visits for patients who are hospitalized far from home.

SUMMARY

Funds provided by the Health Reform Fund have been used to support the transformation of primary health care, help ensure patients have access to important classes of drugs, and enhance innovative home and community services. All of these activities are designed to enhance the full use of the continuum of care provided by health authorities and to ensure patients get care in the right place, by the right provider.

REPORTING ON PRIMARY HEALTH CARE

Primary health care in British Columbia is undergoing far-reaching modernization. The Ministry of Health Services, regional health authorities, physicians, nurses, midwives, paramedics and all members of the health care team, including patients, have been working together since 2001 to develop a robust primary health care system.

British Columbia's approach to modernizing primary health care is based on 10 key principles:

- 1) The primary health care team is interdisciplinary.
- 2) Building supportive networks among and for primary care providers, and creating supportive connections between providers and their specialist colleagues, is key to the renewal of primary care.
- 3) The framework to broaden the scope of practice for health providers in B.C. was established by the new Health Professions Act. British Columbia needs to take advantage of this modern legislative framework.
- 4) Engaging patients and families in their own health care will move the primary care agenda forward.
- 5) One size does not fit all. British Columbia needs a menu of approaches to provide flexibility across the province's challenging geography and diverse communities.
- 6) Enhancing access to the electronic health record is essential.
- 7) British Columbia's six health authorities are responsible for the health of their population and must integrate primary health care into their networks of care.
- 8) B.C. has a number of important platforms that serve the whole province and need to be used to their full advantage in supporting primary care providers. These include:
 - a. BC Bedline
 - b. BC NurseLine & BC HealthGuide
 - c. Health Match BC
- 9) There is no one compensation model in a renewed primary care sector; instead diverse models must have the following characteristics:
 - a. Alignment of provider compensation with the needs of the public.
 - b. Ability to demonstrate the alignment of compensation with quality care and positive health outcomes for the public.
- 10) Primary health care renewal must be continually evaluated to inform the ongoing process.

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Based on these principles, British Columbia has established a clear roadmap for the redesign of the primary health care sector. A number of strategies and initiatives have been initiated. Although some are complete, most are still underway. The province continues to evaluate and learn from all of these experiences.

British Columbia's goal is to ensure patients and their families receive high quality care that:

- keeps them healthy
- provides them with effective timely treatment or access to specialty care when needed
- mitigates risk from chronic disease
- allows them to maximize their quality of life despite a chronic or terminal illness.

In addition, government has committed to ensuring patients and their families are treated with respect and compassion, have a clear sense of control and choice when making health care decisions, and understand the role they can play in ensuring positive health outcomes for themselves and their family members.

STRATEGIES FOR THE RENEWAL OF PRIMARY CARE

Based on the principles outlined above, British Columbia is moving forward on six strategic initiatives:

- 1) Building on provider capacity
- 2) Integrating and Supporting Primary Care through Health Authority Networks of Care
- 3) Advancing Telehealth and E-Health
- 4) Enhancing and Supporting the Involvement of Patients and Families
- 5) Supporting and Enhancing Quality Care
- 6) Evaluation

1) BUILDING ON PROVIDER CAPACITY

British Columbia has a number of initiatives underway that will not only increase the number of health professionals, but will distribute these professionals more evenly throughout the province, providing balanced, team-oriented education and practice.

With fewer physicians choosing to go into general practice, and the number of students choosing to specialize in primary care decreasing, the province has increased the number of first year medical school spaces in B.C. from 128 to 224. More than 2,100 spaces have been added to nursing schools and a hospital pharmacist recruitment strategy is being developed with the goal of increasing the supply of pharmacists available to work in hospitals. Since 2001, 364 spaces have been added for allied health programs such as medical laboratory technicians, sonography, radiation therapy and respiratory therapy.

New professions are another way government is expanding service to British Columbians, by filling a niche that is usually covered by one of the traditional professions. Midwives are a relatively new professional group in British Columbia with the first group of midwives beginning practice in 1998. Midwives are independent practitioners who offer a continuum of primary care services to healthy pregnant women, from early pregnancy to labour and birth, and up to six weeks postpartum. Midwives generally work in small group practices and share the responsibility of providing care on a 24-hour basis. In 2001, University of British Columbia (UBC) implemented the only education program for midwifery in B.C. The program will produce 10 graduates per year with the first graduates entering practice in May 2005. Midwives manage four per cent of the province's total annual births.

British Columbia is also introducing nurse practitioners - nurses with the advanced education, knowledge and skills to provide a broad range of health care services. Working in partnership with physicians and other healthcare providers, nurse practitioners play a key role in keeping families and communities well through diagnosing, prescribing, ordering diagnostic tests, offering preventative health education and managing common acute conditions and chronic illnesses. Nurse Practitioner education programs were implemented at the University of British Columbia and the University of Victoria in 2003, with the first graduates set to begin practicing in August 2005. A nurse practitioner program is in the final planning stages at the University of Northern British Columbia. When fully implemented, these three programs will graduate 45 new nurse practitioners each year.

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Another innovative way the province is expanding opportunities in primary health care is through the BC Ambulance Service and its 3,200 paramedics. A new framework agreement signed in 2004 increased the scope of practice for paramedics, allowing them to work alongside other health care providers in clinics and health authority facilities. In urban and metropolitan areas, the agreement provides increased access to Advanced Life Support paramedics who are able to deliver a higher level of care to patients suffering cardiac arrest.

Strong health care teams are an important part of B.C.'s primary health care planning. When health professionals work together from their student days through residency and into long-term practice, relationships and interaction between team members is generally improved. British Columbia supports interprofessional education and practice in a number of ways:

- The College of Health Disciplines at UBC leads the university's 15 health and human service programs in interprofessional education and research. The College focuses on complex problems like patient safety, HIV/AIDS, family violence and other issues that demand a team approach. The College is working with government ministries to initiate and support activities and develop policies that foster interdisciplinary and interprofessional practices within educational and community institutions.
- The Interprofessional Rural Program of BC (IRPbc) places teams of students from different health disciplines in communities where they can experience rural life and practice. Individuals acquire advanced teamwork skills in addition to specific knowledge about their chosen profession.
- Government is also supporting the Health Sciences Students Association (HSSA) at UBC, the oldest and most successful interprofessional student association in Canada. The HSSA has led the development of Canada's first national interprofessional association and continues to work with the Ministry of Health Services to provide ideas and strategies that will introduce all British Columbians to the concept of team practice in primary health care.

To ensure these interprofessional practitioners are able to work within the team environment, in 2003 British Columbia made amendments to the Health Professions Act. When fully implemented, the Act will be the most innovative health profession legislation in Canada. The Act establishes a reserved actions model, allows overlapping scopes of practice and enhances quality and accountability in self-regulated health professions. The goal of creating overlapping scopes of practice is to create a system that offers greater choice and accessibility to health care services.

Government provides a number of programs to help newly graduated health professionals enter the primary health system in an area where there is need. Health Match BC matches physicians and nurses with hospitals seeking specific health professionals through a comprehensive and up-to-date database-matching program. The Provincial Nominee Program allows foreign-trained nurses, physicians and pharmacists to apply to have their immigration paperwork expedited through the Canadian Immigration system. The Rural Loan Repayment Program supports physicians, nurses, midwives and pharmacists, as well as speech language pathologists, occupational therapists, audiologists and physiotherapists who work with children in underserved communities, to reduce their student loan payments if they agree to work in an underserved part of the province for three years after graduation.

Lastly, government has implemented a number of initiatives to attract and retain key professionals across the primary care disciplines with a particular emphasis on rural and remote communities.

- The 2001 Working Agreement between the Ministry and the BCMA provided \$125 million in annual funding for a province wide Medical On-Call/Availability Program (MOCAP) to ensure all British Columbians have access to emergency medical services. The new program, which replaced all previous on-call arrangements, was fully implemented in February 2003. The program provides different rates of pay based on the clinical requirements for physician response times.

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- Research shows that graduates are more likely to practice where they studied. The Northern Medical Program (NMP) located at the University of Northern British Columbia in Prince George and the Island Medical Program at the University of Victoria, will educate tomorrow's physicians and offer them residencies in diverse regions of the province. The first groups of students began their studies in January 2005, and are benefiting from state-of-the-art satellite and communications equipment links to the University of British Columbia Medical School in Vancouver.
- Along with 2,100 new nursing spaces across the province, government has developed specialty and continuing education for more than 6,000 nurses. This gives B.C. nurses an opportunity to continuously develop their skills and knowledge and enjoy a challenging career path no matter where they work in the province.
- BC Bedline is a 'one number to call' patient transfer system that arranges all aspects of moving an acutely ill patient. BC Bedline minimizes the amount of time primary health care physicians, particularly in small rural and community hospitals and health centres, spend trying to find care for patients who need to be moved to a higher level of care. BC Bedline's primary concern is with the 'safety rights' of patients. It links the sending physician with the physician who can offer the right specialty service, in the right hospital, with the right level of care, within the right time frame. The service has facilitated more than 16,786 patient transfers since August 2001. The average request to transfer a trauma patient is completed in less than 10 minutes.

It is important to remember that 24/7-access to qualified providers through BC NurseLine also provides respite for health care professionals. NurseLine helps physicians see to the needs of patients who require urgent care, by assisting individuals to make more appropriate choices about when to go to the emergency room.

2) PRIMARY CARE THROUGH HEALTH AUTHORITY NETWORKS OF CARE

British Columbia has five geographic health authorities, each responsible for the overall health of their population. The sixth provincial health authority holds responsibility for key specialized resources that impact the entire province. All of the health authorities face diverse challenges, from a geographic and population perspective. It is essential that the health authorities enhance the effectiveness and integration of primary care into their broad continuum of health services to optimize population health outcomes.

Networks of care typically include primary health care providers who, while not located at the same site, are electronically and operationally linked in order to rationalize and expand the clinical services they offer to their patients (e.g. on call, urgent and drop in care), or to allow for the development of new capacities (e.g. participation in chronic disease management programs and shared care arrangements with specialists).

This may mean practitioners work overlapping shifts to allow extended hours of opening, schedule appointments to accommodate unplanned, urgent visits by patients, or create opportunities for patients to participate in chronic disease management programs. The Vancouver Coastal Health Authority recently implemented a patient care network between three clinics (Pacific Spirit, Evergreen, Ravensong) using funding from the Primary Health Care Transition Fund.

In the second phase of the Primary Health Care Transition Fund (PHCTF) government allocated a proportionate share of funding to each health authority. Through an interdisciplinary steering committee, health authority plans for this funding were evaluated based on the ability to improve integration and provide enhanced care to key population groups. As a result, each health authority has introduced a number of diverse models. These models are usually focused on expanding care for rural communities, patients with mental health challenges, addictions and multiple chronic diseases. Some health authorities have used the primary health care organization model, while others have implemented networks of care or shared care models. Regardless of what models a health authority has used, all have been designed to meet the needs of the population they serve.

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Health authorities have taken other important steps to enhance the primary health care renewal strategy. For example:

- Health authorities have committed to hiring all new nurse practitioner graduates from B.C.'s first graduating classes to promote the opportunity for integration of these highly skilled professionals into health care teams.
- Hospitalist programs have been introduced that support primary care physicians in the increasingly complex work of caring for patients in hospital.
- Doctor of the Day programs contract with physicians throughout the province to provide medical care, including admission to hospital and medical care in hospital, for patients who do not have a family physician.
- BC Women's Hospital, (part of the Provincial Health Services Authority), is working with the BCMA and physician leaders, midwives, the health authorities and the British Columbia Centre of Excellence for Women's Health to develop a plan for robust maternity care networks within health authorities to support primary care providers in continuing to provide services to pregnant women.
- Telehealth initiatives in more than 60 sites across B.C. are supporting primary care providers by improving access to specialist support, education and case conferencing with other disciplines.
- Health authorities have developed links through the BC Centre for Disease Control, the Provincial Health Officer and the British Columbia Medical Association for rapid dissemination of key public health information directly to primary care physicians.

For the first time, health authorities are working with family physicians and specialist communities to address how best to advance quality of care and access. This is a groundbreaking, key step forward in integration. Provincial Quality Improvement Days, which are attended by physicians, are unprecedented forums where physicians and health leaders can discuss how to advance primary care in the health authorities. This is providing better understanding of the issues and challenges facing practitioners and advancing potential solutions through working together and mutual understanding.

The BC Academic Health Council (BCAHC) represents a strategic alliance and partnership among organizations who share common responsibilities and goals for planning and providing health professional education. Member organizations include B.C.'s six health authorities; the universities, colleges, university-colleges and institutions that deliver health professional education in the province; and the Ministries of Health Services, Advanced Education and Children and Family Development. BCAHC has a number of programs in place promoting primary health care renewal throughout the province. These include:

- HSPnet, which is a web-based information system for coordinating and improving health sciences student placements across BC. HSPnet supports processes for initiating, tracking and processing student placement requests, reporting on placement activities (within and across programs, agencies and disciplines) and facilitating evaluation of placement outcomes
- The Interprofessional Rural Program of BC (IRPbc), which is designed to foster rural recruitment of health professionals, and cultivate interprofessional education for client-centred collaborative care.
- The Electronic Health Library of BC (e-HLbc) is an initiative of the BC Academic Health Council to explore the potential for expanding access to electronic library resources (databases, indexes, abstracts and full-text resources where available) to all interested health agencies, professional associations, and post-secondary education institutions across all health authorities in British Columbia.

HEALTH


3) **ADVANCING TELEHEALTH AND E-HEALTH**

E-health is about providing higher quality, safer, more timely and efficient health care by transforming health systems and business practices through investment in, and more comprehensive use of, emerging technologies. Digital information and communications technology play an important role in supporting primary health care for all British Columbians, no matter where they live in the province. Telehealth initiatives are bringing real-time consulting, diagnostic and educational services from major urban centres of medical knowledge to physicians in small and remote communities. Telehealth videoconferencing technology is now in place in over 60 communities in B.C., encompassing nearly 120 dedicated sites, compared to 11 communities in 2001.

Using the Internet, government and health authorities provide practitioners and the public with reliable, current information on treating a wide range of ailments and conditions. BC HealthGuide, PharmaNet and the Chronic Disease Management Toolkit are among the programs that rely on the Internet for shared information. Access to PharmaNet's province-wide prescription database is being expanded and Canada Health Infoway is partnering with the province to develop the provider registry and introduce increased access to diagnostic imaging.

As we await the pan-Canadian Electronic Health Record (EHR), British Columbia's health authorities have taken innovative steps to use emerging technologies to improve health care delivery. Some of these solutions include:

- Rapid consolidation of Meditech systems to allow health care providers secure access to 1.3 million patient records in the Interior Health Authority
- Wireless technology in the Northern Health Authority that allows physicians to receive lab and x-ray results, as well as discharge information, electronically
- Implementation of Picture Archiving and Communication Systems (PACS) in two major hospitals in the Fraser Health Authority as part of a plan to achieve 98 per cent film-less storage throughout the entire authority



Province-wide electronic access to patient health records (EHR) is a priority objective in primary health care renewal. Most patient-specific information is scattered across multiple data systems, and is not always readily available to individual physicians or other service providers when health care decisions are being made. An EHR system provides the ability to electronically link together health information to support clinical and management decision-making, and help move the health care system towards a more seamless, integrated continuum of care. It has the potential to provide patients with safer, higher quality care, reduce duplication of tests and information collection and improve access to personal health information. The EHR Architecture Project was established in 2003 to create agreement among health authorities on standards, projects and priorities that will support a province-wide EHR capacity.

HEALTH

4) PATIENT AND FAMILY INVOLVEMENT

British Columbia has developed a number of key mechanisms to help individuals, families and communities access primary care professionals, no matter where they live in the province.

BC HealthGuide is a comprehensive, self-care approach that is unique in Canada. HealthGuide delivers 24/7 medical advice in a variety of formats including:

- BC NurseLine – enables callers to speak to a registered nurse any time of the night or day, and receive service in over 130 languages.
- BC NurseLine Pharmacist Service – provides an opportunity for patients to speak to a pharmacist between 5pm and 9am
- BC HealthGuideOnline – provides more than 35,000 medically reviewed articles on more than 3,000 health topics and conditions.
- BC HealthFiles – offering more than 170 online fact sheets on a range of public health and safety issues.
- BC HealthGuide Handbook – is a hard copy edition of the Guide providing information on more than 190 common health concerns. Guides are also available in French, Punjabi and Chinese. This has been distributed to all households in B.C.
- A companion First Nations Health Handbook – developed in collaboration with the BC First Nations Chiefs' Health Committee.

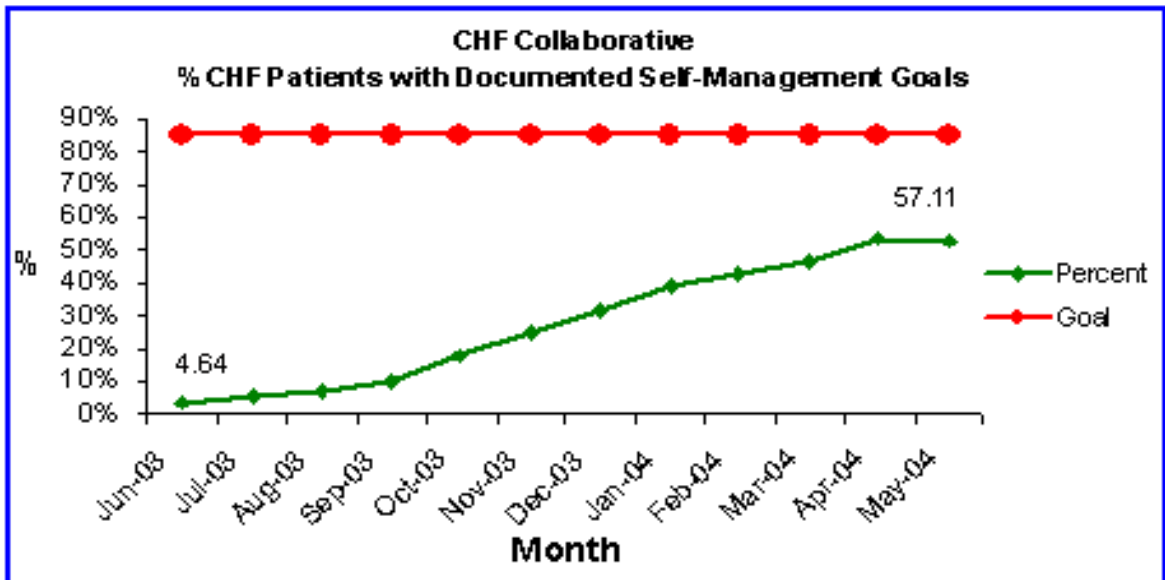
BC NurseLine is a 24/7 toll-free health information line staffed by registered nurses. Pharmacists are available between 5:00 pm and 9:00 am daily. BC NurseLine ensures that professional, caring medical attention is never more than a phone call away. Since 2001, BC NurseLine has received over 800,000 calls from British Columbians seeking health information and advice. The following is a summary of calls:

- 43 per cent of callers were advised to go to the emergency room or visit a doctor within 12 hours. In some cases, BC NurseLine transferred the caller immediately to 911.
- 32 per cent of callers were advised to use home treatment or seek non-urgent health services such as a follow-up visit with a doctor the next day.
- 25 per cent of callers received general health information such as where to receive vaccinations, how to protect against disease or how to find a family doctor.
- Since June 2003, over 15,000 callers have accessed the pharmacist service and received assistance with medication related calls. Of these calls, over 1,500 were identified as being triggered by an adverse drug reaction.

A new telehealth service model for chronic disease management is also being evaluated and developed in British Columbia. BC NurseLine nurses and pharmacists will work in collaboration with selected primary health care sites in two health authorities, using an integrated approach and provide outreach to help patients improve self-management of congestive heart failure and diabetes.

This new telehealth service model complements the *Chronic Disease Self-Management Program* (CDSMP), a support system empowering patients to be active in the management of their chronic illness. CDSMP is provided through teams of trained peer volunteers who also have a chronic illness and are able to provide information, teach skills and help develop ways to manage and cope with chronic conditions. Patients in the program are better able to manage their diseases and achieve a higher quality of life. The University of Victoria Centre on Ageing implements the program throughout British Columbia, with funding provided through B.C.'s portion of the Primary Health Care Transition Fund.

Collaboratives support physicians to make changes that will improve the outcomes of patients with chronic disease. They also help patients work with physicians to improve their own outcomes by developing self-management goals. A survey of patients with congestive heart failure (CHF) whose physicians were participating in the CHF collaborative demonstrates the success of the collaborative approach in B.C. While slightly more than four per cent of patients with congestive heart failure reported self-management goals at the beginning of the initiative in June 2003, more than 50 per cent had set self-management goals one year later.

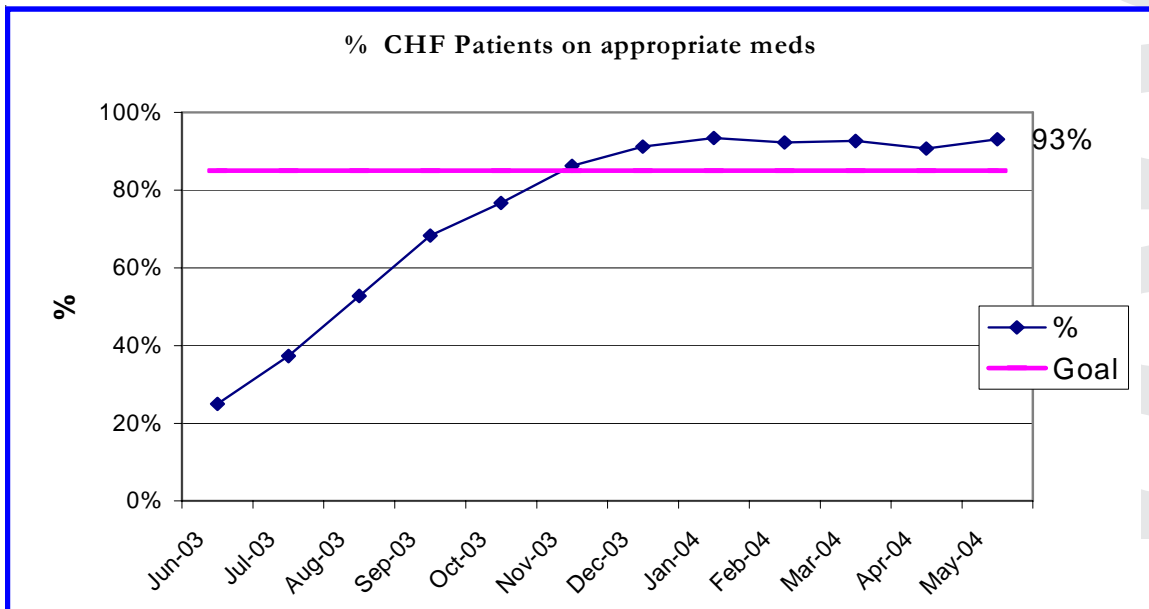


HEALTH

5) SUPPORTING AND ENHANCING QUALITY CARE

Providing access to primary health care for all British Columbians requires the appropriate strategies to enhance the quality of care. Whether assisting patients in their own self-management or providing doctors with the necessary tools to achieve positive outcomes for patients, British Columbia is focused on quality patient care.

Chronic Disease Management Collaboratives bring together teams of health care providers in a program that offers interactive education on effective chronic care interventions and demonstrates how to implement the interventions into practice with coordinated coaching, networking, and support. Teams involve a wide array of health care professionals including specialists, nurses, physicians, medical office assistants, and other health care professionals as necessary. These health care professionals commit to working at best practice standards that will lead to measurable improvements in the quality of care delivered to chronically ill patients.



The Chronic Disease Management Toolkit, funded through the Primary Health Care Transition Fund, is a secure, web-based clinical quality improvement application. The Toolkit gives doctors, nurses and other care providers immediate access to tools that incorporate proven best practices and tailor those practices to meet individual patient needs. It also supports improved collaboration and continuous quality improvement in chronic disease management. The Toolkit is accessible to authorized health professionals with Internet access. Doctors can choose from a range of functions including tracking treatments, maintaining patient records, using patient flow sheets, accessing clinical guidelines and generating clinical and administrative reports. More than 10 per cent of British Columbia's doctors are already incorporating this tool into their day-to-day clinical practice.

In keeping with the province's goal of keeping patients safe and healthy while supporting and enhancing quality care, the province is taking a primary health care approach to developing the nurse practitioner regulatory framework. An interdisciplinary committee consisting of nurses, physicians, government representatives and pharmacists is working with the Registered Nurses Association of British Columbia to develop standards and scope of practice for nurse practitioners.

Aligning health professionals with the needs of the public is key to providing primary health care in British Columbia. The province's interaction with key provider associations and unions has resulted in the separation of health policy development from collective agreement bargaining. Health providers actively participate and share innovative ideas on how to meet the needs of the public and forums are established for policy discussions that are separate from the bargaining process. This ensures more positive outcomes and that the public interest comes first.

As a result, a number of new initiatives have been implemented. These include working to enhance comprehensive, quality primary care and creating opportunities for paramedics working in the ambulance service to integrate into the primary health care team in local communities.

Lastly, when it comes to supporting and enhancing quality care at the primary care level, building capacity for the care of special populations is key. The province has established the autism network, the fetal alcohol spectrum disorder network, primary care cancer networks through the British Columbia Cancer Agency and the evolving networks for the support of quality maternity care.

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6) EVALUATION

Research and evaluation is key in the ongoing evolution of a robust system of primary care. This is why government continues to fund organizations such as the Michael Smith Foundation for Health Research (MSFHR), which supports B.C.'s best and brightest health researchers and health research trainees through personnel funding and infrastructure support programs. With funding from the Ministry of Health Services, MSFHR created the Health Services and Policy Research Support Network that identifies, prioritizes and responds to provincial priorities including research in primary health care.

The Centre for Health Services and Policy Research (CHSPR) at UBC has also taken a leadership role in evaluating primary health care in British Columbia. Among their research initiatives, the Centre has pioneered the British Columbia Health Atlas, a continuing project to map the health status and health care use of the residents of British Columbia. By displaying this information in its geographic context, the Atlas provides a special perspective on population health and is a valuable planning tool for health care managers and administrators in B.C.

DIAGNOSTIC AND MEDICAL EQUIPMENT FUND

In 2003, the First Ministers' Accord on Health Care Renewal established a \$1.5 billion Diagnostic and Medical Equipment Fund for investment in equipment that includes new and emerging technologies. Of that total, \$200.1 million was allocated to British Columbia to spend over the three years ending March 31, 2006.

New and improved medical equipment, technologies and procedures are constantly being introduced to the health care system. State-of-the-art medical intervention can provide more accurate diagnosis, better management of chronic and acute illness, and improved quality of life. Like all Canadians, British Columbians expect these technologies to be available when and where they need them. At the same time, demographic changes such as a growing and aging population place high demands on diagnostic and other medical services.

This Fund provides British Columbia with an opportunity to modernize existing diagnostic and medical equipment and acquire new and better technology to support high quality health care.

In 2003, British Columbia allocated \$155 million over three years, to the six health authorities for the purchase of diagnostic and medical equipment. The health authorities are responsible for establishing priorities for this equipment. The decision-making process is based on criteria such as:

- Changing program and service delivery needs
- Enhancing patient access
- Improving comfort and safety for patients and staff
- Improving coordination/integration of services
- Improving quality of service
- Addressing quality assurance/regulatory requirements

In addition to the \$155 million, the Province also targeted \$25 million for emerging technologies that will provide increased benefits to patients and enhance health care delivery across the province. An additional \$20 million has been allocated for equipment that will improve radiation therapy services and increase access to cancer treatment. These initiatives fully commit the province's \$200M share of the federal equipment funding.

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At the end of the 2003/04 fiscal year, \$21.7 million had been spent on a wide range of equipment for diagnosis and treatment, medical and surgical procedures and comfort and safety for patients and staff. Because ordering and installation of certain types of major equipment requires significant lead-in time, the majority of funds will be spent in the 2004/05 and 2005/06 fiscal years.

The following categories highlight examples of items purchased or ordered in 2003/04 and funded by the Diagnostic and Medical Equipment Fund. A complete list of equipment and spending for the 2003/04 fiscal year is included in the appendix.

COMFORT/SAFETY FOR PATIENTS AND STAFF

In 2003/04, the Diagnostic and Medical Equipment Fund provided a significant opportunity for the Province to invest in equipment that supports the comfort and safety of patients and reduces the risk of musculoskeletal injuries of staff. This equipment includes new electric beds, ceiling lift systems and specialty mattresses that ensure patients are safe and comfortable and health care professionals experience fewer work-related injuries.

Examples include:

- the purchase of 197 new patient beds in the Interior Health Authority, including Armstrong, Enderby, Kamloops, and Vernon
- installation of hundreds of ceiling lift systems or related equipment, in several communities including 100 Mile House, Cranbrook, Creston, Kelowna, Nelson, Oliver, and Salmon Arm
- 67 new cribs and electric beds at the Children and Women's Health Centre of B.C.

As a result of this investment, British Columbia has already experienced a reduction in Workers Compensation Board claims for musculoskeletal injuries, and the result has been a significant reduction in premiums. For instance, in 2002 there were 5,299 back and other strains in BC, whereas in 2004 this had been reduced to 4,619.

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT

This category includes medical imaging equipment used to obtain pictures or images of the inside of the body and equipment that supports interventional radiology (a combination of non-surgical techniques and imaging that delivers treatment directly to the source of the problem). Other diagnostic and therapeutic equipment includes linear accelerators that provide radiation treatments to patients with cancer; echocardiography which allows doctors to visualize the anatomy, structure, and function of the heart; and major lab equipment.

Examples include:

- a new mammography unit in White Rock, purchased by the Screening Mammography Program of BC - the unit will enhance women's access to technology for early breast cancer detection
- two new nuclear Gamma Cameras for Prince George and Terrace that use radioisotopes to aid in diagnosis of cancer, infection and other illnesses
- a new Cardiac Catheterization Laboratory at the Royal Columbian Hospital in New Westminster that will be used to diagnose and treat coronary artery disease
- a new angiographic system at Royal Jubilee Hospital in Victoria that images arteries and veins.

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MEDICAL/SURGICAL EQUIPMENT

Medical and surgical equipment includes scopes, surgical lasers, anesthetic machines, sterilizers, monitoring devices/meters (including patient monitors and blood pressure equipment) and life-support equipment such as defibrillators, ventilators and dialysis machines.

Examples include:

- dialysis equipment that provides life-saving support for patients suffering from kidney failure in communities throughout the province including Abbotsford, Fort St. John, Nanaimo, Prince George, Trail, Vancouver, and Vernon
- a carbon dioxide (CO₂) laser, for Royal Inland Hospital in Kamloops that will be used in the treatment of infected wounds, scar tissue and other skin disorders.
- new defibrillators for Royal Jubilee and Victoria General Hospitals - these units are vital lifesaving devices for cardiac care and emergency departments
- patient activated intravenous pumps in Royal Jubilee and Victoria General Hospitals that enable patients to self-administer pain medication and control their postoperative recovery.

CONCLUSION

British Columbia's work over the last four years has enabled the province to create a strong health care infrastructure with the capacity to move nimbly to face challenges such as an aging population, health human resource shortages, and the pressures of new technologies and pharmaceuticals. British Columbia is well positioned to move into the second phase of reform, and to clearly focus on:

- maintaining and promoting the overall health of the population, and
- redesigning care delivery.

These areas are key to the optimal health of the population, sustainability of the health system and maximum return from the very significant investment British Columbians are making in health care.

The goals set out in the 2003 Health Accord for Canada have been, and will continue to be, a key focus in British Columbia. Many of the programs and strategies required to meet these goals are already in place. B.C. leads the nation in many aspects of health care reform. Federal funding from the Health Reform Fund, the Medical and Diagnostic Equipment Fund and the broad and strategic initiatives being undertaken to renew Primary Health Care are contributing to the province's ability to successfully build a sustainable health care system to meet the growing and changing needs of British Columbians.

HEALTH

renewal

APPENDIX

Desription	Site	Qty	Expenditures to March 31, 2004
Comfort and Safety - Patient and Staff			
Interior Health Authority			
Patient Lifting Devices	100 Mile House Hospital	103	376,187
Patient Lifting Devices	Appropriate Living (Alpha House)	7	29,894
Patient Lifting Devices	Ashcroft General Hospital	10	712
Patient Lifting Devices	Bastion Place	50	17,790
Patient Lifting Devices	Columbia House	15	65,550
Patient Lifting Devices	Cottonwoods	57	2,652
Patient Lifting Devices	Gateby IC Facility	4	21,420
Patient Lifting Devices	Green Home	58	264,177
Patient Lifting Devices	Hardy View	35	167,868
Patient Lifting Devices	Jubilee Manor	33	209,588
Patient Lifting Devices	Kelowna General Hospital	1	3,589
Patient Lifting Devices	Mater Misericordiae	10	19,850
Patient Lifting Devices	McKinney Place	75	285,861
Patient Lifting Devices	Mount Saint Francis	10	20,675
Patient Lifting Devices	Overlander Extended Care	8	64,372
Patient Beds	Parkview Place	15	67,677
Patient Lifting Devices	Parkview Place	31	140,170
Patient Beds	Pleasant Valley Manor	30	346,356
Patient Beds	Polson	49	221,077
Patient Lifting Devices	Ponderosa Lodge	14	31,643
Patient Lifting Devices	Poplar Ridge Pavilion	50	64,969
Patient Beds	Royal Inland Hospital	46	236,371
Patient Lifting Devices	Steepleview Care Centre	6	46,261
Patient Lifting Devices	Summerland Health Centre-ECU	50	213,041
Patient Lifting Devices	Swan Valley Lodge	50	182,721
Patient Lifting Devices	Talarico Place	60	209,611
Patient Lifting Devices	Various East Kootenay Facilities	11	7,900
Patient Beds	Vernon Jubilee Hospital	57	276,166
			3,594,147
Provincial Health Services Authority			
Patient Beds	BC Cancer Agency, Vancouver	4	21,500
Crib and Bed Replacement	Children & Women's Health Centre of BC	67	505,000
Post Partum Beds	Children & Women's Health Centre of BC	2	9,782
Antepartum Beds	Children & Women's Health Centre of BC	2	9,782
Specialized Hydroloc Computer Assessment Work Station	Children & Women's Health Centre of BC	1	11,940
Hi-Lo Maternity Table	Children & Women's Health Centre of BC	1	6,232
Height Adjustable Group Therapy Table	Children & Women's Health Centre of BC	1	4,261
Patient Lifting Device	Children & Women's Health Centre of BC	1	5,000
Trautman Floor - Standing Carver	Children & Women's Health Centre of BC	1	7,115
Bath Water Heater	Children & Women's Health Centre of BC	1	869
Hydraulic Lift (tub)	Riverview Hospital	1	10,000
Medication Carts	Riverview Hospital	15	75,000
Arjo tub	Riverview Hospital	1	11,000
			677,481

Vancouver Coastal Health Authority			
Pressure Mapping Bed Pad	GF Strong	1	5,410
Stretchers w/Siderails	GF Strong	2	11,141
Powerlift Mat Platform	GF Strong	1	6,438
Patient Tub	Hill Top House	1	12,585
Recliners	Kiwanis Village	2	2,071
Patient Lifting Device	Kiwanis Village	1	3,936
Patient Lifting Device	Lions Gate Hospital	10	30,035
Phlebotomy chair	Powell River General Hospital	1	3,866
Patient Lifting Device	Sea to Sky Facilities	25	3,813
Recliners	Shorncliffe	2	4,263
Patient Lifting Device	Squamish General Hospital	1	4,239
Stretchers, Carts, Overbed Tables	Surrey Memorial Hospital	7	2,123
Patient Beds	Vancouver Community - Short Stay & Assessment Unit	7	42,556
Patient Tub	Vancouver Community - Short Stay & Assessment Unit	1	25,743
			158,220
Vancouver Island Health Authority			
Specialty Mattress Overlay	Aberdeen Hospital	1	10,750
Patient Lifting Device	Aberdeen Hospital	2	13,382
Patient Beds	All South Island Hospitals	RP	230,432
Specialty Mattress	BC Palliative Program	2	27,133
Infant Incubator	Campbell River Hospital	1	11,880
Birthing Bed	Campbell River Hospital	1	27,860
Patient Lifting Device	Eagle Park Lodge	1	4,054
Bath Stretcher	Glengarry Hospital	1	14,197
Tens/Ultrasound Unit Portable	Gordon Head Health Unit	1	6,630
Patient Lifting Device	Lady Minto Hospital	2	6,056
Bath Stretcher	Mt. Tolmie Hospital	1	14,197
Pressure Relief Mattress	Priory Hospital	1	6,756
Nebulizer	Priory Hospital	1	148
Patient Lifting Device	Priory Hospital	1	13,382
Specialty Mattress	Royal Jubilee Hospital	5	57,513
Specialty Mattress Overlay	Royal Jubilee Hospital	2	21,500
System Neuromuscular Stimulator	Royal Jubilee Hospital	1	3,059
Mobile Radiation Barrier	Royal Jubilee Hospital	2	16,337
Patient Stretcher	Royal Jubilee Hospital	1	4,994
Patient Lifting Device	Royal Jubilee Hospital	1	6,380
Patient Beds	Royal Jubilee Hospital	1	56,975
Warming Cupboard	Saanich Peninsula Hospital	1	7,265
Specialty Mattress	Saanich Peninsula Hospital	1	10,750
Specialty Mattress	Saanich Peninsula Hospital	1	10,750
Patient Lifting Device	Travellers Lodge		26,629
Patient Lifting Device	Trillium Lodge		60,000
Bed Pan Hopper	Victoria General Hospital	2	10,830
Patient Lifting Device	Victoria General Hospital	1	10,750
Patient Lifting Device	Victoria General Hospital	1	8,885
Tens/Ultrasound Unit Portable	Victoria Health Unit	1	1,630
Dialysis Chairs	Victoria Renal Dialysis Clinic	10	20,038
			721,142
Total All Health Authorities: Comfort and Safety - Patient and Staff			5,150,990

Diagnostic and Therapeutic			
Fraser Health Authority			
Radiographic Fluoroscopy Unit, Digital	Chilliwack General Hospital	1	70,365
X-ray Unit - General	Eagle Ridge Hospital	1	166,295
Vascular Ultrasonic Scanners	Eagle Ridge Hospital	1	22,000
Scanner for digital Imaging of Xrays	Fraser Canyon Hospital	1	111,632
Ultrasound, Cardiac	Matsqui Sumas Abbotsford	1	73,366
Catheterization Laboratory Replacement	Royal Columbian Hospital	1	206,765
Microscope and Upgrade, (Ear Nose,	Surrey Memorial Hospital	2	128,508
Phacoemulsification Unit Upgrades	Surrey Memorial Hospital	2	30,000
			808,931
Interior Health Authority			
Film Processor	East Kootenay Regional Hospital	1	36,973
Coagulation Analyzer	East Kootenay Regional Hospital	1	67,388
X-Ray Portable	Kelowna General Hospital	1	63,507
Blood Gas Analyzer	Kootenay Boundary Regional Hospital	1	47,962
Chemistry Analyzer	Kootenay Boundary Regional Hospital	1	68,475
Lab Histology Processor	Kootenay Boundary Regional Hospital	1	36,504
Analyzer, Coagulation	Kootenay Boundary Regional Hospital	1	49,563
Chemistry Analyzer	Kootenay Lake Hospital	1	68,475
Ultrasound system, hand carried	Royal Inland Hospital	1	47,008
Chemistry Analyzer	South Okanagan General Hospital	1	114,125
Tissue Processor	Vernon Jubilee Hospital	1	60,000
			659,978
Northern Health Authority			
Nuclear Medicine Gamma Camera	Prince George Regional Hospital	1	436,758
Nuclear Medicine Gamma Camera	Mills Memorial Hospital	1	411,816
			848,574
Provincial Health Services Authority			
Mammography Diagnostic Film Processor	BC Cancer Agency, Kamloops	1	38,042
Film Processor	BC Cancer Agency, Vancouver	1	27,846
Replacement X-ray & Radiography Imaging System	BC Cancer Agency, Vancouver	1	550,000
Ultrasound Washer	BC Cancer Agency, Vancouver	1	10,000
Daily Constancy Tool	BC Cancer Agency, Vancouver	1	3,012
Mammography Film Viewer	BC Cancer Agency, Vancouver	1	3,478
Lab Equipment, Various	BC Cancer Agency, Vancouver	10	157,586
Mammography Unit	BC Cancer Agency, White Rock	1	83,148
Lab Equipment, Various	BC Centre for Disease Control	18	305,308
Electrocardiography Machines	Canadian Red Cross - Outpost Hospitals	3	43,751
Pedobarographic Equipment	Children & Women's Health Centre of BC	1	27,189
Narcotic Medstations	Children & Women's Health Centre of BC	1	145,975
Stand Alone Automated Pharmacy Pre-Packaging Machine	Children & Women's Health Centre of BC	4	239,143
Pulse Laser System	Children & Women's Health Centre of BC	1	338,026
Various Minor Equipment	Children & Women's Health Centre of BC	87	208,422
Radiology - Identification Imprinter	Riverview Hospital	2	6,000
Lab - Diluter/dispenser	Riverview Hospital	1	8,500
			2,195,426
Vancouver Coastal Health Authority			
Portable X-Ray	Lions Gate Hospital	1	59,780
Radiographic Fluoroscopic Room	Squamish General Hospital	1	135,221
Printer - Dryfix (for mobile MRI)	Vancouver Coastal Health Region	1	23,912
Nuclear Medicine Server Upgrade	Vancouver General Hospital	1	458,672
Ultrasound	South Community Health Centre	1	45,228

Portable X-Ray Unit	Vancouver General Hospital	1	57,605
Electrocardiograph Machines	Evergreen	1	12,000
Embedding Station	Lions Gate Hospital	1	13,000
Microtome	Lions Gate Hospital	2	48,000
Centrifuge - High Speed	Lions Gate Hospital	1	15,000
Refrigerator / Freezer - Specimen	Lions Gate Hospital	1	25,000
Blood Gas Analyzers	Lions Gate Hospital	2	60,000
Fridge - Blood	Lions Gate Hospital	1	11,322
Hematology Analyzer	Lions Gate Hospital	1	280,000
Microscope - Ergonomic	Powell River General Hospital	1	12,000
Microscope -Microbiology	Richmond General Hospital	1	9,571
Ergonomic Microscopes - Microbiology	Squamish General Hospital	1	12,000
Ergonomic Microscopes - Hematology	St. Mary's Hospital	1	12,000
Cabinet - Biological Safety	St. Paul's Hospital	3	29,346
Transducer - Ultrasound	St. Paul's Hospital	3	32,607
Electrocardiography Machine	Three Bridges	1	12,000
Middle Ear Analyzer	Vancouver Community - Audiology Centre	1	12,000
Analyzer-Hematology	Vancouver General Hospital	1	280,000
Biological Safety Cabinet	Vancouver General Hospital	1	12,000
Blood Gas Analyzer	Vancouver General Hospital	1	80,000
Cell Washers-Automatic	Vancouver General Hospital	2	45,000
Centrifuge-Bench Top	Vancouver General Hospital	1	8,000
Centrifuge-Stat Spin	Vancouver General Hospital	1	9,000
Gas Chromatograph with 2 Flame ionization Detectors	Vancouver General Hospital	1	55,000
Microscopes	Vancouver General Hospital	10	132,000
Microtome-Motorized	Vancouver General Hospital	1	26,000
Automated Medication Dispensing System	Vancouver General Hospital	1	5,000
Thermal Cycler	Vancouver General Hospital	1	20,000
Vacuum Infiltration Processor	Vancouver General Hospital	1	65,000
Electrocardiograph Recorder	Whistler Health Care Centre	4	57,745
			2,171,009
Vancouver Island Health Authority			
Autoclave	Campbell River Hospital	1	57,000
Centrifuge - Bench Model	Lady Minto Hospital	1	11,690
Multi Slice CT Scanner	Nanaimo Hospital	1	192,579
Multi Plate Computed Radiographic System	Nanaimo Hospital	1	271,896
Lab Processing Water Bath (raises temperature of specimens)	Port McNeil Hospital	1	3,300
Centrifuge	Port McNeil Hospital	1	6,000
Bladder Scanner/Cart	Priory Hospital	1	17,385
Angiographic System	Royal Jubilee Hospital	1	2,000,189
Laser/Fluoroscopic For Angiography	Royal Jubilee Hospital	1	87,278
Cardio Window Software	Royal Jubilee Hospital	1	72,387
Hematology Analyzer	Royal Jubilee Hospital		23,920
Chemistry Analyzers	Royal Jubilee Hospital		24,275
Immunoassay System	Royal Jubilee Hospital		1,805
Electrocardiography Machines	Saanich Peninsula Hospital	2	29,426
Scanner for digital Imaging of Xrays	St. Joseph's Hospital	1	180,000
Ultrasound Processor	St. Joseph's Hospital	1	134,370
C-Arm X-Ray Machine	St. Joseph's Hospital	1	85,200
Portable X-Ray Unit	Victoria General Hospital	1	62,997
Bladder Scanner/Cart	Victoria General Hospital	1	17,385
Transducer	Victoria General Hospital	2	35,324
			3,314,406
Total All Health Authorities: Diagnostic and Therapeutic			9,998,323

Medical and Surgical			
Interior Health Authority			
Gastroscope for OR	Creston Valley Hospital	1	30,635
Ventilator	East Kootenay Regional Hospital	1	52,327
Vacuum Assisted Closure Devices	Kelowna General Hospital	4	86,280
Colonoscope Video	Kootenay Boundary Regional Hospital	3	109,179
Gastroscope Video	Kootenay Boundary Regional Hospital	1	29,594
Ventilator	Penticton Regional Hospital	1	56,395
Anaesthesia Monitor	Queen Victoria Hospital	1	68,666
C02 Laser	Royal Inland Hospital	1	85,588
Fetal Monitors	Vernon Jubilee Hospital	2	55,799
			574,464
Provincial Health Services Authority			
Vital Signs Monitor	BC Cancer Agency, Fraser	1	4,666
Vital Signs Monitor	BC Cancer Agency, Vancouver	1	4,704
Infusion pumps	BC Cancer Agency, Vancouver	2	8,000
Video Endoscopes & Colonoscope	BC Cancer Agency, Vancouver	2	77,148
Video Endoscopes & Gastroscope	BC Cancer Agency, Vancouver	2	70,464
Dialysis Equipment	BC Provincial Renal Agency		400,000
Sternum Saw	BC Transplant Society	1	10,000
Dermatology - Laser	Children & Women's Health Centre of BC	1	150,054
YAG Contact Laser	Children & Women's Health Centre of BC	1	108,690
ICU - Critical Care Ventilator	Children & Women's Health Centre of BC	2	152,166
Various Minor Medical/Surgical Equipment	Children & Women's Health Centre of BC	198	596,664
			1,582,556
Vancouver Coastal Health Authority			
Sterilizer Upgrade	George Person	1	40,000
Treatment Plinth	GF Strong	1	4,030
Communication Devices	GF Strong	2	27,475
Computer Interface	GF Strong	1	9,732
Harness-Treadmill	GF Strong	1	12,983
Lightwriter	GF Strong	1	10,105
Table, Platform	GF Strong	1	5,729
Track/Walking Harness	GF Strong	1	8,655
Surgical Equipment	Lions Gate Hospital	18	103,757
Table-Multiflex-Electric-multi position table for arthritis patients	Mary Pack Arthritis Centre	3	13,002
Electroconvulsive Therapy Machine	Powell River General Hospital	1	24,687
Central Uninterruptible Power Supply Upgrade for OR	Powell River General Hospital	1	6,000
Gastroscope	Powell River General Hospital	1	32,703
Tourniquet	Powell River General Hospital	1	15,118
Exam Table	Raven Song	1	5,700
Monitor-Blood	Richmond General Hospital	1	4,651
Monitor-Patient	Richmond General Hospital	2	9,571
Holter Monitor System (for portable electrocardiogram 24hrs)	Richmond General Hospital	1	85,000
Bronchoscope	Richmond General Hospital	1	30,442
Colonoscope	Richmond General Hospital	1	35,931
Defibrillator	Richmond General Hospital	1	12,106
Gastroscope	Richmond General Hospital	1	32,866
Video Processor	Richmond General Hospital	1	23,363
Hysteroscopy System	South Community Health Centre	1	51,000

Cardiac Arrest System for OR	St. Paul's Hospital	1	21,739
Freezer - Ultra Low Temp	St. Paul's Hospital	1	13,042
Gastroscope	Surrey Memorial Hospital	1	32,521
Electric IV Pole (for heavy solution bags)	University of British Columbia Hospital	2	10,000
Monitors - Dinamap	Vancouver Community - Short Stay & Assessment Unit	2	8,040
Monitors-Blood Coagulation	Vancouver General Hospital	4	55,000
Anesthetic Machines	Vancouver General Hospital	8	793,600
Bronchoscope	Vancouver General Hospital	1	12,000
Camera, Fundus Digital	Vancouver General Hospital	1	120,168
Laser-YAG	Vancouver General Hospital	1	38,000
Microscope-Neuro	Vancouver General Hospital	1	259,693
Reinfusion Device-Blood	Vancouver General Hospital	1	55,000
Resectoscopes	Vancouver General Hospital	18	200,000
Scope-Flexible	Vancouver General Hospital	1	11,956
Table, Surgical	Vancouver General Hospital	1	29,000
Trans Esophogial Machine	Vancouver General Hospital	2	114,125
Transonic System	Vancouver General Hospital	1	28,000
Infusion pumps	Whistler Health Care Centre	2	7,226
			2,413,716
Vancouver Island Health Authority			
Defibrillators for Cardic Arrest Carts	All South Island Acute Hospitals	9	48,619
Patient Constant Analgesic Pumps	All South Island Acute Hospitals	86	159,218
Laparoscopic Chole (Abdomen) Camera	Campbell River Hospital	1	18,700
Video Gastroscope	Campbell River Hospital	1	16,009
Video Colonoscope	Campbell River Hospital	1	31,054
OR Lights	Campbell River Hospital	2	125,000
Impedence Bridge for audiometry testing	Comm Health North Island	1	15,000
Skin Laser (used for healing ulcers)	Gordon Head Health Unit	1	8,534
Telemetry System	Nanaimo Hospital	1	60,000
Image Guided System - ENT Surgery	Nanaimo Hospital	1	169,272
Anesthesia Machines	Nanaimo Hospital	1	82,400
Portable Elect Vital Sign Monitor	Royal Jubilee and Victoria General Hospital	6	19,052
Digital Hand Held Pulse Oximeter	Royal Jubilee and Victoria General Hospital	2	7,300
Heart Lung Bypass Machines	Royal Jubilee Hospital	2	41,302
Osmometer	Royal Jubilee Hospital	1	10,708
Bedside Monitors	Royal Jubilee Hospital	2	35,000
Blood Pressure Monitor	Royal Jubilee Hospital	4	10,670
Spot Monitor	Royal Jubilee Hospital	2	5,502
Position Equipment for Shoulder Surgery	Royal Jubilee Hospital	1	9,467
Laser/Photodynamic Therapy	Royal Jubilee Hospital	1	47,650
Therapeutic Gastroscope	Royal Jubilee Hospital	1	32,320
Blood Press Monitor/Oxygen Saturation	Royal Jubilee Hospital	3	8,885
Telemetry System	Saanich Peninsula Hospital	1	58,000
OR Triple Chip Camera/Processor	Saanich Peninsula Hospital	1	19,021
OR Light Source	Saanich Peninsula Hospital	1	6,521
OR Medical Flat Monitor	Saanich Peninsula Hospital	1	7,065
Insufflator	Saanich Peninsula Hospital	1	8,152
OR Mobile Cart	Saanich Peninsula Hospital	1	4,565

Anaesthesia Workstations	Victoria General Hospital	17	282,464
Endoscopic Ultrasound	Victoria General Hospital	1	202,216
Blood Pressure Monitors	Victoria General Hospital	2	5,502
Positioning OR Table	Victoria General Hospital	1	9,467
Auto Tourniquet/Accessories	Victoria General Hospital	2	32,585
Audio Visual Unit Enterostomy/Endoscopic Surgery	Victoria General Hospital	1	90,000
Automated IV Pole	Victoria General Hospital	1	7,540
Colonoscope	Victoria General Hospital	2	71,644
Therapeutic Gastroscope	Victoria General Hospital	1	34,071
Instrument Pans	Victoria General Hospital	RP	47,849
Harmonic Scalpels	Victoria General Hospital	2	96,973
Laser	Victoria Health Unit	1	8,534
			1,953,832
Total All Health Authorities: Medical and Surgical			6,524,567
	Grand Total All Health Authorities		21,673,880

Find out more at:

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