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Health

2006/07
Annual Service Plan Report

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Message from the Minister and Accountability Statement

I am pleased to present the 2006/07 Annual Service Plan Report for the Ministry of Health. This report outlines the health system's performance in delivering health services to British Columbians and provides information on health system investments, innovations and advances that have occurred through-out the past year.

I am honoured to serve as Minister of Health and consider it a privilege to work with health care providers, stakeholders and Ministry staff each day. In the past year I have met with patients and families throughout the province and am encouraged and inspired by the honesty and insight they have willingly shared. Providing health services is an important and integral part of government's work, and our vision of a modern health system is one that supports British Columbians at every stage of life — whether they are healthy, recovering from illness, managing a chronic disease or coping with the end of life.

Improving quality, choice and accountability in the delivery of health services is a key element of British Columbia's Pacific Leadership Agenda. Accordingly, last year we launched the province-wide Conversation on Health, a commitment Premier Gordon Campbell made to British Columbians to engage them in meaningful discussion on the future of health care in B.C. Almost 6,400 British Columbians from across B.C. have registered for a Conversation on Health forum and over 10,000 have submitted their ideas to the Conversation on Health through phone, e-mail, website or correspondence. The website has been very popular, with more than 4.1 million hits. All input received will be summarized into a report for government in Fall 2007 to help guide future decisions on the health system.

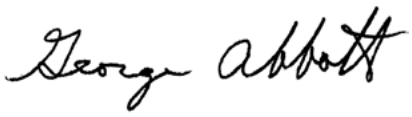
In 2006/07, the Ministry continued its work to support and improve the health of British Columbians. The Ministry remained a major contributor to government's ActNow BC initiative that encourages healthy and active lifestyles, and also continued to provide 24 hour a day access to health information, advice and resources through the BC NurseLine and other components of the BC HealthGuide program. To promote healthy childhood development we introduced new hearing and dental screening programs for children, with a vision screening program being implemented in the coming year. In addition, in November 2006, our government reached an historic agreement with the First Nations Leadership Council and the Government of Canada to improve the health of First Nations people and their communities in B.C. We are very proud to have now published the *First Nations Health Plan* that outlines our commitment to improving the health and wellness of First Nations in our province.

Throughout 2006/07 the Ministry also continued to work to provide timely access to needed health services for those British Columbians who require care. We made significant investments to increase the number of surgical procedures performed, expand support for mental health and

addictions patients, modernize the system and improve efficiency through eHealth initiatives, and enhance education and training programs to ensure we have a robust health workforce. We also continued the renewal of residential, home and community care to better meet the needs of modern seniors, including making significant progress toward meting our commitment to build 5,000 new residential care, assisted living and supportive housing beds by December 2008.

Overall, British Columbia has made tremendous progress in strengthening and improving health services. With ongoing involvement from individuals, families and communities, British Columbians can continue to be proud of our provincial health system. Our commitment is to make the right investments to ensure we have a high quality and sustainable health system now and in the future.

This 2006/07 Ministry of Health Annual Service Plan Report compares the actual results to the expected results identified in the Ministry's 2006/07 – 2008/09 Service Plan. I am accountable for those results as reported.



Honourable George Abbott
Minister of Health

June 18, 2007

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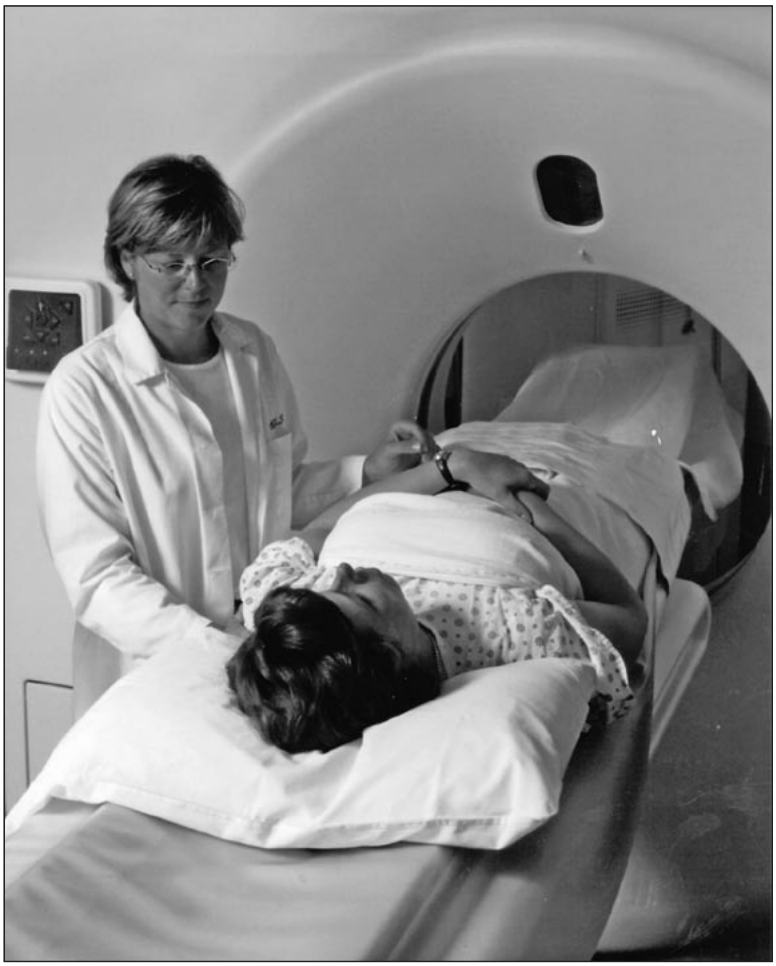
Highlights of the Year

In 2006/07, the Ministry of Health invested over $12.1 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 2006/07.



Improving the Health and Wellness of British Columbians

- Launched The *First Nations Health Plan: Supporting the Health and Wellness of First Nations in British Columbia* in November of 2006 to outline B.C.'s commitment to close the gap in health status between First Nations and other British Columbians. Highlights include hiring an Aboriginal physician to advise on Aboriginal issues, improving access to primary health care services in Aboriginal health and healing centres, an Aboriginal Mental Health and Addictions Plan, and a new $6.3 million health centre in Lytton.
- Implemented early childhood screening programs for hearing, dental and vision health. The hearing and dental programs are underway and a phased-in program for vision screening has begun.
- Amended the *Tobacco Sales Act* to limit the promotion and sale of tobacco products and ban smoking in all indoor public places, including schools and on school grounds.

- Translated the BC HealthGuide into Chinese and Punjabi. More than 200,000 BC HealthGuides are being distributed in communities throughout the province with the assistance of many multicultural and community organizations, temples and providers of English language services for adults.
- Translated an emergency preparedness kit into Chinese, Punjabi, Vietnamese, Spanish and French to help non-English speaking British Columbians prepare for an influenza (flu) pandemic.

Providing High Quality, Patient-Centred Care

- Introduced a wait time reduction strategy focusing on hip/knee joint replacement, curative radiotherapy, sight restoration (cataract surgery), coronary artery bypass graft surgery and diagnostic services (mammography and cervical screening). In 2005/06, nearly 460,000 hospital-based surgeries and treatments were performed — an increase of 13 per cent since 2001/02.
- Provided $25 million to health authorities to increase the number of elective hip and knee surgeries, as well as other surgical procedures.
- Began development of a new Surgical Patient Registry to be operational by January 2008.
- Developed initiatives to help reduce congestion in emergency departments including working with teams of front-line professionals to generate innovative emergency department solutions for patients.
- Continued to meet our targets to deliver 5,000 new residential care, assisted living and supportive housing units by the end of 2008. Through March 2007 we have built 3,196 net new beds. In total, we have built 8,494 new and replacement beds and units since 2001.
- Opened a new $19 million mental health building at BC Children's and BC Women's Hospitals for children with mental health challenges.
- Opened Cottonwood Lodge, a $5.5 million supportive, homelike environment for mental health patients in the Fraser Health Authority.
- Granted $500,000 to the Heart and Stroke Foundation to launch an innovative Stroke Charter in emergency rooms across the province. The Charter will provide best practices for stroke prevention and management in emergency rooms throughout the province.
- Expanded the Screening Mammography Program of BC and purchased a mobile screening unit. In January 2007, the program opened a new fixed location in Smithers, and now has 38 centres and three mobile vans.
- Opened a $4 million Precision Radiotherapy Centre in Vancouver. The Centre can target cancers as small as one millimetre using new image-guided tools, and will provide services to approximately 600 patients each year.

- Opened four $4.8-million radiation therapy vaults at the Vancouver Cancer Centre that will improve access to an innovative treatment that delivers intense amounts of radiation to a very specific tumor target, while sparing the surrounding healthy tissue from radiation damage. More than 850 cancer patients a year will benefit from this increased system capacity.
- Conducted the first ever provincial ambulatory oncology survey which showed 97.1 per cent of respondents felt the quality of their overall care was good, very good or excellent. Survey respondents were people who had received chemotherapy and/or radiation outpatient therapy in a B.C. facility in 2006.

A Sustainable, Affordable, Publicly Funded Health System

- Launched the Conversation on Health, an unprecedented, year-long discussion with and among British Columbians about how to strengthen and improve the province's health system. The Conversation invites British Columbians to send in their ideas, solutions and recommendations for the health system by e-mail, website, letter, toll-free phone line, local MLA or by registering for one of a series of community meetings taking place in 16 communities between February and July 2007.
- Reached labour agreements with the British Columbia Medical Association, British Columbia Nurses Union, Hospital Employees Union, Paramedical Professional Bargaining Association, Hospitalists and the Community Bargaining Association.
- Invested more than $40 million in March 2006 to expand UBC Clinical Academic Campuses at key teaching hospitals throughout British Columbia.
- Invested an additional $26 million in B.C.'s Nursing Strategy. With this investment, the government has provided a total of $146 million since 2001 to help educate, retain and recruit the best qualified nurses in B.C.
- Signed a $148-million contract with Sun Microsystems to advance patient care by building the infrastructure needed for electronic health records and improving access to laboratory test results. The program will enable physicians, nurses and other authorized caregivers involved in clinical practice to receive lab test results online.
- Reached an agreement with the BC Medical Association to encourage physicians to implement electronic medical records. This will benefit patients through faster access to health information, improved patient safety and better co-ordination of care.
- Expanded PharmaNet to all authorized health professionals in hospitals and designated mental health facilities. PharmaNet is the province's secure electronic network that protects patients from potentially dangerous medication errors, duplications and dangerous combinations of different medications by linking prescriptions to a central database.

Purpose of Ministry

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, take advantage of education and employment opportunities, and participate fully in society and the economy.

The Ministry of Health has overall responsibility for ensuring quality, appropriate and timely health services are available to British Columbians. The Ministry works with six health authorities, care providers, agencies and other groups to provide access to care. The Ministry provides leadership, direction and support to service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. The Ministry enacts this leadership role through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through its accountability framework for health authorities.

The Ministry directly manages a number of provincial programs and services. The directly managed programs include the Medical Services Plan which covers most physician services, PharmaCare which provides prescription drug insurance for British Columbians, and the Emergency Health Services Commission which provides ambulance services across the province. The Ministry also operates health and information programs for British Columbians, including the BC HealthGuide and NurseLine program and the BC Vital Statistics Agency.

The province's six health authorities are the main organizations responsible for local health service delivery (see Appendix A — Profile 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 managing the quality, coordination and accessibility of selected province-wide health programs and services. This includes the specialized programs and services provided through the following agencies: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital and Sunny Hill Health Centre for Children, BC Provincial Renal Agency, BC Transplant Society, BC Women's Hospital and Health Centre, Forensic Psychiatric Services Commission, Provincial Cardiac Services and Riverview Hospital.

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 to ensure the delivery of health services continues to meet the needs of British Columbians.

Vision

A sustainable 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 setting.
- **Safety** in the delivery of health services.
- **Sustainability** for the health system so it will meet British Columbians' needs now and in the future.

Strategic Context

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. The Ministry of Health operates within the broader economic, social and environmental influences that impact the health of the population.

Access to high quality health services also has an impact on health status. In British Columbia, our publicly funded health system is 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 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. Innovative new programs, along with established programs that have been provided for decades, combine to ensure British Columbians have access to a reliable, quality health system and some of the best health outcomes in the country.

The Ministry of Health and broader health system is significantly challenged by the increasing demand for health services in British Columbia. The most significant factors increasing demand are the province's aging population, a rising burden of illness from chronic diseases, and advances in technology that are enabling new procedures and treatments. In addition, the Ministry is challenged in meeting this rising demand by increasing world-wide competition for health professionals and health workers, and the need to direct investments to maintain and improve the health system's physical infrastructure (buildings and equipment).

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. Currently, B.C.'s Aboriginal population does not generally enjoy the same level of good health as the rest of the province's population. Government must work with First Nations and other partners to improve Aboriginal peoples' health and close this gap in health status.

The Aging Population

Between 2000 and 2005, the British Columbia population grew by 5.3 per cent from 4,039,198 people to 4,254,522 people, and all of this increase was from the population aged 45 or older. While the population under 20 years old decreased, and the 20 to 44 age group remained relatively constant, the 45 to 64 aged population increased 18.9 per cent and the seniors population aged 65 or older increased 11 per cent, with the over 85 year old segment growing faster than any other age group.[1]

The aging population is a significant driver of demand as the need for health services rises dramatically with age. For example, compared to a typical 65 to 74 year old, a typical 85 years or older person uses three times more acute care services, 12 times more community services and 25 times more residential care services. In 2005/06 those over 65 made up 14 per cent of

[1] Population estimates (1986–2005) and projections (2006–2031) by BC STATS, Service BC, BC Ministry of Labour and Citizens' Services (PEOPLE 31).

the B.C. population, but used 47 per cent of acute care services, 49 per cent of PharmaCare expenditures, 71 per cent of home and community care services and 93 per cent of residential care services.[2]

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions, such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma, which often do not improve and are rarely cured completely. It is estimated that approximately one in three British Columbians has a confirmed chronic disease. As most chronic diseases are more common in older populations, it is expected their prevalence will continue to increase as the population ages.

Chronic disease, particularly in advanced stages, creates demand for acute hospital care services. For instance in 2004/05, 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 were performed on patients with advancing diabetes.[3] More broadly, a study by the B.C. Centre for Health Services and Policy Research in 2002 found that five per cent of the population generally accounts for 30 per cent of health system expenditures, including 30 per cent of physician payments, 36 per cent of hospitalizations and 64 per cent of hospital days.[4] Further analysis by the Ministry of Health revealed 80 per cent of the high needs patients had at least six complex chronic conditions. Overall, the increasing prevalence of chronic disease and the resulting burden of illness is a significant driver of demand for health services.

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care but also creating increased demand by expanding the number of patients who can be treated and changing how and where services can be delivered. For example, before the development of microsurgery and laser treatments, cataract removal was only recommended for people with very serious visual impairment. Now, due to changes in technology, cataract removal is recommended for a wider range of patients and can be done as a day procedure. Similarly, many new diagnostic procedures have been made available over recent years, and MRI, CT scans, and non-invasive cardiology tests are now common diagnostic services.

New treatments, coupled with the aging population, are driving demand across a number of surgical procedures, particularly angioplasties, cataracts and hip and knee replacements. This is demonstrated by the increased numbers of these procedures — between 2000/01 and 2005/06 angioplasties increased by approximately 62 per cent, cataracts by 33 per cent, hip replacements by approximately 47 per cent and knee replacements by approximately 84 per cent, while the general population only increased by 5.3 per cent and those over 65 years of age by 11 per cent.

[2] MSP Expenditures 2005/06; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2005/06; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2005/06.

[3] 2004/05 MSP, DAD, and PharmaCare data.

[4] Reid et al., BC Centre for Health Service and Policy Research (2002).

Advances in drug therapy, again along with the aging population, are increasing demand on B.C.'s PharmaCare program. Increased use of drug therapy, newer and more expensive drugs entering the market and the emergence of new diseases and new areas of pharmacology are all creating increased demand for prescription medication. Between 2001 and 2005, the number of prescriptions filled by British Columbians that had some level of PharmaCare coverage increased by 22 per cent and the average prescription per beneficiary increased by 36.5 per cent.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded in recent years, ensuring the availability of human resources remains a challenge for the Ministry. As the population ages so too does the health care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased international competition for health professionals impacts the province's ability to maintain an adequate supply and mix of health professionals and workers for British Columbia's health system.

Another financial challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The Ministry is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure the health system provides high quality and safe health care to British Columbians.

Aboriginal Health

Another key challenge for the Ministry is improving the health status of British Columbia's First Nations population. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in B.C continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other B.C. residents.

In February 2007 the Provincial Health Officer released an interim update of selected health status indicators from the 2001 Report: *The Health and Well-Being of Aboriginal People in British Columbia*. The report looked at indicators such as low birth weight, infant mortality and premature death from cancers, diabetes, HIV disease and suicide, as well as deaths related to smoking, alcohol and drug use. For all measures of premature mortality examined in the report, whether during infancy or later in life, Status Indians die at earlier ages and at greater rates than other B.C. residents. This is true for the major disease and injury causes of death, and for the major risk factors of alcohol, drugs, or smoking. While the trend shows improvement for some health indicators for Status Indians, there is a persisting gap in health status between the First Nations population and the rest of the B.C. population that cannot be explained by some specific genetic risk alone.[5]

[5] *The Health and Well-Being of Aboriginal People in British Columbia* — Interim Update, February 2007, British Columbia Office of the Provincial Health Officer, http://www.health.gov.bc.ca/pho

Report on Performance

Overview of Ministry Results

Overall, the Ministry of Health performed well in achieving its performance targets in 2006/07. 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 2006/07 – 2008/09 Service Plan. Detailed reporting of these results, including historical data and results analysis, can be found in the section following the summary table.

Of the 14 performance measures in the 2006/07 Service Plan, three are listed as pending because data are not available for 2006/07 at the time of publication. Of the remaining 11 measures, the results show that nine achieved or exceeded the target and two missed the target.

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 is 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 Health Council of Canada Annual Report (http://www.healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=136&Itemid=115), the Canada Health Act Annual Report (http://www.hc-sc.gc.ca/hcs-sss/medi-assur/res/ar-ra_e.html) 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. Example agencies include the Conference Board of Canada, Canadian Cancer Society, BC Progress Board, Heart and Stroke Foundation of Canada, and the Canadian Diabetes Association.

Performance Plan Summary Table

Goal 1: Improved Health and Wellness for British Columbians For greater detail see pages 18 to 24	2006/07 Target	2006/07 Actual
1.1 Individuals are supported in their efforts to stay healthy and make health lifestyle choices.		
Smoking rates (age 15+)	Decrease toward long-term target — 14.4%	Data Not Available
Physical activity index (age 12+)	Increase toward long-term targets — 69.5%	Data Not Available
1.2 Protection of the public from preventable disease, illness and injury.		
Percentage of two-year-olds with up-to-date immunizations	73%	73% Achieved
Percentage of care facility residents with influenza immunization	≥90%	93% Achieved
Status Indian post-neonatal infant mortality rates	<3.4 per 1,000	Data Not Available

Goal 2: High Quality Patient Care For greater detail see pages 24 to 34	2006/07 Target	2006/07 Actual
2.1 Timely access to appropriate health services by the appropriate provider in the appropriate setting.		
Percentage of clients admitted to residential care within 30 days	>67%	59% Not Achieved
Percentage of patients who receive radiotherapy within four weeks	≥90%	97% Achieved
Percentage of patients who receive chemotherapy within two weeks	≥90%	90% Achieved
Percentage of patients admitted to hospital from emergency departments within 10 hours of the decision to admit.	80%	65% Not Achieved
2.2 Patient-centred care tailored to meet the specific health needs of patients and specific patient groups.		
Percentage of patients receiving appropriate drug therapy for congestive heart failure:		
a) ACE (or ARB) inhibitors;	>55%	56% Achieved
b) Beta blockers	>27%	29% Achieved
Percentage of diabetes patients who receive two A_{1C} (blood sugar) tests per year	45%	45% Achieved
Percentage of natural deaths occurring in hospital	<54%	52% Achieved

Goal 2: High Quality Patient Care For greater detail see pages 24 to 34	2006/07 Target	2006/07 Actual
2.3 Improved integration of health service providers, processes and systems to allow patient to move seamlessly though the system.		
Percentage of patients hospitalized for a mental health or addictions diagnosis who receive follow-up care within 30 days of discharge	78%	78.3% Achieved

Goal 3: A Sustainable, Affordable, Publicly Funded Health System For greater detail see pages 34 to 39	2006/07 Target	2006/07 Actual
3.2 Strategic investments in information management and technology to improve patient care and system integration.		
Physician uptake of eHealth technology	Implement engagement strategy and performance targets	Achieved

Goals, Objectives, Strategies and Performance Results

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. 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. When individuals are healthy, they not only enjoy a higher quality of life, they also use high-cost health services less frequently, alleviating some of the pressure on the health system.

Objective 1.1: Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices

The Ministry and its partners are focused on innovative health promotion and disease prevention initiatives that will keep the population healthy while mitigating some of the demand for health services.

Strategies

Key strategies for this objective include:

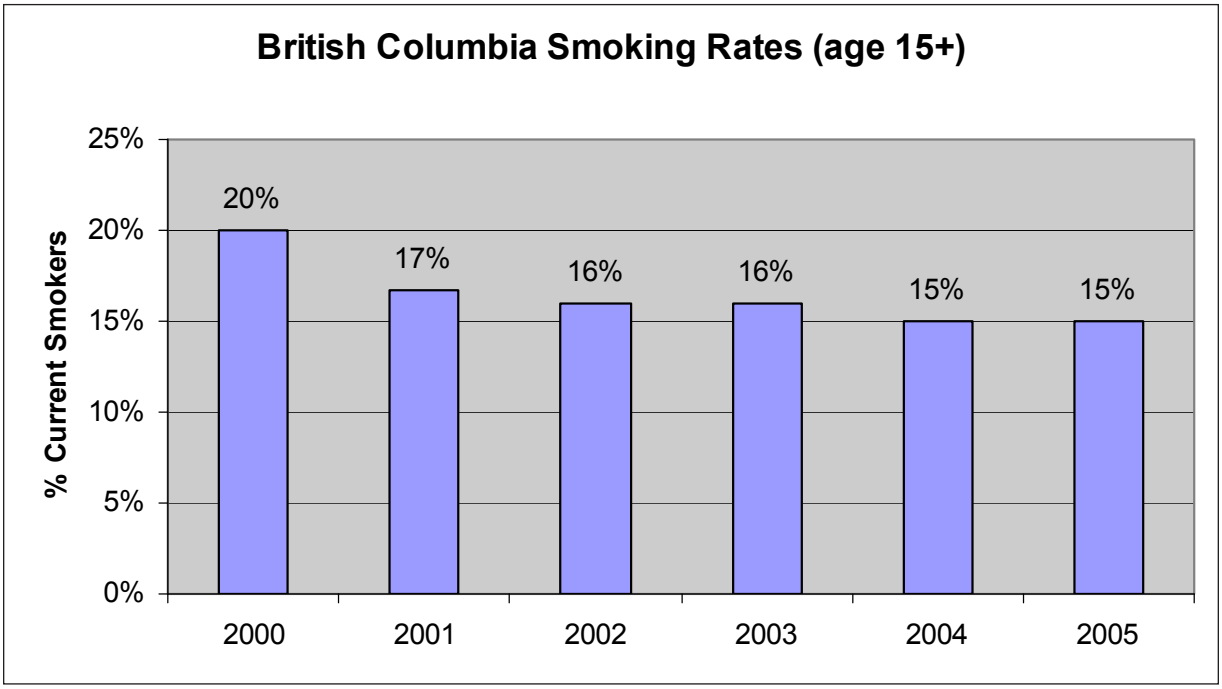
- Supporting and promoting government's ActNow BC initiative. ActNow BC is a program that promotes healthy lifestyles and prevents disease by providing people with the information, resources and support they need to make healthy lifestyle decisions. Specifically, ActNow BC promotes physical activity, healthy eating and weight, living tobacco free and making healthy choices during pregnancy. For more information see http://www.gov.bc.ca and click on the ActNow BC logo.

- Working with the Ministry of Education under the broad Health-Promoting Schools initiative to address elementary students' physical activity levels with the Action Schools! BC program, phase out junk food sales, implement the School Food and Vegetable Snack Program, and provide information on healthy lifestyles.
- Supporting healthy childhood development through programs to identify problems with hearing, vision or dental health for children before they reach Grade 1, and providing the supports and services necessary to address their needs.
- Providing British Columbians 24 hour-a-day access to health information, advice and resources to assist their self-care and self-management by expanding the BC NurseLine and other components of the BC HealthGuide program.

Performance Results

Performance Measure	2004 Actual	2005 Actual	2006 Target	2006 Actual
Smoking rates (age 15+)	15%	15%	Decrease toward long-term target of 14.4%	Data not available

Data Source: Canadian Tobacco Use Monitoring Survey (CTUMS).



Data Source: Canadian Tobacco Use Monitoring Survey (CTUMS).

Discussion of Results

Tobacco-related illness is the leading cause of preventable death and illness in B.C.[6] Accordingly, reducing smoking rates is a key priority for government. Smoking reduction targets have been set in accordance with ActNow BC and are intended to continue B.C.'s downward trend 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.

2006 data for smoking rates is not available at the time of publication; however data from 2005 shows the smoking rate remained steady at 15 per cent, down from 20 per cent in 2000. British Columbians can be proud of the fact that the province (along with Ontario) has the lowest smoking rate in Canada and the third lowest rate in North America behind Utah and California. Within Canada, B.C. also has the lowest exposure to second hand smoke in the home for children at a rate of four per cent — with Quebec at the other end of the scale at 17 per cent.[7]

In 2006/07, government took another significant step in reducing tobacco use in the province. In March 2007, the *Tobacco Sales Act* was amended to limit the display and sale of tobacco products and to ban smoking in all indoor public places, including schools and on school grounds.

Performance Measure	2003 Actual	2005 Actual	2006 Target	2006 Actual
Physical activity index (12+) — percentage classified as active or moderately active	58%	58%	Increase toward long-term target of 69.5%	Data not available

Data Source: Canadian Community Health Survey (CCHS). 2006 data will be available in July 2007.

Discussion of Results

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. Although 2006 data will not be available until late summer 2007, statistics over the past several years have shown that British Columbians are the most physically active population in Canada, with rates well above the Canadian average of 51 per cent active or moderately active citizens.

[6] Makomaski I., Eva, M. & M.J., Kaiserman. (2004). Mortality Attributable to Tobacco Use in Canada and its Regions, 1998. Canadian Journal of Public Health, 95(1): 38-44.

[7] Health Canada, (2006). *Canadian Tobacco Use Monitoring Survey*. Statistics Canada, Health Canada, Ottawa, ON.

Programs such as Action Schools! BC and Active Communities continue to expand and promote physical activity in schools and communities. In addition, in 2006/07 the Province introduced LEAP BC, a new initiative for family and caregivers. LEAP will provide resources, training and support to promote and increase physical activity, literacy, and healthy eating in settings where children in their pre-school years (0-5 years) learn and play. The program is a cross ministry effort supported by the Ministry of Health, Ministry of Children and Family Development, the Ministry of Education, and the Ministry of Tourism, Sport and the Arts.

Objective 1.2: Protection of the public from preventable disease, illness and injury

The Ministry'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.

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.

Strategies

Key strategies for this objective include:

- Protecting health by implementing core public health programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security and health emergency management.
- Continuing to prepare and respond in a coordinated system-wide manner to major public health risks, emergencies or epidemics (e.g., West Nile, SARS, pandemic influenza, meningitis outbreaks, and natural or accidental disasters).
- Building on the excellence of the BC Centre for Disease Control in protecting British Columbians.
- Working with provincial ministries, health system partners, the federal government and Aboriginal organizations to eliminate health inequalities between First Nations people and the general population.

Performance Results

Performance Measure	2005/06 Actual	2006/07 Target	2006/07 Actual
Percentage of two-year-olds with up-to-date immunizations	68%[1]	5 percentage point increase over prior (73%)	73% ACHIEVED

Data Source: Public Health Information System (iPHIS), British Columbia Centre for Disease Control (BCCDC). Data are reported by calendar year, not fiscal year.

[1] Previous 2005/06 rates were restated to 68 per cent with the inclusion of Fraser Health Authority. The adjusted 2006/07 target was 73 per cent. Although data quality is improving, data should still be interpreted with caution. Differing practices continue to exist across and within health authorities regarding delivery of immunization services and the tracking of immunization records, and Vancouver Coastal Health Authority data are not included in provincial immunization rates. 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.

Discussion of Results

Immunization programs for children are among the most cost-effective ways to improve population health, prevent illness and reduce health care costs. British Columbia has one of the most comprehensive immunization programs in the world (in terms of the number of vaccines available and the groups targeted). Studies have shown that each dollar invested in immunization can save between $7 and $30 in medical care and other costs, depending on the vaccine.[8]

The 2006 data show the percentage of two-year-olds with complete immunizations has increased to 73 per cent, meeting the Ministry's target of a five percentage point increase from the 2005 result. 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 is working toward a long-term target of 95 per cent of two-year-olds having complete immunizations. To guide this work, the Ministry has released *Immunize BC: A Strategic Framework for Immunization in B.C.* to ensure all British Columbians understand the importance of protecting themselves, their families and their communities through immunization programs. Immunize BC is aligned with the National Immunization Strategy, and takes a collaborative best practices approach that supports immunization programs and providers while ensuring British Columbians have the best possible protection against vaccine-preventable diseases. For more information on Immunize BC, please visit http://www.healthservices.gov.bc.ca/cpa/publications.

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

Performance Measure	2004/05 Actual	2005/06 Actual	2006/07 Target	2006/07 Actual
Percentage of care facility residents with influenza immunization	92%	92%	Maintain at or above 90%	93% ACHIEVED

Data Source: Data are submitted by health authorities (Annual Influenza Immunization Program Survey) and compiled by Epidemiology Services, B.C. Centre for Disease Control.

Discussion of Results

This indicator measures the percentage of care facility residents immunized for influenza in a given influenza season (October to February). Due to age, medical condition and their group living situation, this population is particularly vulnerable to influenza. Increasing influenza immunization not only protects the overall health of the residential care facility population, it can also reduce the number of deaths, hospitalizations and physician visits attributable to this common and largely preventable illness.

Data for 2006/07 show the rates for influenza immunization for residents of care facilities has continued to improve to 93 per cent, surpassing the target rate of 90 per cent. This is an excellent rate of immunization and plays an important role in keeping at-risk seniors in residential care facilities healthy and safe from potentially life-threatening influenza outbreaks. Furthermore, not only does a strong influenza immunization program 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.

Performance Measure	2000-2004 Actual	2001-2005 Actual	2006/07 Target	2006/07 Actual
Aboriginal health status measured by post-neonatal infant mortality of Status Indians	Status Indian 3.1 per 1,000; B.C. other residents 1.0 per 1,000 live births	Status Indian 3.4 per 1,000; B.C. other residents 1.0 per 1,000 live births	Decrease over prior year	DATA NOT AVAILABLE

Data Source: BC Vital Statistics Agency. 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 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.

Discussion of Results

As a group, Aboriginal people have a level of health below that of the general population. In its 2006/07 Service Plan the Ministry chose post-neonatal infant mortality rates as an Aboriginal health indicator to highlight. This indicator measures the number of Status Indian infant deaths occurring in the 28 to 364 days age group expressed as a rate per 1,000 Status Indian live births.

2006 data for post-neonatal infant mortality is not available at the time of publication. In general, over the past decade overall infant mortality rates decreased slightly for both Status Indian and other B.C. residents; however a gap still exists between the two populations. In the last five years there has been a small, but not statistically significant, increase in Status Indian infant mortality rates.[9]

To achieve the goal of improved Aboriginal health and wellness, the Province has entered into an unprecedented partnership with Aboriginal leaders. In November 2006, the Government of British Columbia and the First Nations Leadership Council released *The First Nations Health Plan: Supporting the Health and Wellness of First Nations in British Columbia*. The Plan identifies 29 priority action items under four key areas: governance, relationships and accountability; health promotion and disease and injury prevention; health services; and performance tracking. One of the targets set in the Plan is to reduce the gap in infant mortality between First Nations and other British Columbians by 50 per cent by 2015.

A copy of the *First Nations Health Plan*, which includes descriptions of the priority action items and performance targets, can be found at http://www.health.gov.bc.ca/cpa/publications.

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.

Objective 2.1: Timely access to appropriate health services by the appropriate provider in the appropriate setting

All British Columbians should be able to access appropriate 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 has been working diligently 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.

[9] *The Health and Well-Being of Aboriginal People in British Columbia — Interim Update*, February 2007, British Columbia Office of the Provincial Health Officer, http://www.health.gov.bc.ca/pho

Strategies

Key strategies for this objective include:

- Investing in services that meet people's needs across their life-spans, including health promotion and disease prevention services, primary care, maternity care, acute care, cancer care, home care, rehabilitation services, residential care, mental health and addiction services and end-of-life care.
- Focusing on reducing wait times in key surgical and medical areas, including cancer services, cardiac treatment, diagnostic imaging, joint replacements, and sight restoration.
- Increasing the range of supportive living environments and community care options, across the spectrum from home care to residential facility care, for elderly and disabled individuals so they can remain as independent as possible in their own homes and communities while also having the full support of residential care if their health conditions require the highest level of care.
- Providing British Columbians with access to prescription drug therapy through the PharmaCare program, and developing a National Pharmaceuticals Strategy to provide all Canadians access to catastrophic drug coverage, accelerate access to breakthrough drugs, strengthen the national evaluation of drug safety and effectiveness, and pursue national purchasing strategies to obtain drugs and vaccines at the best price possible.

Performance Results

Performance Measure	2005/06 Actual	2006/07 Target	2006/07 Actual
Percentage of clients admitted to a residential care facility within 30 days of approval	67%[1]	>67%	59% Not Achieved

Data Source: Knowledge Management and Technology Division, Ministry of Health.

Notes: 2006/07 is based on partial year data to February 24, 2007.

[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.

Discussion of Results

This indicator tracks the percentage of seniors and people with disabilities who are admitted to residential care within 30 days of being approved through assessment. Clients approved for residential care have complex care needs that require close attention.

In 2006/07 the Ministry had targeted further improvements in admission times to residential care facilities. Although the Ministry was not able to realize further improvements last year, admissions are still timelier than in the past. In 2001 the average waiting time for residential

care was close to one year, while now the vast majority of clients were placed within 90 days. Overall in 2006/07, 59 per cent of clients were admitted within 30 days of approval, 77 per cent were admitted within 60 days and 85 per cent were admitted to residential care within 90 days of approval.

Ministry Response

Improving and modernizing residential care services across British Columbia is a high priority for the Ministry. As of March 2007, the Province has opened 3,196 net new care beds and units towards its goal of providing 5,000 new residential care, assisted living and supportive housing beds for seniors and people with disabilities by December 2008. Between June 2001 and March 2007, the Province has built a total of 8,494 new and replacement beds and units to replace aging residential care beds with more modern and appropriate care facilities. Increasing capacity, along with providing targeted home support and community care services, will positively impact access to residential care for British Columbians.

Performance Measures	Benchmark	2005/06 Actual	2006/07 Target	2006/07 Actual
Percentage of patients who receive radiotherapy within four weeks	90%	97%	90%	97% ACHIEVED
Percentage of patients who receive chemotherapy within two weeks	90%	85%	90%	90% ACHIEVED

Data Sources: Radiotherapy: Provincial Radiation Therapy Program, April 2007, BC Cancer Agency (BCCA). 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. Chemotherapy: Provincial Systemic Therapy Program and Communities Oncology Network, April 2007, BCCA. Data involves all existing BCCA centres and does not include all hospitals in B.C.

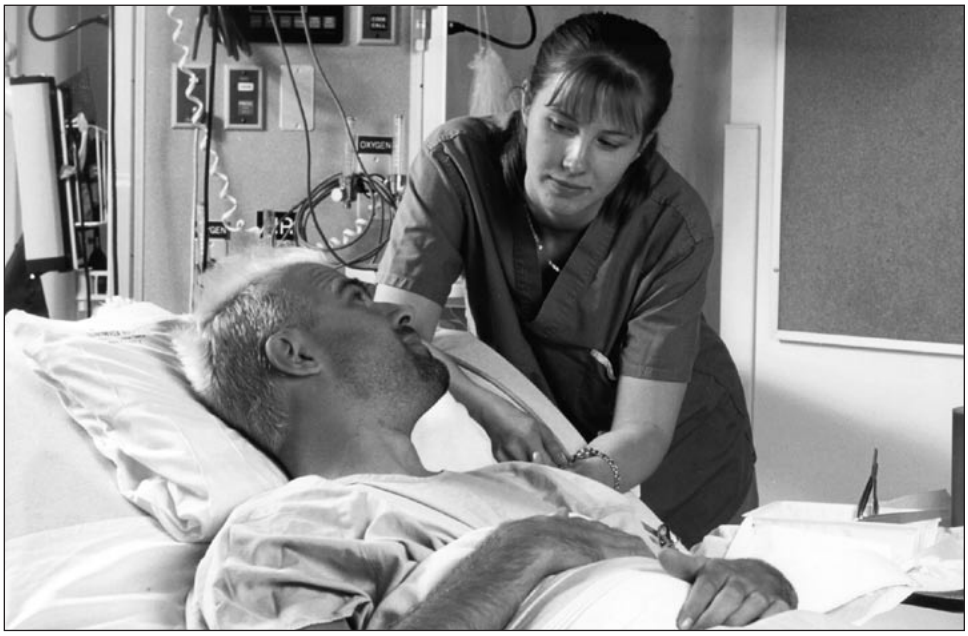
Notes: The radiotherapy benchmark is from the National 10-year Plan to Strengthen Health Care, September 2004. National benchmarks are not in place for chemotherapy; the Ministry has adopted the chemotherapy benchmark based on BC Cancer Agency best-practice treatment protocols.

Discussion of Results

Radiation therapy and chemotherapy are principal treatments in cancer care and ensuring treatment is available and provided in a timely manner is key to achieving the best possible health outcomes. The 2006/07 performance results indicate that British Columbians continue to have excellent access to radiotherapy and chemotherapy. In 2000/01, 72 per cent of patients received radiotherapy within four weeks. In 2006/07, that rate increased to 97 per cent which exceeds the national benchmark target of 90 per cent. For chemotherapy, 90 per cent of patients received treatment within two weeks of being ready to treat, which matches the provincial benchmark

target and is up from 85 per cent in 2005/06. These results are especially encouraging because the demand for radiotherapy and chemotherapy is growing as the B.C. population ages and the prevalence and incidence of cancer increases.[10]

Overall, British Columbians are well served by the BC Cancer Agency and continue to enjoy excellent cancer outcomes. The first ever provincial ambulatory oncology survey polled individuals who received chemotherapy and/or radiation outpatient therapy in a B.C. facility in 2006. Results showed 97.1 per cent of respondents rate the quality of their overall care as good, very good or excellent. Patient satisfaction with access to care in B.C. is higher (average scores: 75.8) than the Canadian benchmark score (73.5 per cent), which is based on the average satisfaction rating of Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia. British Columbia also performs very well in cancer related outcomes, with the lowest mortality rates in Canada.[11]



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

[11] B.C. Ministry of Health, 2006. *Outpatient Cancer Care Experiences — Executive Summary*. B.C. Ministry of Health, Victoria, B.C.

Performance Measure	2005/06 Actual	2006/07 Target	2006/07 Actual
Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit[1]	66%[2,3]	80%	65% Not Achieved

Data Source: Data provided by health authorities through various systems: Meditech Data Repository and Abstracting, ED cubes, NERD cube and Northern Health Authority Emergency Department Information System (EDIS).

[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, Matsqui-Sumas-Abbotsford, Nanaimo, Prince George, Richmond, Royal Columbian, Royal Jubilee, Royal Inland, St. Paul's, Surrey Memorial, Vancouver General and Victoria General Hospitals. 2005/06 data does not include Matsqui-Sumas-Abbotsford Hospital.

[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] Calculated as the percentage of total cases across all major hospital sites admitted within 10 hours of the decision to admit. (4 hours for Children's Hospital).

Discussion of Results

A hospital admission can either be planned (for example, scheduled surgery), or unplanned (for example, an emergency department visit). 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.

In 2006/07, 65 per cent of patients were admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit. This result is the slightly below the percentage from 2005/06, and falls short of improving toward the provincial target of 80 per cent. While the percentage of patients admitted within the timeframe did not improve, the Ministry did see an improvement in the number of patients admitted within 10 hours. The 2005/06 data is based on 95,000 cases with 63,000 being admitted within 10 hours. The 2006/07 result is based on 108,000 cases with 70,000 being admitted within 10 hours — a significant increase in both total cases and the number of patients (7,000) admitted within the target timeframe.

Ministry Response

Addressing emergency department congestion is one of the Ministry's top priorities for change in the health system. In 2006/07, the Ministry began a major Emergency Department Decongestion Strategy that will continue through 2007/08 to improve patient movement through the emergency department and improve the flow of admitted patients to inpatient beds. The strategy focuses on quality of care, patient safety and patient satisfaction with emergency department services.

Objective 2.2: Patient-centred care tailored to meet the specific health needs of patients and specific patient groups

When individuals require health services, they want to receive care that focuses on their needs and provides them with the best possible health outcomes. For the Ministry, this means delivering services that are at the highest standard of care and meet the unique needs of specific patients and patient sub-populations. Our primary focus for patient-centred care is to improve the management of patients with chronic diseases and 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. These diseases can have a profound effect on the physical, emotional and mental well-being of individuals, making it difficult for them to maintain regular daily routines and relationships. However, in many cases, deterioration in health can be minimized with appropriate care.

Strategies

Key strategies for this objective include:

- Increasing the emphasis on the effective management of patients with chronic diseases to prevent or slow disease progression. Focus areas will continue to be diabetes, congestive heart failure, kidney disease, chronic obstructive pulmonary disease, osteo and rheumatoid arthritis and dementia.
- Expanding end-of-life care services, including hospice and home-based palliative care, to provide dying people with greater choice and access to services.
- Ensuring the quality and safety of health services across the continuum of care by reviewing safety issues and by developing and implementing safety guidelines, best practices and initiatives.

Performance Results

Performance Measures	2004/05 Actual	2005/06 Actual	2006/07 Target	2006/07 Actual
Percentage of patients suffering from Congestive Heart Failure who are prescribed[1]				
a) ACE (or ARB) inhibitors	54.7%	55.1%	>55%	56% Achieved
b) beta blockers	24%	27%	>27%	29% Achieved
Percentage of patients with diabetes who receive at least two A_{1C} tests per year.	42%	44%	45%	45% Achieved

Data Source: Medical Services Division, Ministry of Health. June 20, 2007.

Notes: 2006/07 data are preliminary (does not include final data for death and population migration during the fiscal year).

[1] Additional therapeutic classes added. Results for all years have been restated accordingly.

Discussion of Results

Approximately 85,000 British Columbians suffer from congestive heart failure — 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 Congestive Heart Failure.

Diabetes is one of the most common chronic diseases. It affects about 269,000 British Columbians and is steadily increasing in prevalence. By taking two A_{1C} (blood) tests per year, patients and their physicians learn of abnormalities more quickly, and with immediate intervention, lower complication rates.[12]

[12] 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.

The 2006/07 results for both of these measures show that the Ministry is continuing to make progress in improving care for people with chronic diseases. Evidence shows that good chronic disease management can have a positive impact on patient outcomes. For example, early results show that B.C. chronic disease management initiatives underway for patients living with congestive heart failure have reduced the mortality rate.

Over the past five years, B.C. has made progress in improving care gaps by implementing the Expanded Chronic Care Model through structured collaboratives and introducing physician incentives. B.C. has taken a leadership role in developing collaborative, evidence-based approaches to managing diabetes and congestive heart failure, and supporting pioneering work in patient self management. In the coming years the Ministry will work to expand these initiatives to include the majority of patients in B.C. with chronic diseases. For more information on chronic disease management, see the Ministry's website at http://www.PrimaryHealthCareBC.ca.

Performance Measure	2003 Actual	2004 Actual	2005 Actual	2006 Target	2006 Actual
Percentage of natural deaths occurring in hospital.	56%	54%	54%	Decrease over prior year	52% Achieved

Data Source: BC Vital Statistics Agency, Knowledge Management and Technology Division, Ministry of Health.

Notes: Data are reported by calendar year, not fiscal year.

Discussion of Results

As part of a comprehensive plan to improve end-of-life care, the Ministry monitors the percentage of natural deaths that occur in hospital.[13] A decrease in the percentage of natural deaths occurring in hospital can indicate whether or not there have been improvements in the availability of a range of appropriate non-hospital choices for end-of-life care.

In 2006 the percentage of natural deaths occurring in hospital decreased from the 54 per cent rate from 2004 and 2005. This decrease can be attributed in part to new end of life services being implemented in communities, including increasing the number of publicly subsidized hospice beds from 57 to 181 since 2001. In addition, the *Provincial Framework for End of Life Care*, published in May 2006, is helping guide more appropriate care planning, particularly for residents in care facilities, which will result in supporting more natural deaths within those environments. Over time it is anticipated that the proportion of natural deaths occurring in hospital will continue to decrease as community-based services are enhanced.

[13] 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).

Objective 2.3: Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system

On a daily basis the health system cares for multitudes of unique patients, through a variety of caregivers, in a diversity of settings. For patients, moving through the health system can be a complicated and challenging experience. The Ministry has been working to improve the integration of health services to provide care in the most coordinated and seamless manner possible.

Under this objective, particular attention has been focused on mental health and addiction services. People with mental illness or substance use disorders must often access a variety of providers in order to receive care. The Ministry is working to ensure health services for these individuals are integrated and available within their home communities to improve and simplify the patient experience, health outcomes and system efficiency.

Strategies

Key strategies for this objective include:

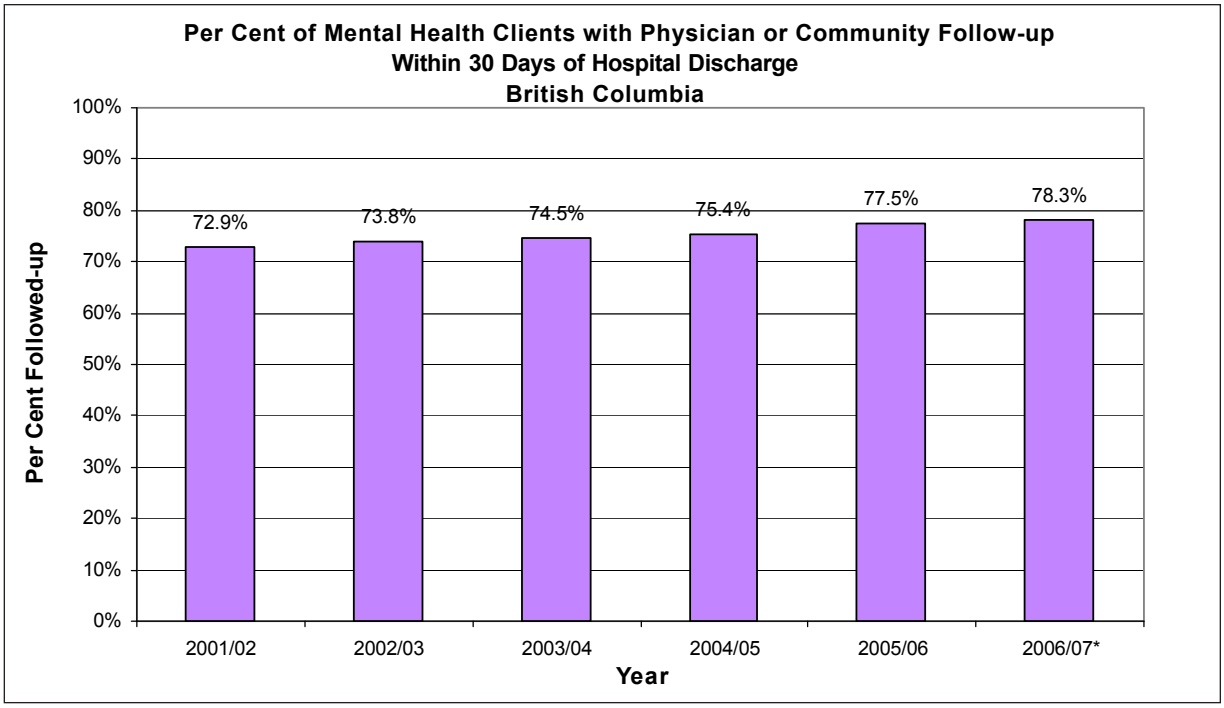
- Providing a full continuum of high quality mental health and addiction services within each health authority, which better integrates primary, secondary, community and tertiary care and is integrated within the larger care networks.
- Expanding drug and alcohol treatment for at risk and addicted people who are seeking help.
- Specifically addressing the need to provide integrated programs for youth addictions, including both detoxification and outreach programs.
- Working with other government ministries to ensure initiatives, programs and services are integrated to achieve maximum benefit for those in need, including people suffering from mental illness and/or substance misuse, children with special needs, children and seniors at risk, and persons with disabilities.

Performance Results

Performance Measure	2004/05 Actual	2005/06 Actual	2006/07 Target	2006/07 Actual
Percentage of persons hospitalized for a mental illness or substance use disorder diagnosis who receive community or physician follow-up within 30 days of discharge.	75.4%	77.5%	78%	78.3% ACHIEVED

Data Source: Health Information and Modernization Branch, Knowledge Management and Technology Division, Ministry of Health.

Notes: 2006/07 partial year data.



Data Source: Health Information and Modernization Branch, Knowledge Management and Technology Division, Ministry of Health.

Notes: 2006/07 partial year data.

Discussion of Results

This measure assesses the effectiveness of hospital discharge planning protocols, continuity in care and accessibility of community programs and services for people with mental health issues and/or substance use disorders. 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.

In recent years the 30 day community and physician follow-up rate has been steadily increasing; since 2001/02 it has increased from just fewer than 73 per cent to over 78 per cent. This improvement is important because it indicates better linkages are being established between hospital and community programs. Most of this improvement in follow-up rates can be attributed to expanded services being provided by community mental health centres. The follow-up rate to mental health centres after a hospital discharge has increased by over 20 per cent between 2002/03 and 2006/07. Over the same time, follow-up to physician offices remained steady.

Other related improvements in mental health services include an increasing proportion of people (approximately 76 per cent) with severe mental illness remaining free of hospital admissions and being treated in the community.[14] For clients that are admitted, the readmission rate has also been decreasing as more clients receive community and/or physician follow-up care within the key post discharge timeframe.

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

Government believes the health system should be managed in a way that ensures it is affordable, efficient and accountable, with health care leaders, providers and patients all taking responsibility for the provision and use of services. The Ministry has been guided in reaching this goal by four objectives: providing effective leadership and direction, making the right investments in information technology, ensuring appropriate health 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.

Objective 3.1: Effective vision, leadership, direction and support for the health system

The Ministry's strategic direction for the health system must be well articulated and communicated to the public and to those who deliver services to the public. The Ministry is committed to leading and fostering a culture in which health system activities are evidence-based, well planned and understood, and in which accountability structures exist to ensure strategic directions guide service delivery activities.

[14] Centre for Applied Research in Mental Health and Addictions, 2006. B.C. Provincial Quality Indicator Report, Mental health and Addictions, Centre for Applied Research in Mental Health and Addictions, Burnaby, B.C.

Strategies

Key strategies for this objective include:

- Translating health care needs into clear strategic direction and measurable expectations that will guide operational management and delivery of health services.
- Facilitating the delivery of health services by partners through the development and use of best practice guidelines, standards, benchmarks and protocols.
- Providing legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Providing strategic communication support to ensure accurate information is available in a timely and coordinated manner.

Performance Results

In 2006/07, the Ministry identified a number of priority areas for action across the health system to improve accessibility, quality, appropriateness, effectiveness and efficiency of health services. These priorities include: Aboriginal Health, Primary Care, Wait Times, Emergency Departments, 5,000 Beds, Mental Health and Addictions, and Health Human Resource Planning. Strategies and performance deliverables in each of these areas were articulated in the Ministry's service plan and letters of expectation with health authorities to guide the delivery of health services.

Among the Ministry's most important activities in 2006/07 was launching the province-wide Conversation on Health, a commitment the government made to British Columbians to engage them in meaningful discussion on the future of health care in B.C. Beginning on September 28, 2006, government launched this unprecedented, year-long discussion with and among British Columbians about how to strengthen and improve the province's health system. British Columbians from across the province have sent letters, met with MLAs, participated in the online discussion board and attended regional forums to discuss sustainability, health human resources, accessibility issues, health spending and other topical health system issues. All input received will be summarized into a report for government in Fall 2007 to help guide future decisions on the health system within the framework of the *Canada Health Act*.

Objective 3.2: Strategic investments in information management and technology to improve patient care and system integration

Technology can improve system integration and efficiency, improve access to services, assist managers and practitioners in making evidence-based decisions, and help citizens to 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 and is committed to making strategic investments in information management systems and new technologies that will support the health system in meeting its goals and objectives.

Strategies

Key strategies for this objective include:

- Continuing to advance British Columbia's eHealth strategy[15] to improve patient care, help health professionals deliver better, faster and safer care, and improve the efficiency of the health system.
- Supporting the use of electronic medical record systems by physicians.
- Expanding telehealth to improve rural and remote residents' access to health services and specialists.
- Improving the availability of quality health data and analysis to assist clinical and management decision-making.
- Expanding public access to health services and health information through web-based applications.

Performance Results

A number of key eHealth projects are underway in British Columbia. In early 2007, the Province and Sun Microsystems (B.C.) Incorporated signed a $148 million contract to build the infrastructure required for implementing electronic health records in B.C. Other major projects now underway include the Provincial Laboratory Information Solution, Integrated Electronic Health Record, eDrug, Telehealth and Provincial Diagnostic Imaging projects. All of British Columbia's eHealth projects focus on safeguarding the privacy and security of personal information and will adhere to all applicable legislation protecting personal privacy, while helping to improve patient care and system efficiency.

In 2006, the Province significantly furthered its eHealth initiative with the completion of a new agreement with the British Columbia Medical Association. Through this agreement physicians will be supported to implement electronic medical record systems in their offices that will be able to link with other health service providers. Electronic medical records can improve health care services and health outcomes for patients through physicians' improved access to clinical information. Physicians will be able to make better clinical decisions by having access to the complete medication profiles, treatment histories and test results.

As signaled in the Ministry's 2006/07 – 2008/09 Service Plan, the Ministry has developed a new performance measure for this objective. A measure of the percentage of physicians implementing electronic medical record systems through the Ministry/B.C. Medical Association agreement is included in the Ministry's 2007/08 – 2009/10 Service Plan and progress will be reported in subsequent years.

[15] The eHealth Strategic Framework can be found at http://www.healthservices.gov.bc.ca/cpa/publications/ehealth_framework.pdf.

Objective 3.3: 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. Health human resource planning to meet both current and future needs is vitally important to the system's ability to deliver high quality care.

Strategies

Key strategies for this objective include:

- Working with the Ministry of Advanced Education and health system partners to implement human resource training plans, including increasing education and training opportunities and reviewing educational programs to ensure new graduates are ready to practice. Key initiatives include expanding B.C.'s medical school, increasing the number of post-graduate residency spaces and investing in the continued recruitment, training, and retention of nurses, allied health professionals and other health workers.
- Recruiting foreign-trained doctors and nurses through an expanded B.C. Provincial Nominee Program, which allows applicants to gain permanent residence status more quickly and permanently practice in British Columbia.
- Integrating nurse practitioners into B.C.'s health system, and increasing the number of nurse practitioners graduating in the province, including new graduates at University of Northern British Columbia.
- Addressing succession planning needs through initiatives to develop future leaders capable of managing the increasingly complex health system.

Performance Results

Since 2001, government has increased the number of nursing education seats by 3,347 or 82 per cent. This has resulted in the graduation of more than 7,500 new nurses in the past five years — 4,909 registered nurses, 2,286 licensed practical nurses and 344 registered psychiatric nurses. In 2006, B.C.'s Nursing Strategy received an additional $26 million, bringing the total funding for nursing strategies to $146 million since 2001. In the past six years more than 1,200 nurses have been supported through various education upgrades and 1,100 nurses have been re-educated through the Return to Nursing Program. In addition, since B.C.'s first class of nurse practitioners graduated in 2005, the province has embraced the role and now employs fifty-one nurse practitioners in rural and urban settings.

The University of British Columbia's medical school has been expanded significantly since 2003 when the annual intake for undergraduate medical students was 128. The medical school's expansion doubles the number of first-year spaces to 256 in 2007, with distributed medical programs offered at the University of Victoria and the University of Northern British Columbia. The Ministry of Health has expanded postgraduate medical education (residency) positions to keep pace with the medical school's expansion. The number of entry-level residency positions for Canadian medical graduates in 2007 is 224 and is expected to increase to 256 by 2010/11.

A further expansion in medical education is planned for the Okanagan. Beginning with postgraduate medical education, the Ministry expects to have 16 residents in family medicine and 12-16 residents in specialty training at any one time by 2009.

In addition, the Ministry of Health has tripled the number of residency positions for international (foreign) medical graduates to 18 entry-level positions, and with the Ministry of Economic Development has 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.

Educational capacity has also been increased for other health professions and health workers. Since 2001, 915 new education seats have been added for allied health programs and 191 new seats have been for added training residential care and home support workers.

Objective 3.4: 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.

Strategies

Key strategies for this objective include:

- Working with health authorities and system partners to ensure overall health system costs remain affordable and within budget.
- Effectively managing the Medical Services Plan and PharmaCare programs to ensure needed medical and pharmaceutical services are available and sustainable.
- Working with health authorities and other partners to plan and manage strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.

- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.

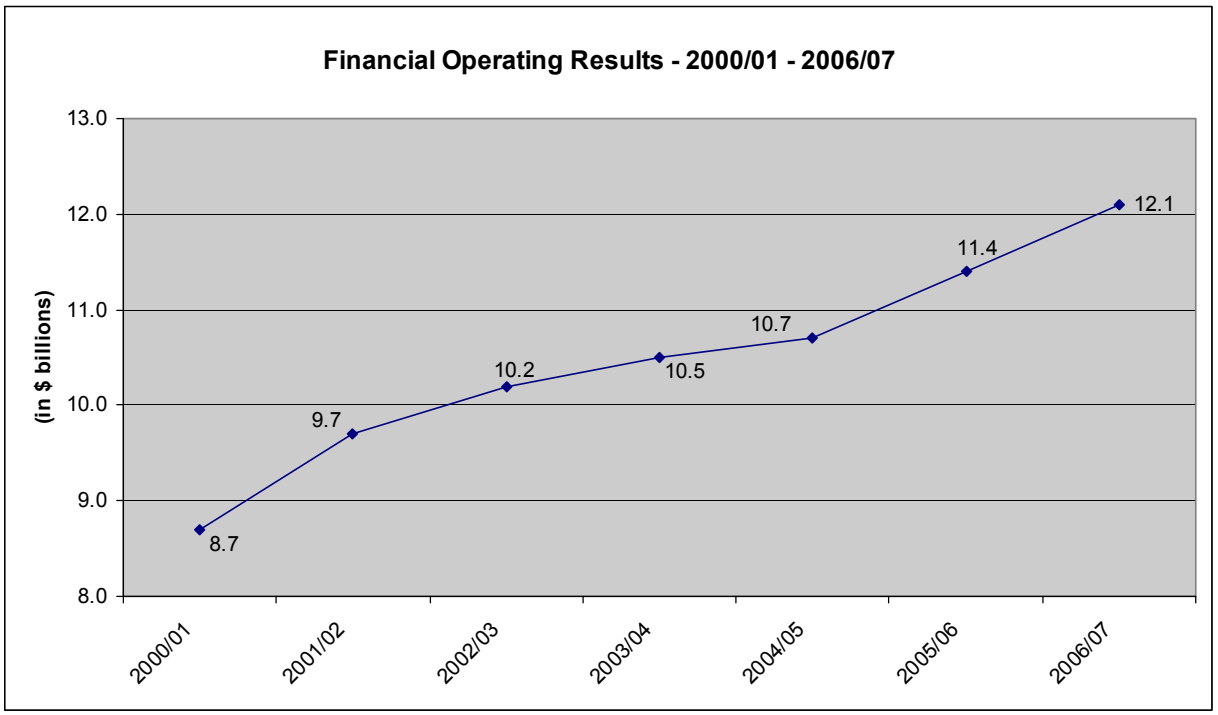
Performance Results

B.C.'s health services budget has continued to grow — the Ministry's budget for 2006/07 was over $12 billion. 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.

For detailed budget results, including capital spending, please see the Report on Resources beginning on the next page.

Report on Resources

The Ministry of Health's operating budget for 2006/07 was $12.168 billion. As shown in the graph below, this represents a $3.5 billion increase in healthcare funding since 2000/01 and is a 6.1 per cent increase in over the 2005/06 budget. Operating expenditures for the fiscal year ending March 31, 2007 were $12.129 billion. This coupled with some accounting adjustments not available for spending resulted in a minor surplus of $43.5 million, an amount well less than one per cent.



Resource Summary Table

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Operating Expenses ($000)					
Services Delivered by Partners					
Regional Health Sector Funding	7,475,454	142,977	7,618,431	7,581,811	(36,620)
Medical Services Plan	2,739,102	107,955	2,847,057	2,874,638	27,581
PharmaCare	954,770		954,770	913,409	(41,361)
Debt Service Costs	162,200		162,200	143,456	(18,744)
Amortization of Prepaid Capital	173,100		173,100	175,268	2,168
Health Benefits Operations	28,448		28,448	33,722	5,274
Sub-Total	**11,533,074**	**250,932**	**11,784,006**	**11,722,304**	**(61,702)**
Services Delivered by Ministry					
Emergency Health Services	267,044		267,044	274,559	7,515
Vital Statistics	7,221		7,221	6,790	(431)
Sub-Total	**274,265**	**0**	**274,265**	**281,349**	**7,084**
Executive and Support Services					
Minister's Office	619	8	627	605	(22)
Stewardship and Corporate Management	107,255	1,488	108,743	124,438	15,695
Sub-Total	**107,874**	**1,496**	**109,370**	**125,043**	**15,673**
Recoveries — Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 35 — Ministry of Health	**11,767,963**	**252,428**	**12,020,391**	**11,981,446**	**(38,945)**
Health Special Account	147,250		147,250	147,250	0
Sub-Total — Operating Expenses	**11,915,213**	**252,428**	**12,167,641**	**12,128,696**	**(38,945)**
Reversal of Prior Year Over accruals[1]				(4,508)	4,508
Total — Ministry of Health	**11,915,213**	**252,428**	**12,167,641**	**12,124,188**	**(43,453)**
Full-time Equivalents (Direct FTEs)					
Health — Ministry Operations					
Emergency Health Services	2,038		2,038	2,709	671
Stewardship and Corporate Management	718	(3)	715	769	54
Minister's Office	7		7	6	(1)
Vital Statistics	89		89	83	(6)
Total Ministry of Health	**2,852**	**(3)**	**2,849**	**3,567**	**718**

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)					
Health — Ministry Operations					
Stewardship and Corporate Management	55,629		55,629	46,525	(9,104)
Emergency Health Services	15,698		15,698	11,014	(4,684)
Vital Statistics	550		550	244	(306)
Total Ministry of Health	**71,877**	**0**	**71,877**	**57,783**	**(14,094)**
Consolidated Capital Plan ($000)					
Prepaid Capital Advances	330,000	0	330,000	327,035	(2,965)
Total Ministry of Health	**330,000**	**0**	**330,000**	**327,035**	**(2,965)**

[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.

[2] Other authorizations includes $257,848,000 for negotiated framework funding, offset by $5,420,000 transfer to the Ministry of Tourism, Sport and the Arts for ActNow BC approved by OIC #603/2006 on August 15, 2006.

[3] Other authorizations includes the transfer of 3 FTE's to the Ministry of Tourism, Sport and the Arts for ActNow BC.

Core Business Areas Description

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 the Ministry is involved in. The major areas included in this core business are:

Regional Health Sector: 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: 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: 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 Infrastructure Investment (Debt Service Costs and Amortization of Prepaid Capital Advances): 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.

Health Benefit Operations: 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.

Core Business Area: 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.

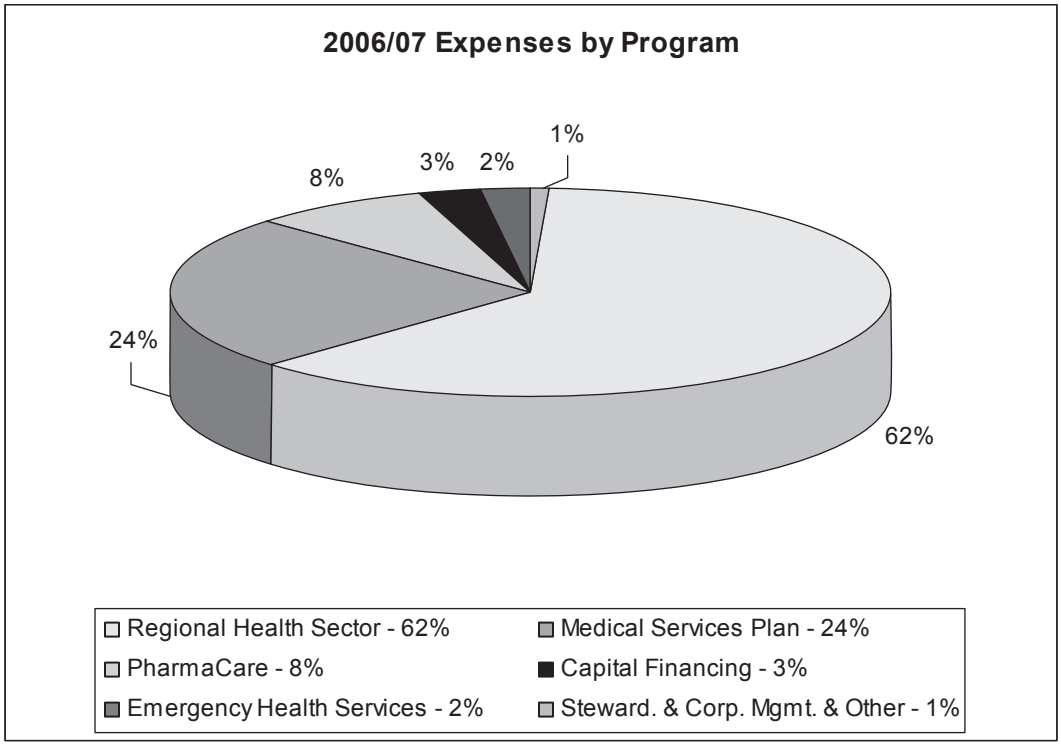
Emergency Health Services (B.C. Ambulance Service): The B.C. Ambulance Service is responsible for providing pre-hospital care to patients throughout the province. The B.C. Ambulance Service is the largest provider of emergency health care in Canada and employs approximately 3,200 trained emergency medical personnel. Ambulance Service paramedics respond to over 530,000 events each year from 191 ambulance stations, and transport

8,300 patients via air ambulance from three flight centres strategically located throughout British Columbia. The Ambulance Service operates a fleet of 506 ambulances and other vehicles and also maintains an extensive communications network.

British Columbia Vital Statistics Agency: 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 Area: Executive and Support Services

This core business provides for the Ministry's stewardship and management role in the health system. These functions include setting the overall strategic direction for the health system, providing the appropriate legislative and regulatory frameworks to allow it to function smoothly, and planning 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. While this business area accounts for less than one per cent of health system expenditures, it is crucial to the effective functioning of the health system.



Operating Expense Variance Explanation

Regional Health Sector: The surplus in Regional Health Sector Funding is due to lower than anticipated expenditures on minor capital and lower than anticipated payments to Canadian Blood Services and other agencies.

Medical Services Plan: The deficit in the Medical Services Plan is due to higher than anticipated expenditures in alternative payments, primary care, supplementary benefits and midwifery.

PharmaCare: The surplus in PharmaCare is due to lower than anticipated expenditures in the Fair PharmaCare Plan and the Income Assistance Plan.

Debt Service Costs: The surplus in Debt Service Costs is due to continuing low interest rates and higher than anticipated sinking fund recoveries.

Emergency Health Services: The deficit in Emergency Health Service is due to higher than anticipated growth in emergency call volumes and increased operational costs, including fuel costs for ground and air ambulance transports.

Stewardship and Corporate Management: The deficit in Stewardship and Corporate Management is due to higher than anticipated expenditures on eHealth and other information technology services.

Full Time Equivalents Variance Explanation

The Ministry of Health's FTE usage for 2006/07 is 3,567. The variance of 718 is due primarily to a revised calculation of B.C. Ambulance Service Paramedic FTEs, to include standby hours and recall hours.

Capital Variance Explanation

The Ministry capital budget was $71.9 million in 2006/07. The variance of $14.1 million in capital expenses is primarily the result of revised project schedules for information systems projects and lower than anticipated spending on medical equipment.

The Health Authority capital budget of $330.0 million for 2006/07 was almost completely utilized during the fiscal year.

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	2006/07 Budget	2006/07 Actual	Variance
2006/07 Combined Income Statement ($000)			
Total Revenue	**9,267,000**	**9,804,796**	**537,796**
Total Expense	**9,267,000**	**9,839,386**	**572,386**
Operating Results	0	(34,590)	(34,590)
Gain (Loss) on sale of Capital Assets (if applicable)	0	(181)	(181)
Net Results	**0**	**(34,771)**	**(34,771)**

Major Capital Projects

A major capital project is defined as any capital commitment or anticipated commitment that exceeds $50 million. In 2006/07, 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.

Gordon and Leslie Diamond Health Care Centre (GLDHCC) — Vancouver Coastal Health Authority

Objective: The GLDHCC 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 GLDHCC 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 was $95 million. Construction commenced in October 2004, and the facility was opened in October 2006.

For more information on the GLDHCC — formerly known as 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 and specialized 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 construction and equipment for 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.abbotsfordhospitalandcancercentre.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.

Surrey Outpatient Hospital — Fraser Health Authority

Objectives: The Surrey Outpatient Hospital will include relocation of some services currently provided at Surrey Memorial Hospital (SMH) as well as provide new services, and will aid in addressing congestion pressure points at SMH as well as long-term service capacity for the community.

Benefits: The new facility will provide a full range of scheduled outpatient services including day surgery, diagnostic imaging, express testing, and medical clinics. The hospital will also include a primary health care clinic delivering enhanced family practice services, and clinics for patients with chronic diseases, such as congestive heart failure, asthma and diabetes.

Cost and Timeline: The estimated capital cost of the project is $151 million, based on a pre-design cost estimate. Construction is expected to commence in 2008 after completion of tendering and finalization of costs, with completion expected in early 2010.

For more information on the Surrey Outpatient Hospital project, please see the Ministry's website at: http://www.healthservices.gov.bc.ca/cpa/publications/SurreyOPF_CapitalProjectPlan_March2007.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

- Expanding and redesigning the Delta Hospital Emergency Department and Surgical Day Care. The $6 million project was completed in Summer 2006.
- Redesigning and redeveloping the Emergency Department and the Ambulatory Care department at the Ridge Meadows Hospital in Maple Ridge. The $19 million project will double the size of the emergency department and will consolidate ambulatory (outpatient) care services into one setting. The project is scheduled to be completed in Spring 2008.
- Developing a satellite day surgery unit at Surrey Memorial Hospital to provide an integrated system that enables least-intrusive surgery methods, and adding space in the hospital's main operating room to accommodate the Fraser Health's Thoracic Surgery Program. The $2 million project was completed in 2006.

Interior Health Authority

- Redeveloping the Royal Inland Hospital in Kamloops. The $27.5 million project expanded and modernized the emergency and medical imaging departments and included renovations to numerous outpatient areas such as pharmacy, vascular and orthopaedic clinics, pathology and the nuclear medicine department. The project was completed 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.
- Replacing the St. Bartholomew's Hospital in Lytton with a new health care centre and assisted living facility to meet the health care needs of seniors, local Aboriginal communities and Lytton residents in one facility. The $8.1 million project is scheduled to be completed in 2008.

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 $12.5 million project was completed in early 2007.
- Completing shelled-in space on the third floor of the G.R. Baker Hospital in Quesnel for new intensive care rooms and private maternity care rooms. The $5.26 million project was completed in 2006.
- Building a new $10.15 million hospital and health centre in Masset that will include hospital services, complex care beds and community health programs. The project is scheduled for completion in 2007.

Vancouver Coastal Health Authority

- Redesigning the Vancouver General Hospital Emergency Room to improve treatment efficiency and patient care. The $3.3 million project was completed in early 2007.
- 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 was completed in 2006.
- Redesigning the Intensive Care Unit at Mount Saint Joseph Hospital in Vancouver through a $2.3 million project. The project is scheduled to be completed in 2007.

Vancouver Island Health Authority

- Island Medical School projects were completed at Royal Jubilee and Victoria General Hospitals in September 2006. The $7 million projects accepted medical students as part of the medical school expansion established in 2004 at the University of Victoria.
- Redeveloping Nanaimo Regional General Hospital, including a $23 million surgical expansion completed in April 2005 and a new $12 million perinatal services component to be completed in 2007.
- Renovating and relocating laboratory services at the Royal Jubilee Hospital in Victoria. The $2.2 million project is scheduled for completion in 2007.

Provincial Health Services Authority

- The Child, Adolescent and Women's Mental Health Centre opened in early 2007, 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 was $19 million.
- Renovating the Paediatric Intensive Care Unit at the BC Children's and Women's Hospital in Vancouver. The $4.4 million project is scheduled to be completed in 2007.
- 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. The project was completed in November 2006.

Ministry Contact Information

Ministry of Health (http://www.gov.bc.ca/health/)
1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
Toll-free in BC: 1 800 465-4911
In Victoria or from other areas: 250 952-1742

Health Insurance BC (http://www.hibc.gov.bc.ca/)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, British Columbia
V8W 9E3
Toll-free in BC: 1 800 663-7100
In Vancouver call: 604 683-7151

Health Insurance BC (http://www.hibc.gov.bc.ca/)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria, British Columbia
V8W 9P2
Toll-free in BC: 1 800 663-7100
In Vancouver call: 604 683-7151

BC NurseLine
Toll-free in BC: 1 866 215-4700
In Greater Vancouver: 604 215-4700
Deaf and hearing-impaired: 1 866 889-4700

Annual Service Plan Report Appendices

Appendix A: 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.

Map of B.C. Health Authorities

Provincial Health Services Authority (PHSA)

Website Address: http://www.psha.ca

PHSA operates provincial agencies including BC Children's Hospital, the BC Transplant Society, and Riverview Hospital. It is also responsible for specialized provincial health services like chest surgery and trauma services, which are delivered in a number of locations in the regional health authorities as well specialized programs that operate across several PHSA agencies.

Interior Health Authority (IHA)

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

2006/07 Population:[16] 724,376

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)

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

2006/07 Population: 1,489,342

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)

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

2006/07 Population: 1,049,263

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. Through denominational agreements, VCHA serves the residents of Bella Bella and Bella Coola and also partners with Providence Health Care in Vancouver.

[16] Population estimates for all Health Authorities obtained from BC STATS. (P.E.O.P.L.E. 31) 2007. Ministry of Labour and Citizens' Services.

Vancouver Island Health Authority (VIHA)

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

2006/07 Population: 730,363

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.

Northern Health Authority (NHA)

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

2006/07 Population: 309,771

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.