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Our Health Care Report Card

Fraser Health

Report Generated : **January, 2015**

No		Measure Name	Last Available Update	Target	Actual	Status	Preferred Direction	Trend
		MONTHLY						
		CAPACITY FOR CARE ACROSS ALL SECTORS						
1		Average In Hospital Length of Stay in Days	Apr-Dec 2014	*7.8*	*8.3*	▲	↓	
2		Long Stay Patients Staying Over 30 Days	Apr-Dec 2014	*455*	*527*	◆	↓	
3	*	Alternate Level of Care Days	Apr-Sep 2014	*10.0%*	*14.1%*	◆	↓	
4	*	Emergency Patients Admitted to Hospital Within 10 Hours	Jan-Dec 2014	*55.0%*	*38.9%*	◆	↑	N/A
5		Number of Admitted Patients Awaiting Inpatient Bed Placement (Including Emergency Admits)	Apr-Dec 2014	*165*	*197*	◆	↓	
		QUALITY AND SAFETY						
6	*	Nursing Sensitive Adverse Events Rate per 1,000 Hospitalizations (Age 55+)	Jan-Oct 2014	*43.1*	*40.1*	●	↓	
7	*	Percent of Hip Fracture Fixations Completed Within 48 Hours	Apr-Dec 2014	*90%*	*92%*	●	↑	
8		Facility-Associated Clostridium Difficile Infection (CDI) Incidence	Apr-Dec 2014	*6.0*	*3.5*	●	↓	
9		Facility-Associated Methicillin-Resistant Staphylococcus Aureus (MRSA) Incidence	Apr-Dec 2014	*7.0*	*6.3*	●	↓	
10		Hand Hygiene Compliance	Apr-Dec 2014	*80.0%*	*84.1%*	●	↑	
		STAFF						
11		Sick Time Rate	Apr-Dec 2014	*5.0%*	*4.9%*	●	↓	
12		Overtime Rate	Apr-Dec 2014	*3.0%*	*2.3%*	●	↓	
		BUDGET ACCOUNTABILITY						
13		Budget Performance (Net Variance to Budgeted Expenditure Ratio)	Apr-Dec 2014	*1.000*	*0.994*	●	↓	
14		Direct Care Hours Per Patient Day (Acute Nursing Inpatient)	Apr-Dec 2014	*6.7*	*6.8*	▲	↓	
15		Expenditures Per Separation (All Acute)	Apr-Dec 2014	*$11,000*	*$11,204*	▲	↓	
		QUARTERLY						
		CAPACITY FOR CARE ACROSS ALL SECTORS						
16	*	Average Length of Stay /Expected Length of Stay (ALOS/ELOS)	Apr-Jun 2014	*95.0%*	*99.4%*	▲	↓	
17	*	Readmission Rates Utilization (Emergent/Urgent), All Causes	Apr-Jun 2014	*10.0%*	*10.4%*	▲	↓	
18	*	Ambulatory Care Sensitive Conditions Hospital Admissions Rate (Age <75)	2013/2014	*234*	*258*	◆	↓	
19		Ambulatory Care Sensitive Conditions Hospital Admissions Rate (Age 75+)	Apr-Dec 2013	*3048*	*3154*	▲	↓	
		QUALITY AND SAFETY						
20		Hospital Standardized Mortality Ratio	2013/2014	*100*	*82*	●	↓	
21		Falls that Result in An Injury in Residential Care Facilities	Apr-Sep 2014	*3.0*	*2.7*	●	↓	
		PUBLIC HEALTH MEASURES						
22		Percent of 2-Year Olds with Up-To-Date Immunizations	Jul-Sep 2014	*73%*	*69%*	▲	↑	
23		Percent of Drinking Water Systems Complying with Microbial Monitoring Requirements	Oct-Dec 2014	*95.0%*	*95.0%*	●	↑	
		STAFF						
24	++	WorkSafeBC (WSBC) Claims Duration	Oct-Dec 2014	*28*	*19*	●	↓	
25	++	WorkSafeBC (WSBC) Claims / 100 FTE	Oct-Dec 2014	*7.0*	*6.2*	●	↓	
26		Difficult to Fill Vacancies	Apr-Nov 2014	*1.6%*	*0.7%*	●	↓	
		ANNUALLY						
		CAPACITY FOR CARE ACROSS ALL SECTORS						
27	*	Age-Standardized Hospitalization Rates for FH Residents (Age 70+)	2013/2014	*253*	*264*	▲	↓	
		QUALITY AND SAFETY						
28	*	Emergency Patient Experience	Apr-Jun 2014	*90%*	*79%*	◆	↑	
		PUBLIC HEALTH MEASURES						
29	*	Percent of Communities with Completed Healthy Living Strategic Plans	2013/2014	*60.0%*	*60.0%*	●	↑	
		STAFF						
30		Employee Engagement	2013/2014	*3.75*	*3.52*	▲	↑	

Status Legend:

- ● *Meeting Target*
- ▲ *Within 10% of Target*
- ◆ *Outside Target range by more than 10%*

All measures reported on YTD (Year-to-Date) basis

* Ministry of Health Measure

++ Measures Reported by Single Quarter

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Average In Hospital Length of Stay in Days

How long are our patients staying in the hospital per visit?

What are we measuring?

We are measuring the average number of days that patients stay in our hospitals. This measure includes Alternative Level of Care (ALC) days, when the patient could have been appropriately cared for in a non-hospital location.

How are we doing?

Our current performance (8.3) is not meeting our target (7.8). In the first quarter of 2014/15, our length of stay increased to 8.4 days, driven largely by longer stays for medicine patients and more patients in hospital waiting for other types of care. More recently, as of period 10 (January 1,2015), our performance has improved slightly compared to the first quarter (8.2 in period 10 compared to 8.4 in the first quarter).

Why?

Length of Stay (LOS) is an important metric for assessing the quality of care and planning capacity within a hospital. On the one hand, our patients need to stay in the hospital long enough to receive the proper treatment, and on the other, excessive stay would expose our patients to potential infections and occupy capacity that could be used for others in need.

What are we doing?

We are building community services to support patients at home. In hospitals, we are improving our care processes to decrease unnecessary delays in care and expedite steps that help people go home sooner. We are working with patients and their families to begin planning for discharge early in a patient's stay to ensure patients have what they need for a smooth transition home. We have developed individual targets for all hospitals to reflect differences in patient services offered at each site (for example - patients on rehabilitation units have appropriately longer hospital stays than maternity patients).

How do we measure it?

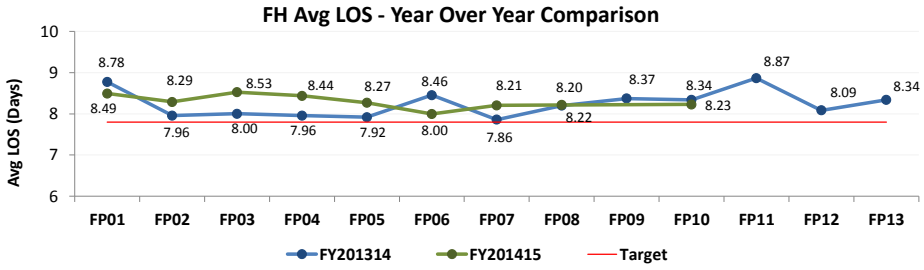
Length of Stay (LOS) is defined as the number of days a patient spends in the hospital from the time of admission to time of discharge. We calculate the average LOS by summing the total length of stay for all patients in all our hospitals and dividing it by the total number of patients in all our hospitals.

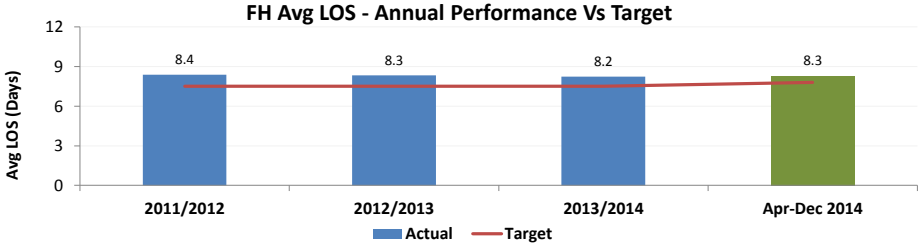
What can you do?

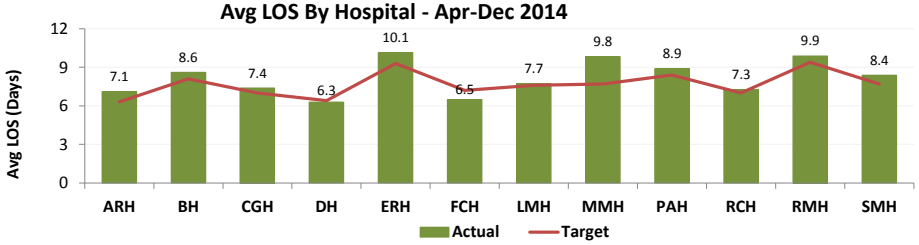
Talk with your care team about when you are likely to be discharged and what supports you might need to return home.

Our Performance	Target *
8.3	<= *7.8*

Performance timeline:	Apr-Dec 2014
Data Source:	Meditech
* Target Source:	FHA Internal Target







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Report Generated: **January, 2015**

Long Stay Patients Staying Over 30 Days

How many patients are staying in hospital longer than 30 days?

What are we measuring?

The average number of patients per day staying in the hospital longer than 30 days.

How are we doing?

Our performance (527) is not meeting our target (455). Our performance since 2012/13 is trending away from our target. We have made improvements in the third quarter of this year as of period 10 (January 1, 2015) compared to the first quarter, with a decrease in the number of long stay patients from 555 to 527.

Why?

Our goal is to provide the best quality of care for our patients. When patients have stayed longer than 30 days in the hospital, it is likely their care needs are better suited in a different setting, such as community, long term care, or a separate rehabilitation facility. Keeping patients in hospitals when they could be cared for elsewhere, is not an efficient use of our hospitals and contributes quaity and safety risks.

What are we doing?

We have patient care rounds that focus specifically on patients with complex needs, to coordinate their care and identify resources that they might need. We are making adjustments to our community services to support patients who do not need to be in a hospital, and can be cared for in the community. We continue focusing on strategies to improve our performance.

How do we measure it?

A long stay patient is defined as a patient that stays in the hospital longer than 30 days. We track the daily number of long stay patients in our hospitals by performing a count of our patients at the end of each day. The average number of long stay patients per day is calculated by summing the daily counts of the measurement period and dividing it by the number of days in the period.

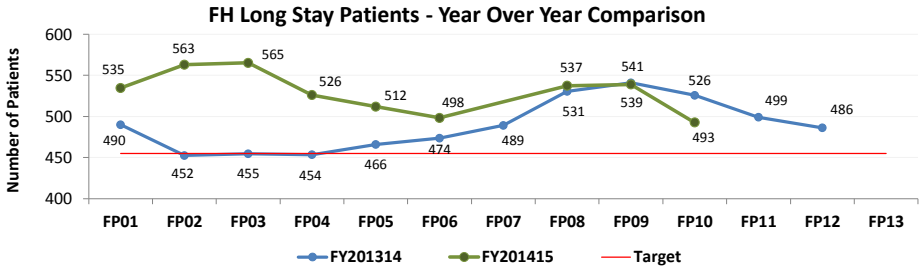
What can you do?

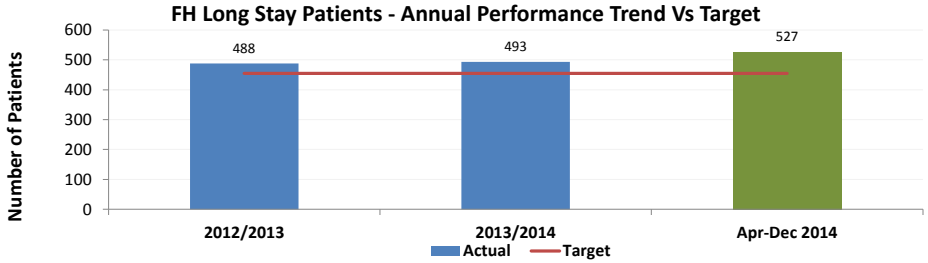
Talk with your care team about when you are likely to be discharged and what supports you might need to return home.

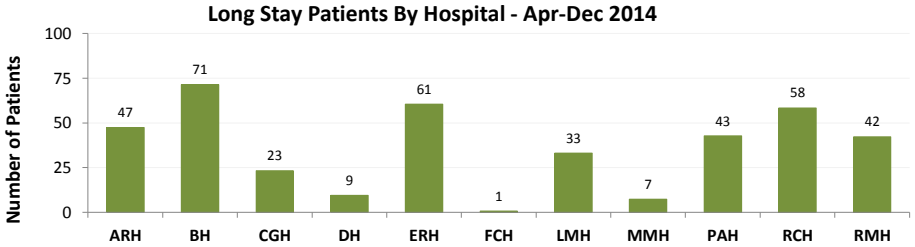
Our Performance	Target *
527	***<= 455***

Performance timeline:	Apr-Dec 2014
Data Source:	Meditech
* Target Source:	FHA Internal Target

Note: Target is set based on a 10% improvement from 2014/15 FY







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Ministry of Health Measure

Report Generated: **January, 2015**

Alternate Level of Care Days

How many “extra” days do patients spend in hospital?

What are we measuring?

We track how many "extra" days patients spend in hospital when they no longer need hospital treatment. These patients are usually waiting to transfer to other care services such as residential care, home care, or specialized forms of housing and support. The ALC rate will never be zero due to lag between the time a patient finishes hospital treatment and moves to a new service

Why?

Timely access to the appropriate type of care is in the best interests of our patients and may increase their chances for a healthy recovery. It also means that hospital beds are available for the patients who truly need them. Within the organization, the time it takes to move a patient to an alternate level of care (ALC) may relate to how responsive our primary, community, residential care, mental health and addiction services are to patients, how closely the teams work together, a lack of capacity for the right type of care, or inefficient processes for transferring a patient.

How do we measure it?

We compare the actual date patients were discharged from hospital to the date they were expected to leave the hospital. The difference in the number of days reflects the “extra” ALC days. This is divided by the total number of patient days in hospital to give us an ALC percentage.

Our Performance	Target *
14.1%	***<= 10.0%***

Performance timeline:	Apr-Sep 2014
Data Source:	Med2020 Abstracting and Coding system
* Target Source:	FHA Internal Target

How are we doing?

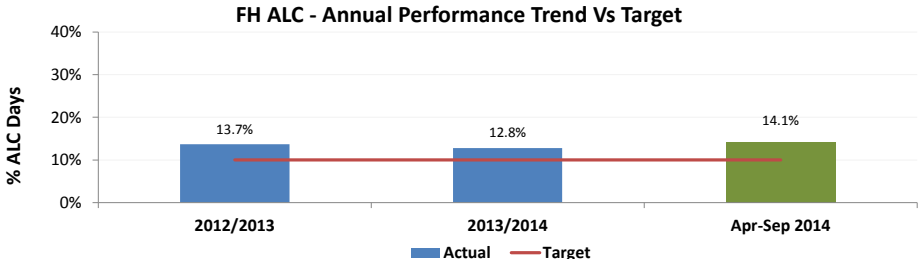
Our ALC rate performance (14.1%) is not meeting our target (10%). Although our ALC rate decreased by approximately 1% from 13.7% in 2012/2013 to 12.8% in 2013/14, in 2014/15 as of fiscal period 6 (August 11th, 2014) our ALC has increased to 14.1% which is higher than our target of 10%.

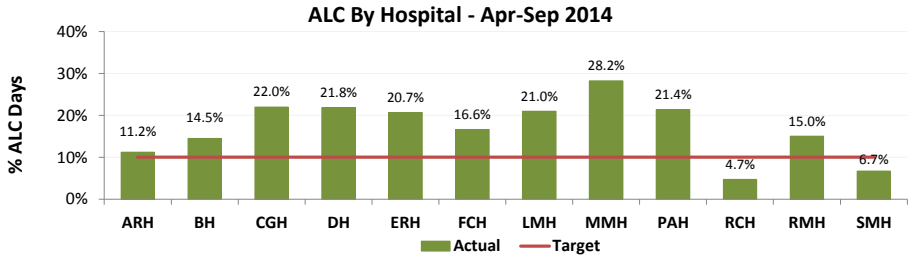
What are we doing?

We prevent unnecessary admission to hospital by providing access to appropriate community resources through our integrated community health networks. Daily meetings are held with clinical leadership and health care workers to focus on discharge planning. We ensure appropriate and sufficient community resources such as home support and residential care beds are available. To this end, 75 new residential care beds will be opened in the very near future. Multiple home health care intake lines have been consolidated into one centralized call center to provide user friendly access to community resources. We are identifying and facilitating safe discharge home plans for those individuals awaiting residential care through the Home First Initiative. Home Health nurses are contacting patients after hospital discharge to identify any unmet needs. Home Health has many initiatives underway to optimize capacity of resources to increase supports at home.

What can you do?

Work with the health care team to meet the established 11:00 am discharge time. Collaborate with your health care team to establish a safe and appropriate discharge plan including access to appropriate community resources.





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Ministry of Health Measure

Report Generated: **January, 2015**

Emergency Patients Admitted to Hospital Within 10 Hours

How quickly do patients who visit our emergency departments move to a hospital bed when needed?

What are we measuring?

We are measuring the percentage of emergency patients being admitted to the hospital who move from the Emergency Department(ED) to a hospital bed within 10 hours from the time they are registered or triaged (whichever is earlier).

Why?

Our Emergency Departments treat hundreds of people every day. In order to provide the best care for our patients, we want them to receive timely treatment and to move to a hospital bed for further care, if needed, within 10 hours. This frees up beds in the ED for other patients waiting for treatment and ensures proper care environment for our admitted patients.

How do we measure it?

We track from the time patients are triaged or registered (whichever is earlier) at the ED to the time they leave the ED to go to an inpatient bed. This gives us the number of patients who are admitted to hospital within 10 hours. We divide this number by the total number of patients being admitted to the hospital from the ED.

How are we doing?

Our current performance (38.9%) is not meeting our target (55%). Close to 40% of our emergency patients who need admission to a hospital are moved to a proper hospital bed within 10 hours of arriving. We recognize the need to improve our performance, to achieve our target and to provide higher quality of care to our patients. Our Emergency Departments are experiencing increasing patient volumes. Recent results at the site level show that most hospitals are still performing below the set targets.

What are we doing?

We want to ensure that you receive your care in the right place at the right time. We are monitoring our transfer processes and have identified opportunities for improvement. These opportunities include increasing communication and collaboration as patients move through the hospital.

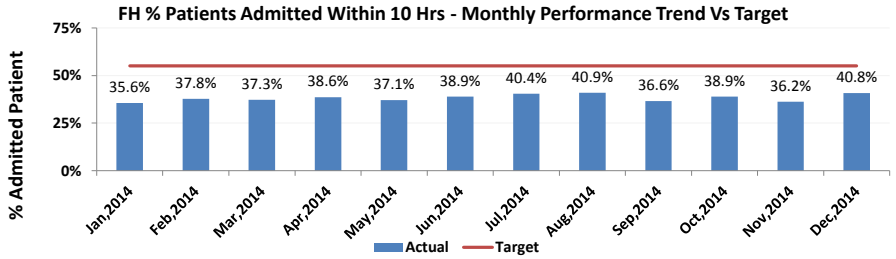
What can you do?

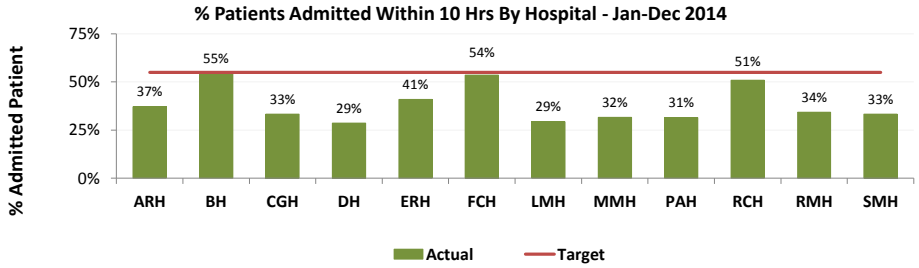
Be a part of your discharge planning. Please ask your care providers when your discharge is being planned for and what you and your family can do to prepare for it in advance.

Our Performance	Target *
38.9%	>= ***55.0%***

Performance timeline:	Jan-Dec 2014
Data Source:	NACRS as measured by FHA
* Target Source:	BC Ministry of Health

Note: Data source for this measure is from National Ambulatory Care Reporting System (NACRS). FHA started reporting data for all its acute hospitals officially from April 2014. Older data is available in NACRS since January 2014, but not prior to that date.





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Report Generated: **January, 2015**

Number of Admitted Patients Awaiting Inpatient Bed Placement (Including Emergency Admits)

How many patients admitted to hospital are receiving care in locations typically not designated for inpatient clinical care?

What are we measuring?

Number of patients admitted to hospital receiving care in a location not typically designated for inpatient clinical care such as Emergency Department, hallway, lounge, or other spaces.

Why?

Patients who require inpatient hospital care receive the best care in locations designed specifically for that care. Patients who are waiting to move to an inpatient room have higher safety and quality of care risks. Moving admitted patients quickly out of the Emergency Department (ED) also allows our ED teams to respond to patients who require emergency care.

How do we measure it?

Everyday at 2pm, we count the number of inpatients in our hospitals who are in locations that are not typically designated for clinical care (including Emergency Departments). We then take the average for all days for the reporting period. In future iterations of this measure, we will make a change to count at midnight instead of 2pm, to better reflect the overall status of the day.

Our Performance	Target *
197	***<= 165***

Performance timeline:	Apr-Dec 2014
Data Source:	Meditech
* Target Source:	FHA Internal Target

How are we doing?

Our current performance (197) is not meeting our target (165). Over the past three years, our performance is trending towards our target. We are focusing our attention to improve further. In the first quarter of 2014/15 the number of admitted patients waiting for an inpatient bed increased to 213, driven by high demand for inpatient beds particularly at our regional and referral sites and limited availability of residential beds to move hospital patients into community facilities. In the third quarter and as of period 10 (January 1, 2015), however, we have achieved some improvement, bringing this number down to 197 patients.

What are we doing?

We are working with all of our care teams to improve care planning so that patients are moved to the right care location as quickly as possible. We have developed protocols to move patients from emergency departments to inpatient units, including overflow locations, when the number of admitted patients exceeds a threshold. We continue our efforts to ensure that every available hospital bed is being used efficiently, so that patients can be cared for within available designated care locations.

What can you do?

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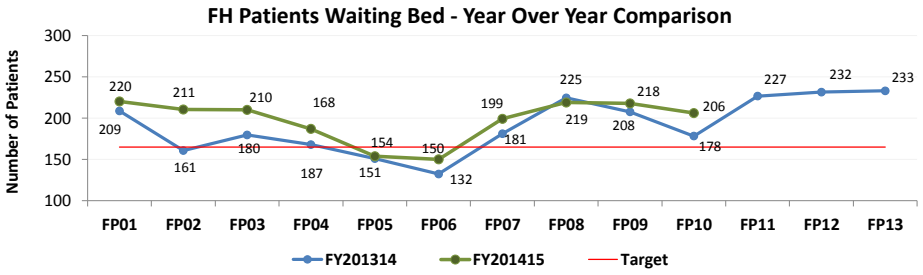

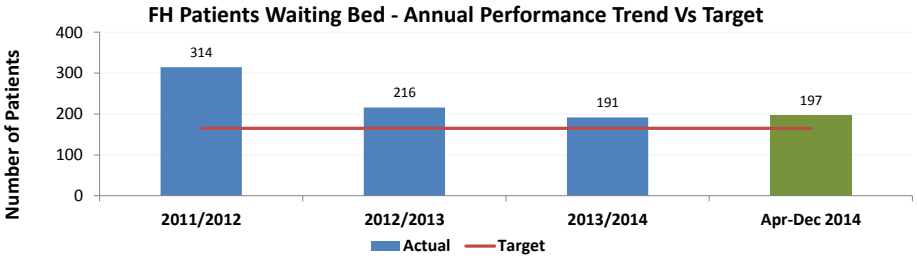

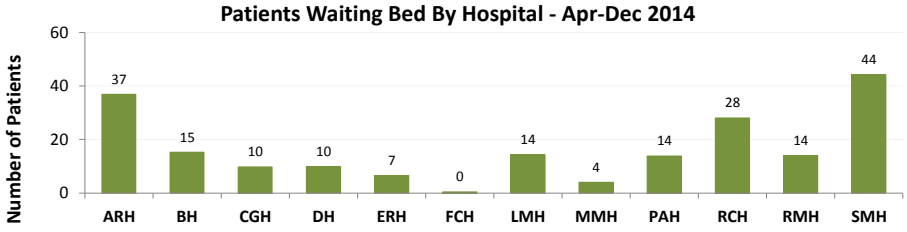

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Ministry of Health Measure

Report Generated: **January, 2015**

Nursing Sensitive Adverse Events Rate per 1,000 Hospitalizations (Age 55+)

Are our patients getting high quality of care provided by inter-professional care teams?

What are we measuring?

We are measuring the rate of Nursing Sensitive Adverse Events (NSAE) for all hospital based medical and surgical patients 55 years of age or older. An adverse event happens when a patient is unintentionally harmed as a result of their care and treatment during the hospital stay. Nursing Sensitive Adverse Events include four types of events occurring during the hospital stay: urinary tract infections, pressure ulcers (bedsores), in-hospital bone fractures and pneumonia.

How are we doing?

Our performance (40.1) is meeting and favourably exceeding our target (43.1). We have succesfully reduced our NSAE rate since 2012 for all patients in the 55+ age group.We are on track to make our Ministry of Health target. We recognize there is room for improvement. Our two most common types of Nursing Sensitive Adverse Events (hospital-acquired pneumonia and urinary tract infections) are occuring at a higher rate than hospital-acquired pressure ulcers and in-hospital bone fractures.

Why?

Our goal is to provide the best care to our patients. Our patients will have better health outcomes, and a better recovery, if there is a greater quality of care provided by the inter-professional care team.

What are we doing?

Our Nursing Sensitive Adverse Event rates are monitored closely by clinical leaders. A group of leaders and clinicians are working closely with all our hospitals, especially those with the highest rate of occurrence, to identify the underlying issues, take corrective action and improve quality of care.

How do we measure it?

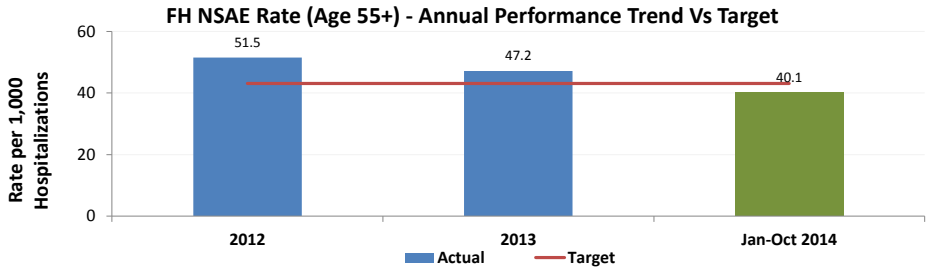
We take the number of patients 55 years or older who have acquired any of the above Nursing Sensitive Adverse Events while in hospital and divide it by the total number of medical and surgical patients 55 years or older in that hospital. The rate we report is per 1,000 patient discharges (leaving the hospital).

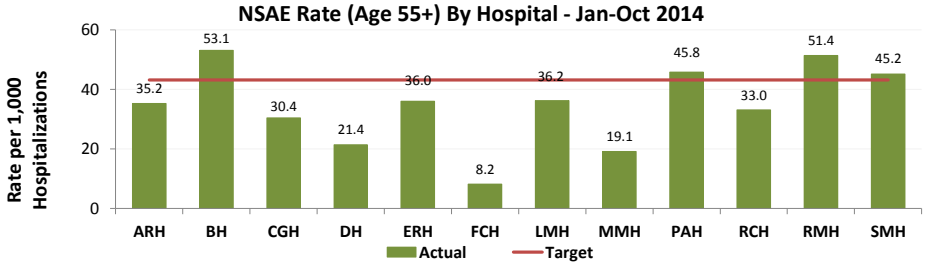
What can you do?

Please ask your care providers if you need assistance with regularly brushing your teeth, taking deep breaths, going for walks and helping you to empty your bladder every few hours. Together we can help you to reduce the risk of acquiring these infections during your hospital stay.

Our Performance	Target *
40.1	***<= 43.1***

Performance timeline:	Jan-Oct 2014
Data Source:	Med2020 Abstracting and Coding system
* Target Source:	Set by BC Ministry of Health, as 10% reduction from our performance in the previous year (Dec 2012 to Dec 2013)





Note *: Some previously reported data may change slightly due to system corrections and updates*

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Percent of Hip Fracture Fixations Completed Within 48 Hours

How fast do patients get surgery to fix a hip fracture?

What are we measuring?

We are measuring the percentage of hip fracture patients who have surgery within 48 hours from the time they are first admitted to hospital

How are we doing?

We are meeting the Ministry of Health target (90% of hip fracture patients having surgery within 48 hours of admission). Sustained effort is still required to consistently achieve or exceed this target at all Fraser Health sites.

Why?

Our goal is to ensure we provide the best care for our patients. Research shows that patients who wait less than 48 hours for surgery have fewer pressure ulcers, urinary tract infections and a lower mortality rate.

What are we doing?

The Surgical Program has implemented multi modal strategies to build capacity, define and disseminate best practices and engage teams to uphold standards.Clinical Leaders closely monitor all patients admitted with hip fractures. Dedicated time has been made more available in our Operating Rooms. A Hip Fracture Escalation Protocol has been implemented at all sites to reduce and eliminate barriers to surgery. Clinical Leaders have worked to increase the awareness amongst all care givers, from pre-hospital care to discharge, of the need for specialized care and timely surgery. Care is focused on quality pain management, enhanced nutrition and early/frequent mobility.

How do we measure it?

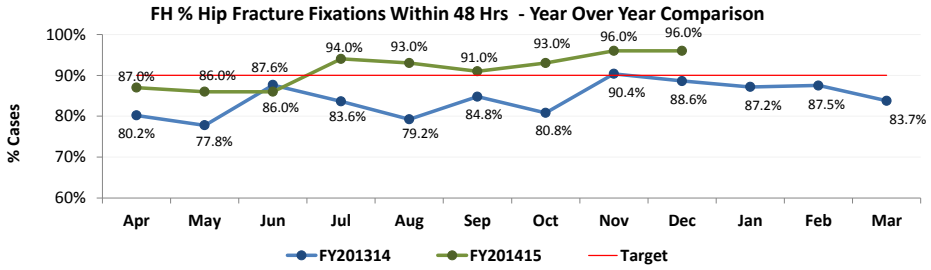
We record the time and date patients were admitted to hospital, and the time and date patients entered the operating room, to find out how many patients had hip fracture surgery within 48 hours. Then, we divide that number by the total number of patients who had hip fracture surgery.

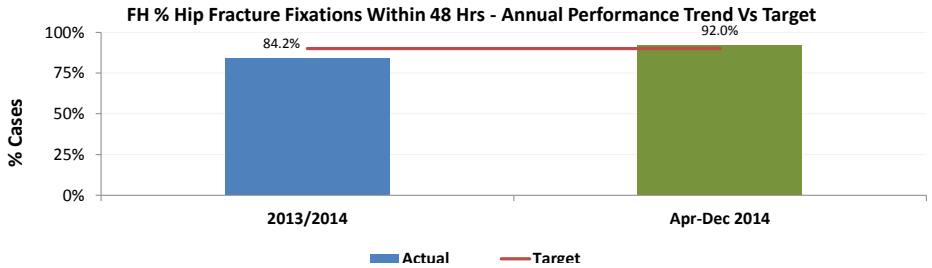
What can you do?

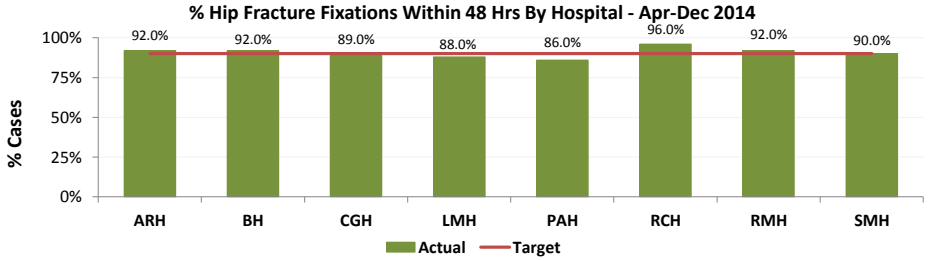
If you are over age 50 and had a fracture with a fall from a standing height, speak to your doctor about your bone health. Begin a regular exercise program
Have a Health Care Provider review your medicines
Have your vision checked
Make your home safer (avoid slips and trips)
Consider a referral to our Mobile Falls Clinic
http://www.fraserhealth.ca/your_health/seniors/falls_and_injury_prevention/

Our Performance	Target *
92.0%	***>= 90%***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Surgical Services
* Target Source:	BC Ministry of Health







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Our Health Care Report Card

Report Generated: **January, 2015**

Facility-Associated Clostridium Difficile Infection (CDI) Incidence

How many patients get a Clostridium difficile infection from a hospital stay?

What are we measuring?

Rate of new healthcare-associated CDI attributed to the same FH acute care site where CDI was most likely acquired and confirmed/ diagnosed per 10,000 patient days by fiscal period (Note: does not account for cases that are transferred between sites)

How are we doing?

Our fiscal year-to-date (2014/15) CDI incidence rate performance is 3.5; successfully below our target of ≤ 6.0 cases per 10,000 patient days. This is an improvement compared to last fiscal year (2013/14 - 4.2 cases per 10,000 patient days). Our period 10 performance this fiscal year (3.1 cases per 10,000 patient days) has improved compared to the same period last year (4.0 cases per 10,000 patient days).

Why?

C. difficile is the most common cause of hospital-acquired infectious diarrhea. C. difficile infection happens when antibiotics kill the good bacteria in the gut and allow the C. difficile bacterium to grow and produce toxins that can damage the bowel. It most commonly causes diarrhea but can sometimes cause more serious intestinal conditions.

What are we doing?

We have improved our ability to quickly identify cases of CDI. We work with the hospital pharmacy and physicians to promote appropriate antibiotic treatment. We provide additional cleaning of hospital isolation rooms and equipment. All rooms with patients known or suspected of having C. difficile are cleaned twice a day with bleach. We provide nursing units with regular reports (weekly and fiscal period reports) that show the number of cases acquired on their unit which helps them evaluate their improvement efforts and conduct a detailed review of each healthcare-associated CDI case to understand the potential factors that may have contributed to the infection. We monitor hand hygiene conpliance across our organization. Our infection control team works with nursing units to identify opportunities for improvement.

How do we measure it?

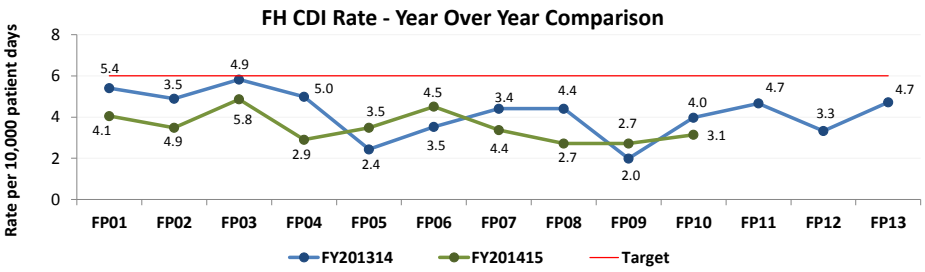
[Number of new CDI most likely acquired and confirmed/diagnosed at the same acute care site divided by total patient days for particular site or FH overall] * 10,000 patient days by fiscal period

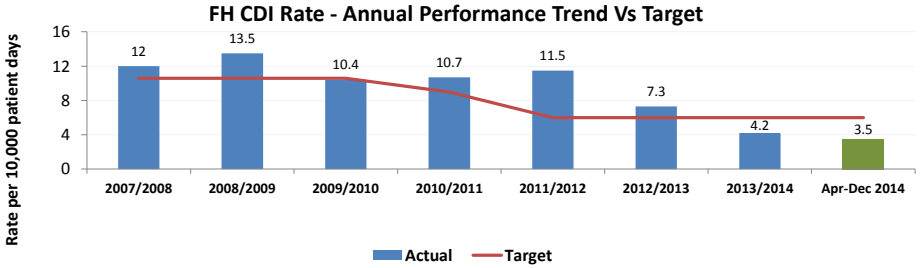
What can you do?

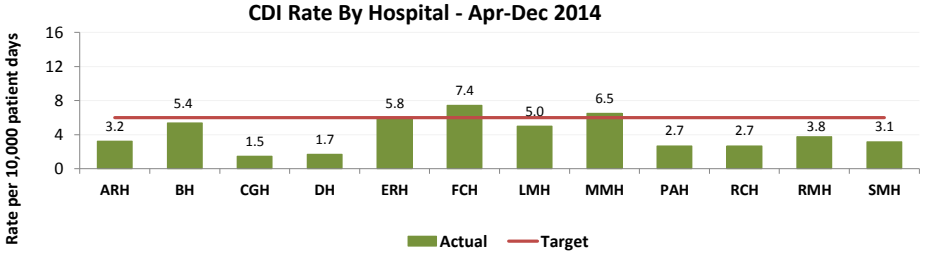
If you have C. difficile infection, be sure to tell anyone who treats you. Wash your hands regularly with soap and water or alcohol based hand rub to prevent the spread of the bacterium to others. Clean your own hands thoroughly and often, especially before and after eating and after going to the washroom. Do not be shy about politely reminding everyone to wash his or her hands. Use antibiotics only when necessary. Be sure to take the full course of antibiotics, even after you start to feel better.

Our Performance	Target *
3.5	***<= 6.0***

Performance timeline:	Apr-Dec 2014
Data source:	FHA Infection Control
* Target Source:	FHA Infection Control







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Report Generated: **January, 2015**

Facility-Associated Methicillin-Resistant Staphylococcus Aureus (MRSA) Incidence

How many patients get Methicillin-Resistant Staphylococcus aureus from a hospital stay?

What are we measuring?

Rate of new facility-associated MRSA attributed to the same FH acute care site where MRSA was most likely acquired and confirmed/ diagnosed per 10,000 patient days by fiscal period (Note: does not account for cases that are transferred between sites)

How are we doing?

Our fiscal year-to-date (2014/15) MRSA incidence rate performance is 6.3 which remains successfully below our target of ≤ 7.0 cases per 10,000 patient days. Our MRSA incidence rate has increased compared to 5.0 cases per 10,000 patient days last fiscal year (2013/2014).

Why?

Staphylococcus aureus is a bacterium that normally lives on skin and noses. Many people are carriers of Staphylococcus aureus and never have symptoms. Others may develop an infection, usually involving the skin. Sometimes it can cause more serious problems such as bloodstream or respiratory infections. MRSA is a strain of Staphylococcus aureus that is resistant to a number of antibiotics. Infections with MRSA can be more difficult to treat.

What are we doing?

Many of the initiatives to reduce C. difficile infections are also used to reduce MRSA infection in hospitals - particularly hand cleaning with alcohol based hand rub and closely following infection prevention and control best practices. Our infection control team works with nursing units to identify opportunities for improvement if required.

How do we measure it?

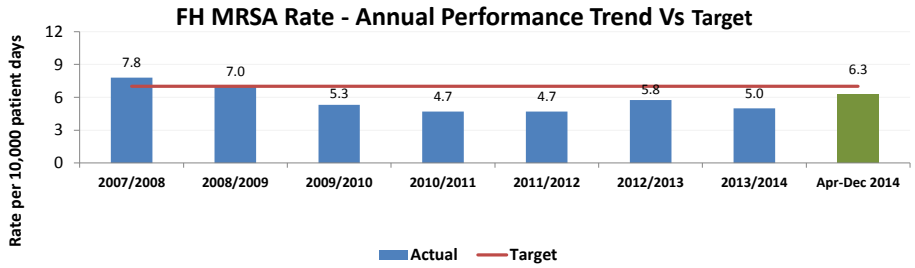
[Number of new MRSA most likely acquired and confirmed/diagnosed at the same acute care site divided by total patient days for particular site or FH overall] * 10,000 patient days by fiscal period

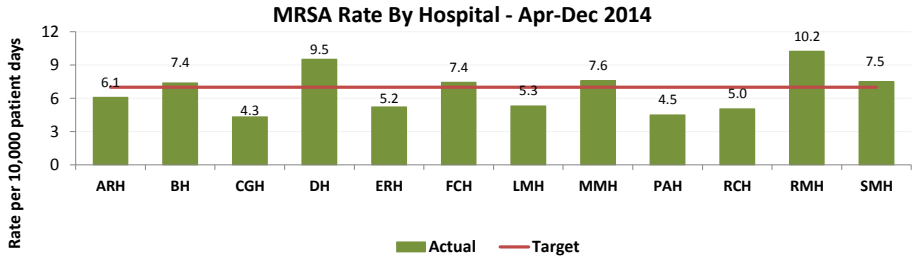
What can you do?

One of the key things you can do is to clean your hands and remind others to do the same. Clean your own hands thoroughly and often. Do not be shy about politely reminding everyone to wash his or her hands.

Our Performance	Target *
6.3	***<= 7.0***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Infection Control
* Target Source:	FHA Infection Control





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Report Generated: **January, 2015**

Hand Hygiene Compliance

Do hospital staff clean their hands?

What are we measuring?

Number of employees observed to be following Fraser Health's hand-hygiene policy as a percentage of all employees audited during the reporting period. Observations for hand hygiene compliance included before-and-after opportunities based on the 4 moments for hand hygiene. Use of both soap and water and alcohol-based hand rub (ABHR) were included for compliance. Missed opportunities occurred when hand hygiene compliance was not adhered to.

How are we doing?

Our performance (84%) is meeting and favourable exceeding our target (80%). Our performance this year has improved compared to our performance last year (79% - 2014/2014). Our hand hygiene compliance continues to improve each fiscal period.

Why?

Hand hygiene is a critical patient safety initiative and one of the most effective, well-known measures to reduce the transmission of healthcare associated infection worldwide. Hand hygiene education and training is being provided across FH through new employee orientation sessions along with on-the-job training and education provided by Infection Prevention and Control Practitioners. Through monitoring hand hygiene compliance and using continuous observational audits and on-going improvement activities, FH is continuing to align with the Canadian Patient Safety Institute's Safer Healthcare Now! Initiative, and with Accreditation Canada's Required Organizational Practices, as well as the provincial auditing and reporting of hand hygiene compliance.

What are we doing?

We have installed new hand sanitizer dispensers in convenient locations. We conduct compliance audits each fiscal period at a minimum to reinforce that hand cleaning is important and to determine if units are getting better at cleaning their hands. We provide educational support for staff groups and sites and help them develop action plans. We post hand hygiene cleaning compliance rates on each unit and around the site so staff, families and visitors know how well hand cleaning is done.

How do we measure it?

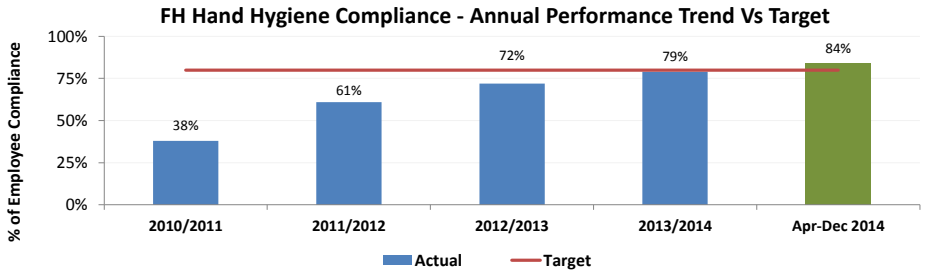
Hand hygiene audits are an ongoing performance measure across FH. Hand hygiene observations are completed each fiscal period by audit-trained and certified healthcare providers in various settings including Acute Care facilities, Residential Owned and Operated facilities, Mental Health & Substance Use facilities, Outpatient settings including JPOCSC, Public Health Units, Primary Care facilities, and among Home Support and Home Health.

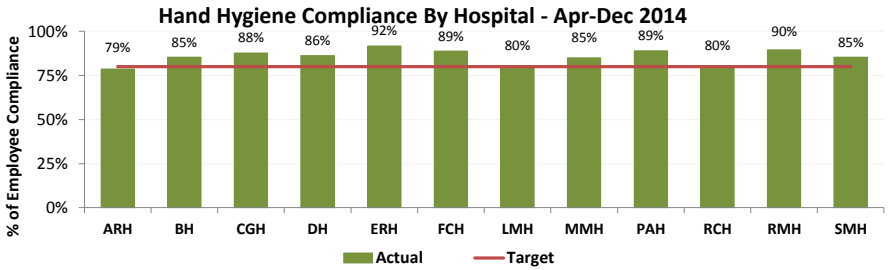
What can you do?

Continue to clean your hands and support hand cleaning actions around you. Clean your own hands thoroughly and often, especially before and after eating and after going to the washroom. Politely ask health care workers if they cleaned their hands before they examine or treat you, and encourage your family and loved ones to wash their hands.

Our Performance	Target *
84.1%	***>= 80%***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Infection Control
* Target Source:	FHA Infection Control





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Report Generated: **January, 2015**

Sick Time Rate

How often are staff away from work due to an illness or injury?

What are we measuring?

Total sick leave hours as a percent of total productive hours

How are we doing?

Our current performance (4.9%) is meeting our performance target (5.0%).
Although there has been a 0.1% increase in our sick time rate in financial period 10 compared to financial period 9, we are still meeting our performance target for 2014/15. Our analysis shows financial period 10 as the historical peak period for sick time. We expect a downward trend to begin in financial period 11.

Why?

We want to help our staff be well and productive at work so they can provide the best care to our patients, clients and residents. Reducing sick time improves our services, reduces the workload stress and overtime costs of staff covering for ill or injured coworkers, and allows us to reinvest in patient care.

What are we doing?

The Attendance Promotion Program has conducted an analysis of Fraser Health sites currently above the 5% target. From that analysis, specific departments were identified with high sick time. The Attendance Promotion Program team is working with the managers for the identified departments in reducing their high sick time. As of fiscal Quarter 3, 69% of the employees in the Attendance Promotion Program are showing improvement in their sick time. The Attendance Promotion Program team continues to provide our managers with resources and guidance to address employees' whose sick time rates are above our target of 5%. The Attendance Promotion Program supports our managers in conducting attendance discussions in a timely manner and provides awareness and support for the employee.

How do we measure it?

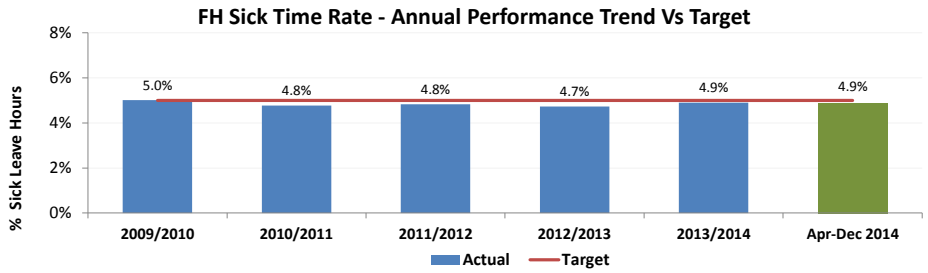
We track the number of hours lost to illness or injury and divide it by the total number of productive (working) hours. This gives us the percentage of productivity lost to sickness.

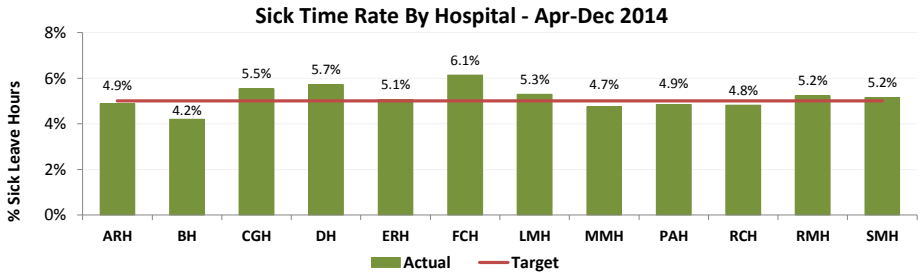
What can you do?

You can minimize the spread of illness/viruses. Do not visit patients in the hospital when you are sick. If visiting a patient, wear a mask if you have not received your flu vaccination. Get immunized and keep your immunizations up to date. Practice good hand hygenie by washing your hands

Our Performance	Target *
4.9%	***<= 5.0%***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Finance
* Target Source:	FHA Finance





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Report Generated: **January, 2015**

Overtime Rate

How often do our staff work overtime?

What are we measuring?

Total overtime hours as a percent of total productive hours

How are we doing?

Our current performance (2.3%) is meeting and favourably exceeding our target (3.0%). Our overtime rates are slightly higher than the previous year. For all clinical units that are above their target, managers are asked to develop action plans on how they will mitigate their overtime. Progress is reported at each fiscal period for managers. Individually there are some sites that, while showing improvement, have not met our targets.

Why?

As we are accountable for the funds we receive through B.C. taxpayers, we want to deliver the highest quality patient care at the lowest possible cost. Providing care at overtime rates is often more expensive than providing the same care at regular wage rates. Overtime also puts workload stress on individual employees.

What are we doing?

Managers are accountable for approving all overtime utilization. Overtime logs are kept and reviewed monthly. To help address the organization's overtime utilization, a Staffing Manager position has been created, this position will lead the Overtime Assistance Team (OAT) which was highly successful in assisting clinical units with high overtime utilization to develop tailored strategies to mitigate their overtime. This team aims to better support managers and directors at local levels to address overtime mitigation issues unique to their unit(s). The role of the team is to identify barriers and to set up action plans. Repetitive themes are brought forward to a task group to develop organizational solutions. Three OAT meetings were organized for Fiscal Period 09. A Recruitment Accountability Framework will be implemented in the near future. This tool will assist Managers to better understand their roles and responsibilities and will help them to proactively managing scheduling.

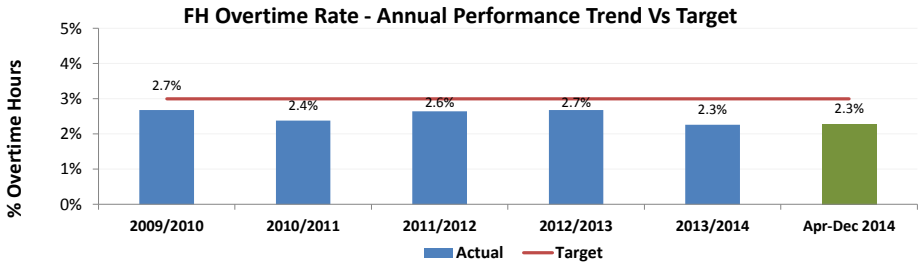
How do we measure it?

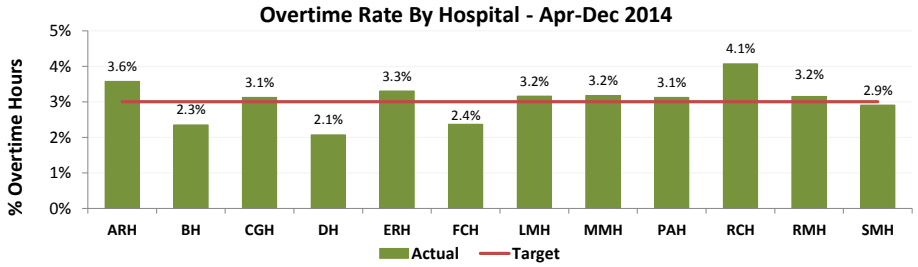
We take the total overtime hours and divide by total productive (working) hours.

What can you do?

Our Performance	Target *
2.3%	***<= 3.0%***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Finance
* Target Source:	FHA Finance





Budget Performance (Net Variance to Budgeted Expenditure Ratio)

How well are we performing to plan?

What are we measuring?

This is a measure of how programs are performing against their Board approved budget.

How are we doing?

The Period 10 YTD budget surplus has increased to $14.5 million compared to $0.6 million for the same period last year. We are currently meeting our performance target . Regular budget meetings and variance follow-up have resulted in no program areas that are running in a signficant budget deficit. Ministry of Helath Pay for Performance (P4P) funding is currently projected to earn $6.9 million out of the total $12.0 million available.

Why?

To measure and monitor financial performance to help ensure that no program is running a deficit.

What are we doing?

A new budget policy was approved in 2013 outlining stringent protocols and enforcement when VP's, ED's and managers exceed budget variances thresholds, including the implementation of an on-line reporting tool. We implemented a position control policy to ensure hiring managers are adhering to new policies when hiring new employees including mandating CEO and CFO approval for all new hires. We implemented site based performance reports to complement the program based reporting structure.

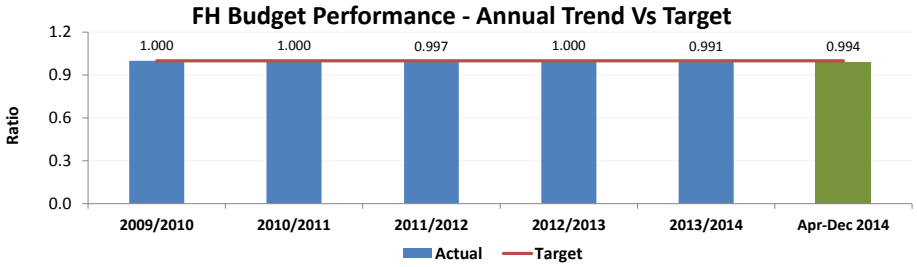
How do we measure it?

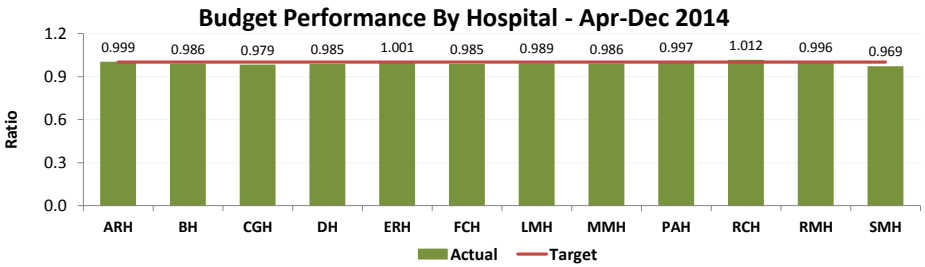
Budgeted expenditures less net variance to budget over budgeted expenditures.

What can you do?

Our Performance	Target *
0.994	***<= 1.000***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Finance
* Target Source:	FHA Finance





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Report Generated: **January, 2015**

Direct Care Hours Per Patient Day (Acute Nursing Inpatient)

How many direct hours of care are provided each day a patient is in the hospital?

What are we measuring?

Productive hours worked (regular, relief, overtime, workload) by direct care nursing staff in nursing inpatient units over patient days in acute nursing inpatient units.

How are we doing?

Our current performance (6.85) on this measure is not meeting our performance target (6.7). Our performance is trending away from our performance target.

Why?

To measure and monitor the productive or care hours provided per acute inpatient day. Measuring productivity levels helps us understand patients needs while balancing resources to take care of those needs. Several different care providers are utilized to provide quality patient care. It is important to ensure we utilize the best care provider for the best role. Also, some patients in the hospital, as in the intensive care unit, require 24 hours of nursing care per day. Other patients do not need as many direct nursing hours to receive quality patient care and a full recovery. It's about using our staff resources (labour) in the most efficient and effective way possible.This measure divides the total number of nursing hours paid (labour) by the number of patient days (volume). As per the Ministry of Health definition, this measure includes Medical, Surgical, Med/Surg, ICU, Obstetrics, Pediatrics, MHSU, Physical Rehab, and Palliative Nursing Units.

What are we doing?

We need to be cost effective with our resources but also ensure that patient care is the priority. We try to match our nursing hours to the patients needs and adjust staffing as needed. We have shifted administrative responsibilities of leaders to ensure a more visible presence in care areas to support staff caring for patients. We continuously allocate resources to match patient needs. Approximately 13% of all days were for patients in alternate level of care (ALC) status. The relatively high number of these patients has reduced the need for daily care hours. We measure the productivity of nursing staff who provide direct patient care, including registered nurses, licensed practical nurses and health care assistants.

How do we measure it?

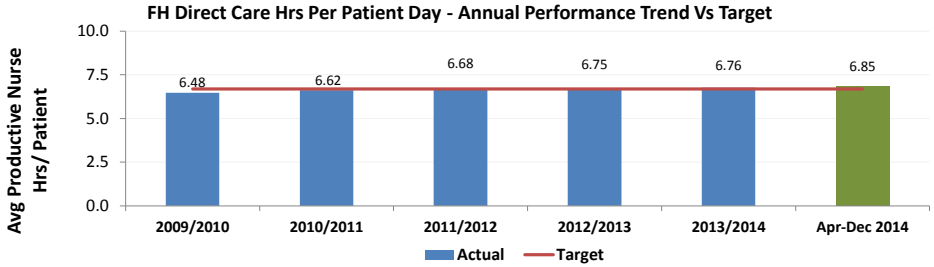
The number of productive hours worked by direct care staff in nursing inpatient units is divided by the number of patient days in nursing inpatient units. The patient days are based on the average number of patients in a unit during a 24 hour period.

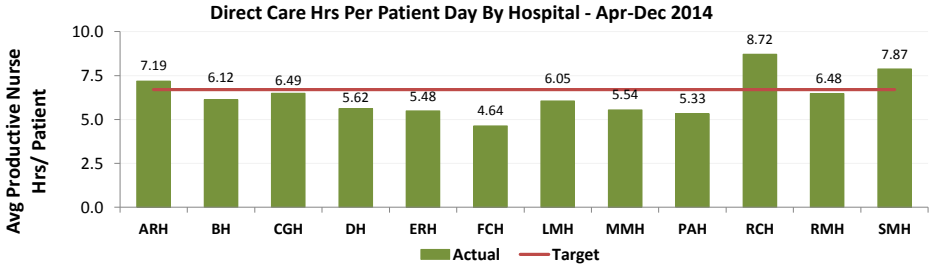
What can you do?

You can be an active participant in your care (or your family/friends care). Work with the care team for effective hospital to home discharge. Smooth and efficient transitions help reduce over utilization of nursing hours.

Our Performance	Target *
6.85	<= ***6.7***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Finance
* Target Source:	FHA Finance





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Report Generated: **January, 2015**

Expenditures Per Separation (All Acute)

What is the cost of providing health services to a patient that is admitted in a hospital?

What are we measuring?

All acute general hospital expenditures (before amortization) over inpatient separations.

How are we doing?

Overall, our performance ($11,204) is currently not meeting our target ($11,000). Our performance on this measure is trending away from our target. Our performance on this measure should improve as Average Length of Stay is lowered.

Why?

To measure and monitor financial performance on the average cost per stay in acute care.

What are we doing?

Priority action plans are focused on reducing Average Length of Stay and alleviating demand in acute sites by ensuring that patients are receiving the appropriate level of care. Acute sites that are meeting target will be used as benchmarks for other sites.

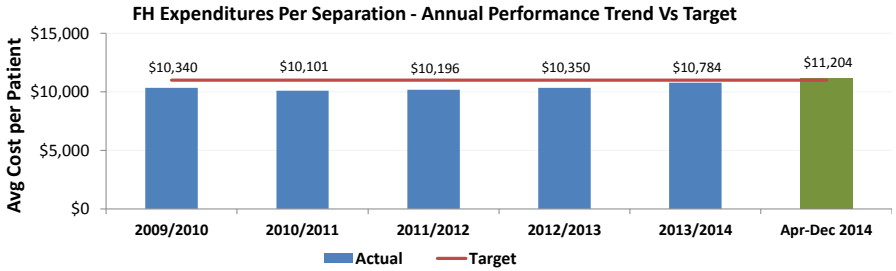
How do we measure it?

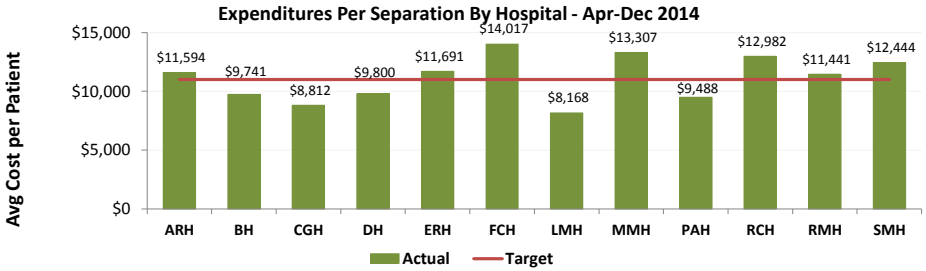
The total expenses before amortization at an acute site for both direct nursing inpatient units (units with separations) and indirect clinical and corporate support costs (such as Administration, Lab, Medical Imaging, Housekeeping, etc.) are divided by the number of patient separations for that site. Included in the total expenses are the clinical and corporate support costs for any residential beds that are located at the site.

What can you do?

Our Performance	Target *
$11,204	<= ***$11,000***

Performance timeline:	Apr-Dec 2014
Data Source:	FHA Finance
* Target Source:	FHA Finance





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Our Health Care Report Card

Ministry of Health Measure

Report Generated: **January, 2015**

Average length of stay /Expected length of stay (ALOS/ELOS)

Are our patients having longer hospital stay compared to the national average?

What are we measuring?

Ratio of inpatient Average Acute Length of Stay (ALOS) for medical cases to the average Expected Length of Stay (ELOS). This measure focuses only on typical patients to be comparable to the national benchmark.

How are we doing?

Our current performance (0.99) is not meeting our target (0.95). Our performance on this measure since 2012/13 is trending away from our target. We recognize the need to improve our performance, to increase efficiency in our hospitals.

Why?

Length of stay (LOS) is influenced by many factors but safe and effective patient care should result in a shorter hospital stay. Measurement of LOS is important in evaluating efficiency and optimal use of resources, and comparing against a national average (ELOS) benchmark would take into consideration the effect of changes in mix of patients across different hospitals and time periods.

What are we doing?

We are developing standardized care planning tools for specific patient groups, to improve communication between all team members, our patients and their families. This will ensure that every patient receives the best quality of care for their medical condition as well as their personal situation.

How do we measure it?

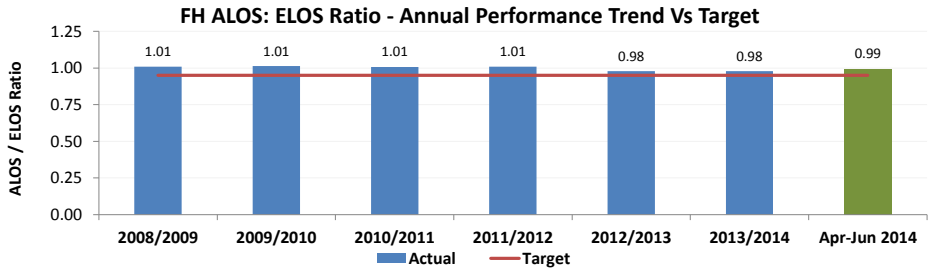
This measure is calculated by taking the actual average acute length of stay (ALOS) for typical patient discharges and dividing by the expected length of stay (ELOS) for the same group of patients. The ELOS for each hospital visit is calculated by the Canadian Institute of Health Information on the basis of actual stays across Canadian hospitals for every cluster of diagnoses, interventions, age, sex, and complexity.

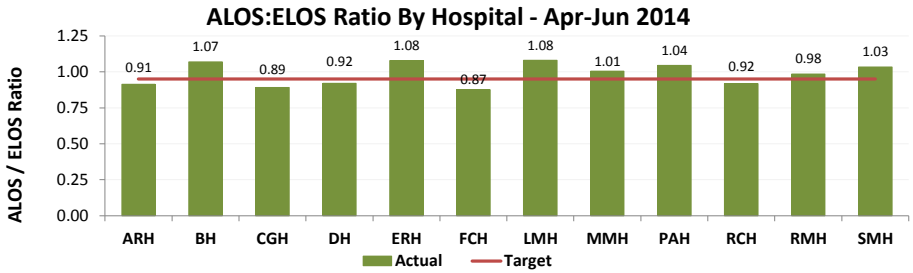
What can you do?

Take an active role in planning your care. Ask questions about your medical condition and participate in setting your goals for care. Inform your care providers about what you need to feel supported to leave the hospital.

Our Performance	Target *
0.99	***< 0.95***

Performance timeline:	Apr-Jun 2014
Data Source	MoH Measurement SharePoint
* Target Source:	FHA Internal Target





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Our Health Care Report Card

Ministry of Health Measure

Report Generated: **January, 2015**

Readmission Rates Utilization (Emergent/Urgent), All Causes

How many FHA residents return to a acute care hospital within 30 days?

What are we measuring?

Rate of FHA residents who are unexpectedly readmitted to an acute care hospital within 30 days of an inpatient episode of care. Readmission may or may not be related to the previous episode of care. This is based on the place of residence of the patient, not the location of the hospital.

How are we doing?

Our current performance (10.4%) is not meeting our target. We normally maintain a readmission rate below our 10% target, however for the last two reporting periods our readmission rate has not met our target.

Why?

Urgent returns to hospital are difficult for patients and costly for the health system. While not all readmissions can be prevented, the rate can often be reduced through better follow-up and coordination of care for patients after discharge. Tracking the readmission rate helps us understand the effectiveness of hospital care, and how well we support patients after they leave the hospital.

What are we doing?

We have established a Transitions Working Group that is focusing on initiatives supporting seamless transitions between Hospital and Community. We are enhancing our discharge planning processes that will include improved communications with our patients and community providers to ensure they have the information they need for continuity of care. We are developing and enhancing programs and services to support follow up and monitoring of patients post discharge from hospital. We are identifying additional indicators that will give us a more detailed understanding of our readmission rate performance.

How do we measure it?

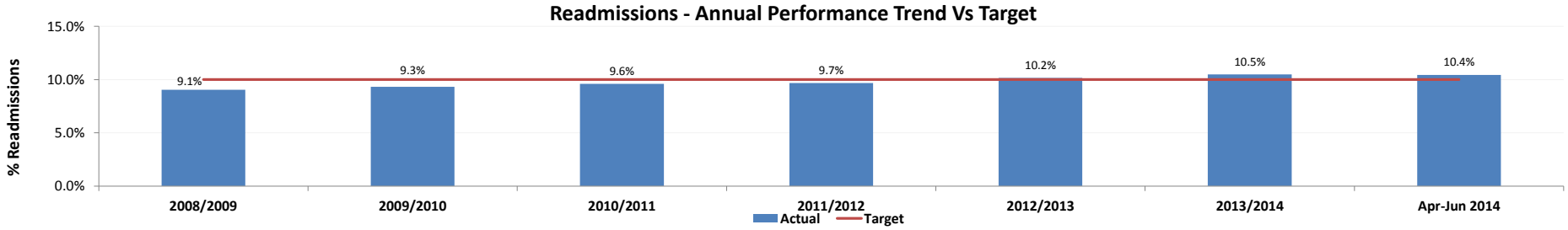
We take the number of FHA residents who are unexpectedly admitted to an acute care hospital within 30 days of an inpatient episode of care, and divide it by the total number of all inpatient episodes of care between April 1 and March 1 of the fiscal year.

What can you do?

If you or your loved one needs to stay in one of our hospitals, discuss with our healthcare providers the discharge plan before going home. The plan could include information about the type of care required, activities that will help with the recovery, medications, diet and/or equipment. Let your healthcare provider know as soon as possible if you have any questions. Familiarize yourself with the discharge instructions and contact information provided. Connect with the suggested community provider for any concerns about your recovery.

Our Performance	Target *
10.4%	***<= 10.0%***

Performance timeline:	Apr-Jun 2014
Data Source:	MoH Measurement SharePoint
* Target Source:	FHA Internal Target



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Our Health Care Report Card

Ministry of Health Measure

Report Generated: **January, 2015**

Ambulatory Care Sensitive Conditions Hospital Admissions Rate (Age <75)

How many hospital stays could be avoided by using GP, outpatient clinics and community health resources instead?

What are we measuring?

Number of people with a chronic disease admitted to hospital per 100,000 people aged less than 75 years (Ambulatory Care Sensitive Conditions admissions rate). Hospitalization for Ambulatory Care Sensitive Conditions (ACSC) is an indirect measure of access to primary care and the capacity of the system to manage chronic conditions such as diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD), and asthma. ACSC hospitalizations are often referred to as avoidable and are an indirect measure of the effectiveness of the health care system in the community.

Why?

The rate of admissions to hospital for ACSC's is used as a measure of patient access to appropriate health care in the community. A very low rate of ACSC admissions could indicate that there is good access to appropriate primary care and other outpatient care. However, we still expect some ACSC admissions because not all hospital admissions with these conditions are avoidable.

How do we measure it?

The "ACSC hospital admission rate (Age<75) is the number of people with specific "ACSC" conditions (typically chronic diseases) in every 100,000 people of this age group who are admitted to hospital in a given time period. Definition of ACSC is based on 2011 CIHI Health Indicator technical notes.

How are we doing?

Our current performance (258) is not meeting our target (234). When compared to last fiscal year, our performance is trending toward our target.

What are we doing?

We are actively engaged in promoting health and preventing chronic disease. We are building advanced and rapid access to community services. Our Practice Support Program and GP4Me partnerships enable GPs and nurse practitioners to increase access to visits in their office. We are working to increase access to clinics and community resources that support patients with chronic disease. We are identifying models of expanded or extended after-hour care, and expanding Case Manager / GP collaboration in communities. We are looking at the reasons patients go to Emergency "unnecessarily" and we are starting to identify opportunities to respond to local needs. We are identifying additional indicators that will give us a more dettailed understanding indication of our ACSC performance.

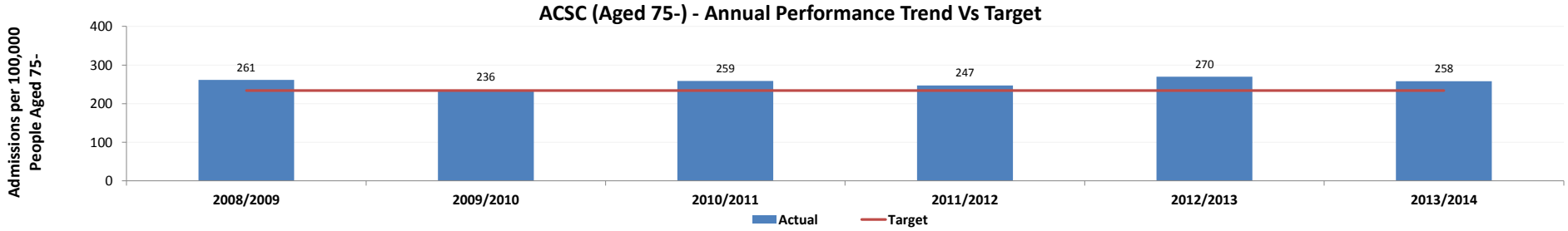
What can you do?

Seek alternative treatment before going to the Emergency such as going to your family doctor, and/or using other community resources. Ask your family physician, nurse practitioner, or other healthcare providers to help you learn how to manage your chronic condition to avoid a deterioration of your health. Know what to do in the event of emergency. Build a relationship with your GP, and partner with your doctor in keeping yourself well. Exercise if you can. Eat a healthy diet, and try to maintain a healthy weight.

Our Performance	Target *
258	<= ***234***

Performance timeline:	2013/2014
Data Source:	MoH Measurement SharePoint
* Target Source:	BC Ministry of Health

Note: Service Plan target for 2014/15 – 2016/17



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Ambulatory Care Sensitive Conditions Hospital Admissions Rate (Age 75+)

How many hospital stays could be avoided by using GP, outpatient clinics and community health resources instead?

What are we measuring?

Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years or greater (Ambulatory Care Sensitive Conditions admissions rate). Hospitalization for Ambulatory Care Sensitive Conditions (ACSC) is an indirect measure of access to primary care and the capacity of the system to manage chronic conditions such as diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD), and asthma. ACSC hospitalizations are often referred to as avoidable and are an indirect measure of the effectiveness of the health care system in the community.

Why?

The rate of admissions to hospital for ACSC's is used as a measure of patient access to appropriate health care in the community. A very low rate of ACSC admissions could indicate that there is good access to appropriate primary care and other outpatient care. However, we still expect some ACSC admissions because not all hospital admissions with these conditions are avoidable.

How do we measure it?

The "ACSC hospital admission rate (Age>75) is the number of people with specific "ACSC" conditions (typically chronic diseases) in every 100,000 people of this age group who are admitted to hospital in a given time period. Definition of ACSC is based on 2011 CIHI Health Indicator technical notes.

How are we doing?

Last year, Fraser Health's ACSC admission rate was unfavorable compared to our target. We have physicians and other healthcare staff and patients looking at their communities and determining where they need to focus. The GP4Me initiative is one example of this. We are looking at the reasons patients go to Emergency "unnecessarily" and we are starting to identify opportunities to respond to local needs. We are also currently identifying additional indicators that will give us a more recent indication of our ACSC performance.

What are we doing?

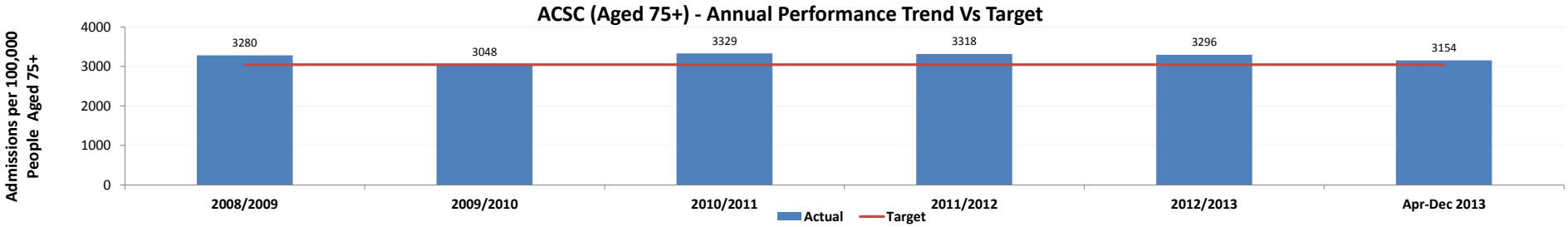
We are strengthening the Quick Response Case Manager role, in partnership with the Geriatric Emergency Nurse clinician to better enable patients to connect with appropriate community resources and avoid the need for the Emergency Department. We are building advanced and rapid access to community services through a number of initiatives including our Practice Support Program which supports GPs, and Nurse Practitioners (NP) to increase access to visits in their offices. We are working to increase access to our clinics and community resources that support chronic disease. We are also identifying models of expanded or extended after-hour care, and expanding Case Manager / GP collaboration in communities. Through the GP4Me initiative the Division of Family Practice, in partnership with Fraser Health, are implementing strategies to enhance capacity of, and access to, GPs. This includes increasing visits to homebound patients.

What can you do?

Seek alternative treatment before going to the Emergency such as going to your family doctor, and/or using other community resources. Ask your family physician, NP, or other healthcare providers to help you learn how to manage your chronic condition to avoid a deterioration of your health. Know what to do in the event of emergency. Build a relationship with your GP and partner with your doctor in keeping yourself well. Exercise if you can. Eat a healthy diet, and try to maintain a healthy weight.

Our Performance	Target *
3154	***<= 3048***

Performance timeline:	Apr-Dec 2013
Data Source:	MoH Measurement SharePoint
* Target Source:	FHA Internal Target



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Hospital Standardized Mortality Ratio

What is our mortality rate compared to other Canadian hospitals?

What are we measuring?

The number of patient deaths in our hospitals, compared to the average Canadian experience.

Why?

Hospital Standardized Mortality Ratio (HSMR) is an important measure to improve patient safety and quality of care in our hospitals. We use it to identify areas for improvement to help reduce hospital deaths, track changes in our performance and strengthen the quality of patient care. Taking action quickly to treat patients who suddenly become much more ill than expected is key to reducing hospital deaths.

How do we measure it?

The HSMR is calculated as a ratio of the actual number of deaths to the expected number of deaths among patients in hospital. It takes into account factors that may affect mortality rates, such as the age, sex, diagnosis and admission status of patients. It uses the national baseline average from 2009/10.

Our Performance	Target *
82	***<= 100***

Performance timeline:	2013/2014
Data Source:	Canadian Institute for Health Information (CIHI)
* Target Source:	FHA Internal Target

How are we doing?

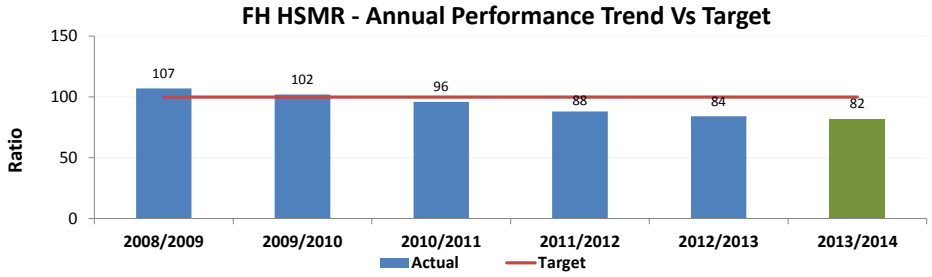
Fraser Health has improved by lowering the HSMR number between 2008 and 2013. From October to December of 2013, all Fraser Health hospitals performed below the national target of 100. Burnaby Hospital has approximately 400 fewer patient deaths in hospital than expected over the past 5 years. The 4 largest hospitals as well as one medium-sized hospital show the highest HSMR; however, many factors contribute to this. A review of results is underway to understand differences in site results, identify opportunities to reduce HSMR at each site, and spread actions which have been successful to date.

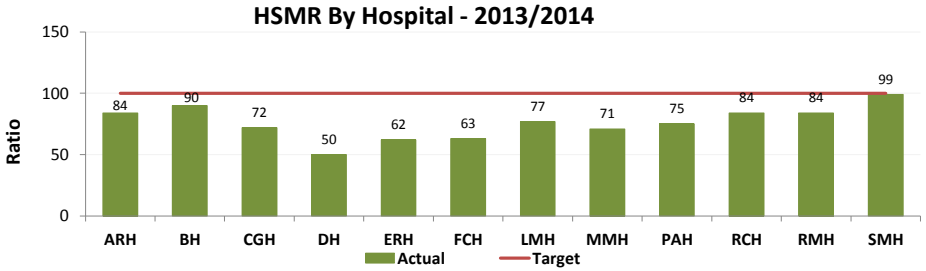
What are we doing?

Improving care for patients whose condition unexpectedly worsens has had good results at Burnaby Hospital. Early recognition and rapid response to sudden worsening of patient condition is a key focus of actions to reduce HSMR at Fraser Health. Best practice includes communication of critical patient information between healthcare team members, reviewing patients' health records to identify ways to make care safer, and ensuring patients' medical treatment wishes are communicated with the healthcare team. Improvements have also been made across the organization in the 'Code Blue' system to respond to patients in cardiac and respiratory arrest.

What can you do?

No matter what stage of life or health you are at, consider having an End of Life conversation with your physician and family. Identify how much health care treatment you would want in a sudden healthcare emergency. If you are a patient, participate as much as possible in setting goals and planning your care while in hospital.





Falls that Result in An Injury in Residential Care Facilities

How many fall-related injuries can be prevented in residential care facilities?

What are we measuring?

Number of residents having a fall resulting in injury requiring physician intervention or transfer to hospital

How are we doing?

In 2013/14, FHA's rate of falls per 100 residents was at 3.5 which was beyond our target. In 2014/15 so far, however, this rate has been decreased to 2.7.

Why?

Residents are at additional risk for falling due to factors associated with their health. Falls resulting in injuries can impact a resident's freedom of movement, autonomy, dignity, independence and quality of life thus it is important to minimizes risks related to falls and falls related injuries while maximizing resident's freedom of movement.

What are we doing?

Implementing and practicing universal falls precaution interventions (safe environment, assist with mobility, fall risk reduction, engage resident and caregiver). Implementing additional targeted interventions to residents based on individual risk factors for injuries and falls. Enhancing a culture that balances resident safety, independence and autonomy. Providing education resources for staff, residents and family members.

How do we measure it?

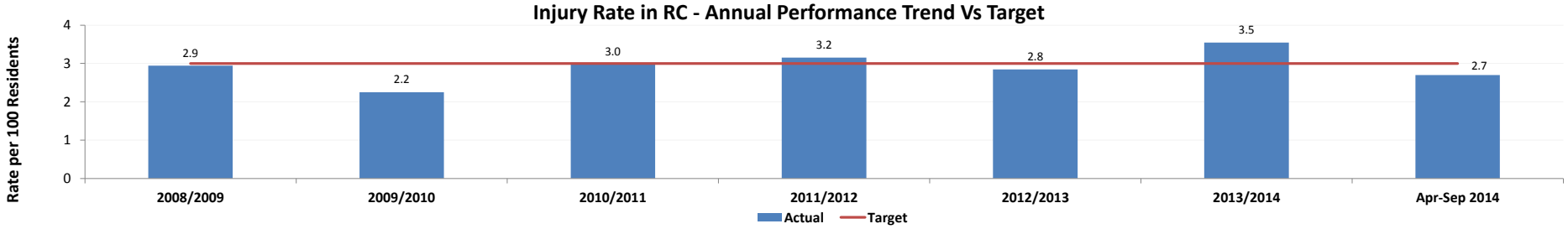
We take the number of residents who fell and had an injury requiring physician attention or transfer to hospital and divide that by the total number of residents in the facility during the reporting period. We then divide the ratio by 100 to represent the falls per 100 residents.

What can you do?

Residents and Family members are encouraged to read and follow the recommendations in the "Family/Resident Brochure-Your Guide to Reducing Falls and Injuries" and speak with the care team if they have any questions or concerns.

Our Performance	Target *
2.7	***<= 3.0***

Performance timeline:	Apr-Sep 2014
Data Source:	Quality Performance Measurement System (QPMS)
* Target Source:	FHA Residential Care



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Percent of 2-Year Olds with Up-To-Date Immunizations

What percentage of 2-year olds are up-to-date with all their immunizations.

What are we measuring?

The percentage of 2-year olds that are up to date for the following immunizations - 4 doses diphtheria/tetanus/pertussis, 3 doses hepatitis B, 1 dose measles/mumps/rubella, 3 doses polio, at least 1 dose of Haemophilus influenzae type b after 15 months of age, 1 dose varicella (or recorded exemption for varicella due to previous disease or protective antibody levels), and up-to-date for pneumococcal conjugate and meningococcal C conjugate as defined by age of first dose.

Why?

To ensure young children are protected against diseases easily preventable by vaccine.

How do we measure it?

This statistic is produced quarterly by the BC Centre for Disease Control. The number of children is pulled from the IPHIS system (to be pulled from Panorama in the future). It is calculated as the number of children who have completed the routine child immunization schedule by 2 years of age divided by the number of children turning 2 years old during the designated time period.

How are we doing?

Our current performance (69.2%) is not meeting our target (73%). Achieving our target of 80% immunization coverage rates by the end of 2016/17 and our interim target of 73% by the end of 2014/15 will require significant improvement.

What are we doing?

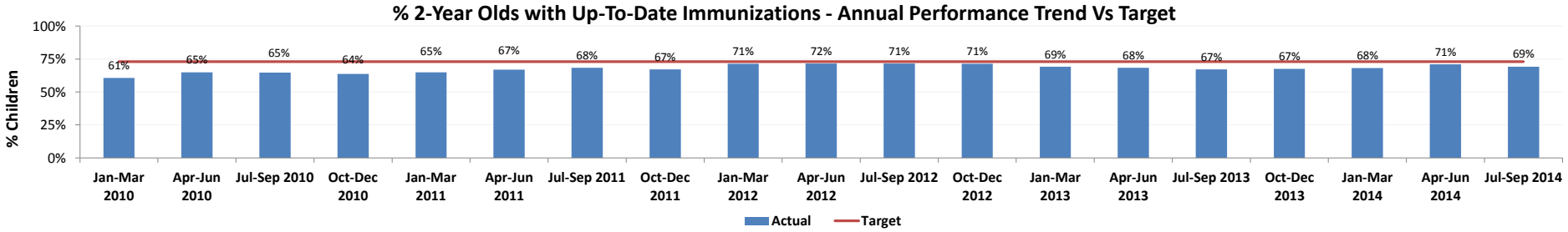
Children residing in our region have access to publicly funded vaccines through local public health units and family physicians. A marked decline in immunization completion rates has been observed at ages 12 and 18 months. We conducted a review to identify ways to improve the quality and efficacy of immunization service delivery in local public health units. Improvement recommendations aimed at increasing 2 year old immunization coverage rates began to be implemented in November 2014. These recommendations augment the strategies already in place to support immunization in our communities.

What can you do?

Immunization is the most effective way to protect children from vaccine-preventable diseases. All parents are encouraged to ensure their children's immunizations are up to date and documented.

Our Performance	Target *
69.2%	***>= 73%***

Performance timeline:	Jul-Sep 2014
Data Source:	Integrated Public Health Information System (iPHIS)
* Target Source:	FHA Public Health



Percent of Drinking Water Systems Complying with Microbial Monitoring Requirements

Are our drinking water systems complying with microbial monitoring requirements?

What are we measuring?

The Percent of drinking water systems submitting at least 80% of the samples required for microbial monitoring, according to the Drinking Water Protection Act/Regulation, Schedule B.

Why?

i. To determine Fraser Health's 460 drinking water system's level of legislative compliance in monitoring the microbiological water quality (Total Coliform and E.coli) of drinking water on a regular basis. ii. To ensure that drinking water in Fraser Health is potable and safe to drink. iii. To identify those water systems that do not meet the minimum goal of 80% compliance and follow-up by contacting the water systems to voluntarily comply or impose progressive enforcement by way of Orders and possible Fines.

How do we measure it?

Bacteriological water quality test results from analytical laboratories are regularly downloaded into Fraser Health's HealthSpace database. On a quarter-annual basis the monitoring data for each water system is reviewed and summarized by Drinking Water Environmental Health Officers.

Our Performance	Target *
95.0%	>= ***95.0%***

Performance timeline:	Oct-Dec 2014
Data Source:	FHA Public Health
* Target Source:	FHA Public Health

How are we doing?

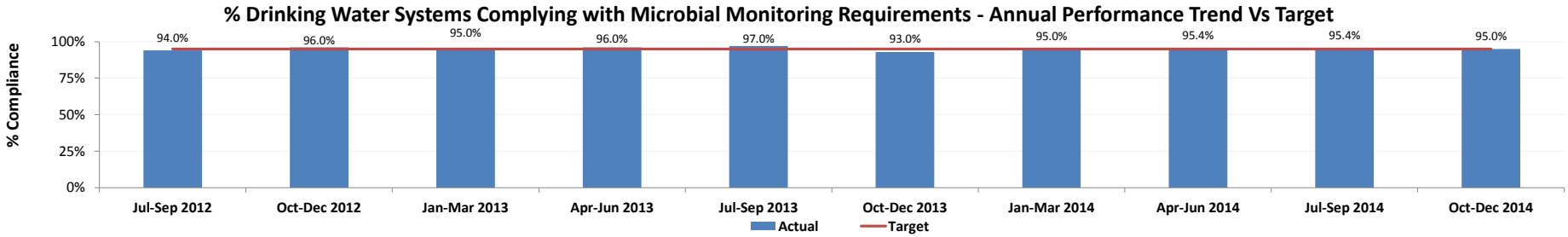
Fraser Health has made significant progress in recent years, increasing the compliance rate from as low as 81% in 2009. We have seen steady improvements as a result of efforts by Drinking Water staff and water system operators, and have now consistently meet the 95% goal. This target will be raised by one percentage point each year, up to 98% by 2017. Water system operators have been responding in a positive way to the monitoring requirements.

What are we doing?

Drinking Water staff are continuing to communicate with water system operators that are not meeting the required monitoring frequencies; reminding them of their legislated responsibilities and providing advice on how they can improve their compliance. Drinking Water staff are following up on non-compliant water systems by contacting them personally, by inspections, by phone, by letters and, if necessary, by Orders.

What can you do?

If you use a small water system that serves 500 people or less, contact the water system's owner/operator to confirm that the system is being monitored on a regular basis (generally 4 times per month), and ask for the bacteriological test results. Health Protection Drinking Water staff are available to assist with interpretation of results. The link below has more information on our Drinking Water Program, including inspection histories for water systems, and our contact information.
www.fraserhealth.ca/your_environment/drinking_water



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WorkSafeBC (WSBC) Claims Duration

What are we measuring?

Duration of “lost time injury” claims expressed in days lost per claim

Why?

Duration of claim is the primary driver of costs related to occupational injury and illness in healthcare. Measuring duration will provide Fraser Health with the ability to track successes related to disability management, early intervention programs and relative staff availability. Increased duration of claim affects overtime costs as regular staff are unable to work due to injury requiring coverage. Duration of claim also drives the assessment costs paid to WorkSafe BC

How do we measure it?

Days lost/duration per claim data is obtained from regular downloads from WorkSafeBC and is calculated as days lost accumulated for claims started in each quarter. Claims will continue to accumulate duration until employees return to work, so duration does increase over time. Therefore historical/longer-term averages are a better indicator of program performance.

Our Performance	Target *
19	***<= 28***

Performance timeline:	Oct-Dec 2014
Data source:	FHA Workplace Health
* Target Source:	FHA Workplace Health

How are we doing?

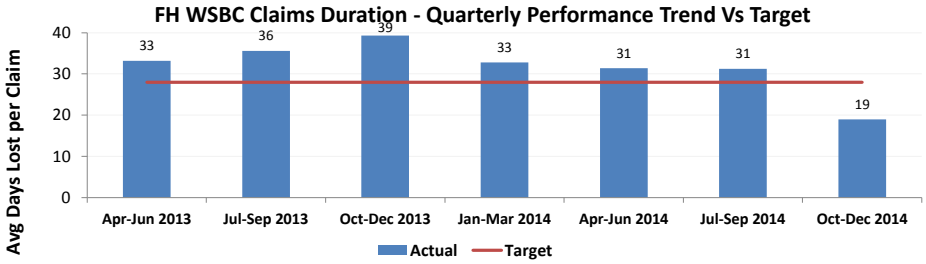
Our performance (19 days lost per claim) is meeting and favourably exceeding our target (28 days lost per claim). We have achieved a 30% decrease in WSBC claims duration since May 2010. This decrease has been achieved through an extensive LEAN process improvement in partnership with WSBC. We have the lowest average claim duration in comparison with the other Health Authorities with the exception of Interior Health. Efforts continue to move this important indicator as low as possible.

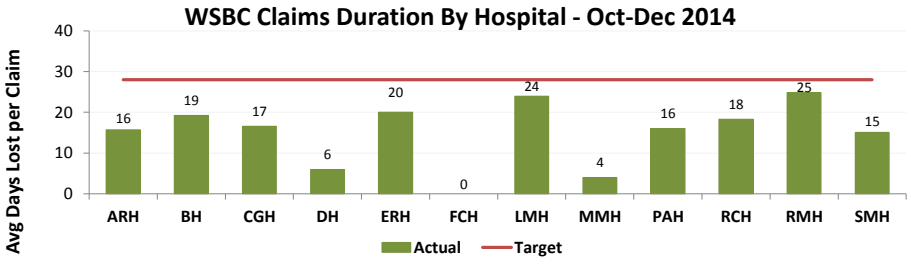
What are we doing?

We are working actively with WSBC on several process improvement projects to reduce claim duration. Our strategies include providing prompt and effective reporting, early and targeted access to services and facilitating early connection and return to work. Contracts with specialized rehab providers are now in place to provide our employees with early and active rehab services. Shoulder injuries now have a designated care path. We provide specialized services to address the severity of these injuries.

What can you do?

Continue to promote the concepts of early intervention, connection with the workplace and safe and targeted rehab services. Encourage employees to report issues early so that services can be identified and provided as soon as appropriate.





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WorkSafeBC (WSBC) Claims / 100 FTE

What are we measuring?

Employee safety by tracking the frequency of WSBC Claims over time. This measures the number of WSBC accepted claims resulting in lost time per 100 FTEs.

Why?

This indicator is a nationally comparable performance indicator, and is a measure of staff safety and well-being. It measures the overall extent to which FH is providing a safe work environment for its direct care employees by tracking the amount of time lost due to injury over time.

How do we measure it?

We measure staff safety in the workplace by tracking the frequency of accepted lostt-time WSBC Claims over time. This measures the number of WSBC accepted incidents per 100 FTEs. Numerator data is from the WHITE database and denominator (FTEs) from FH Payroll data.

How are we doing?

Our WSBC Claims/100 FTE claim rate performance (6.2) is meeting and is favourably below our target (7.0). Our performance has improved 19% over the past 5 years. Injury rates remain higher in the Residential Care and Home Support sectors due to the type of work being performed and the increasing acuity of residents and clients in these sectors. Acute care is our largest pool of employees and as such tends to drive our aggregate average. The highest proportion of lost time claims come from providing direct patient care, resulting in musculoskeletal injuries (strains/sprains, over-exertion). Second and third highest category of injuries are slips and falls and aggression caused.other risks to healthcare workers include exposure to communicable diseases and blood and body fluids.

What are we doing?

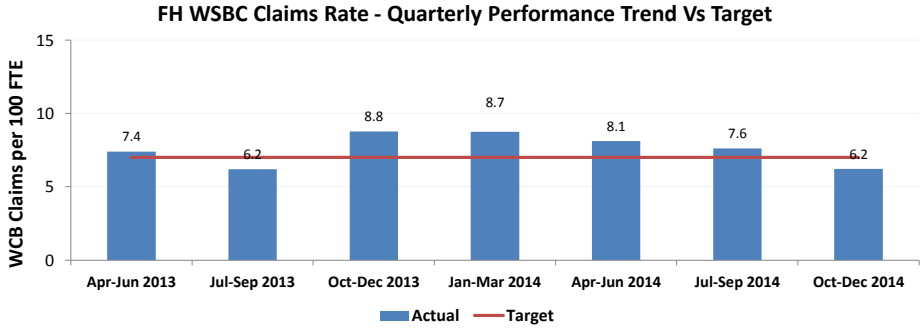
Every year we see more than 400 WorkSafeBC claims due to patient/resident/client handling. For both client and caregiver safety/well-being, we support the importance of early and ongoing assessment of client mobility and care planning to promote mobility. We assess use of client handling equipment , we perform assessment of clients for bed mobility and transfer methods, and we select appropriate equipment to match patient/resident/client abilities. We involve the interdisciplinary team in communication of any changes in assessment/mobility.

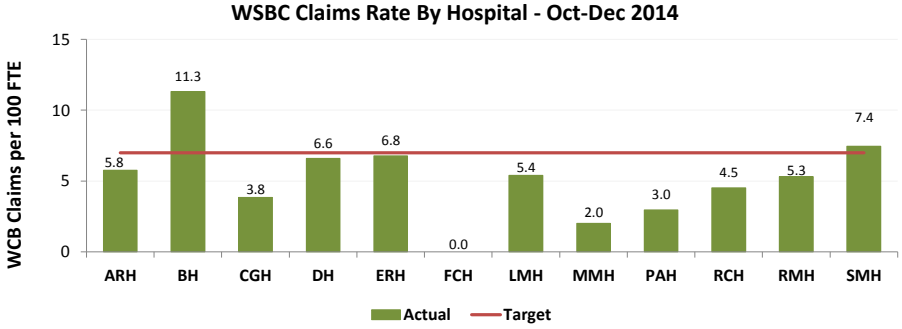
What can you do?

Ensure that all staff are oriented and trained in the application of mobility assessments, use of lifts and related equipment and that all reported hazards and investigations are investigated and hazardous conditions are corrected without delay.

Our Performance	Target *
6.2	***<= 7.0***

Performance timeline:	Oct-Dec 2014
Data source:	FHA Workplace Health
* Target Source:	FHA Workplace Health





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Difficult to Fill Vacancies

What are we measuring?

Vacancy rate of jobs which remain unfilled for more than 90 days as a percentage of total number of regular employees

Why?

Timely access to appropriate health services is affected by the supply of appropriate personnel in the appropriate setting. Difficult to Fill vacancy rate is an effective measure of supply.

How do we measure it?

We take the number of full-time and part-time external vacancies older than 90 days, divided by the active number of full-time and part-time employees. Vacancies older than 90 days are considered difficult to fill vacancies

Our Performance	Target *
0.7%	***<= 1.6%***

Performance timeline:	Apr-Nov 2014
Data Source:	FHA People Services
* Target Source:	BC Ministry of Health

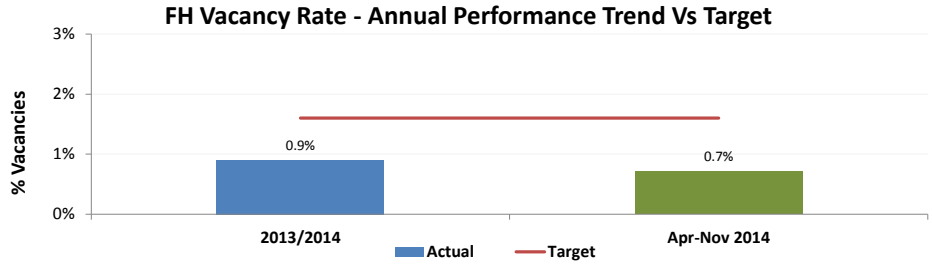
How are we doing?

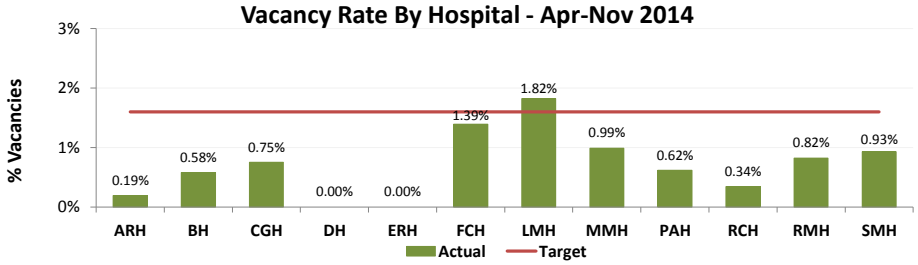
The number of Difficult to Fill Vacancies is holding steady at 117. Given the ongoing salary freeze, holding the rate constant is an achievement. Our compensation levels are a limiting factor. The majority of Difficult to Fill vacancies are from the Management & Management Support Group. We are competing with health and non-health employers for candidate who have a range of potential employers.

What are we doing?

We continue to look for opportunities to fill these vacancies. Nurse Practitioner positions account for the most vacancies (9). The requirement for non-BC Nurse Practitioners to re-write exams limits recruitment to within the province, contributing to a limited supply of candidates. 'Difficult to Fill' management/support positions are typically non-clinical, meaning we are competing against a broader market. Some positions require both business and health care experience making the candidate pool more limited. Difficult to fill vacancies for Management/Support postings are shown at an organizational level but are not assigned to an acute care site. We continue to use all media (Social Media, Job Boards, attendance at Conferences and Job Fair) to promote these vacancies. .

What can you do?





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Ministry of Health Measure

Report Generated: **January, 2015**

Age-Standardized Hospitalization Rates for FH Residents (Age 70+)

How many seniors in our region have been hospitalized?

What are we measuring?

Direct age standardized hospitalization rates for FH residents 70 years old and older per 1,000 population

Why?

Hospitalization rate is an important indicator of hospital activities. Hospital activities are affected by a number of factors, including the demand for hospital services, the capacity of hospitals to treat patients, the ability of the primary care sector to prevent avoidable hospital admissions, and the availability of post-acute care settings to provide rehabilitative and long-term care services. This measure is an important indicator of the illness in the population, the utilization of inpatient hospital services over time, and the effectiveness of primary health care.

How do we measure it?

We track the number of discharged patients aged 70+ who have stayed at least one night in hospital and divide by the total population in our region. The rate is then standardized using Canada's population to remove any effects on the data due to changes in our population (size, age).

Our Performance	Target *
264	<= ***253***

Performance timeline:	2013/2014
Data Source:	Healthideas BC
* Target Source:	FHA Internal Target
Notes:	

All rates are standardized using the direct method; All rates are per 1000 population; The standard population used is Canada 1991; Based on BC Hospital Discharge Data; Population data provided by BC STATS (P.E.O.P.L.E. 39); Method of calculation was revised in 2015 by Healthideas BC, the target for this indicator has been updated accordingly.

How are we doing?

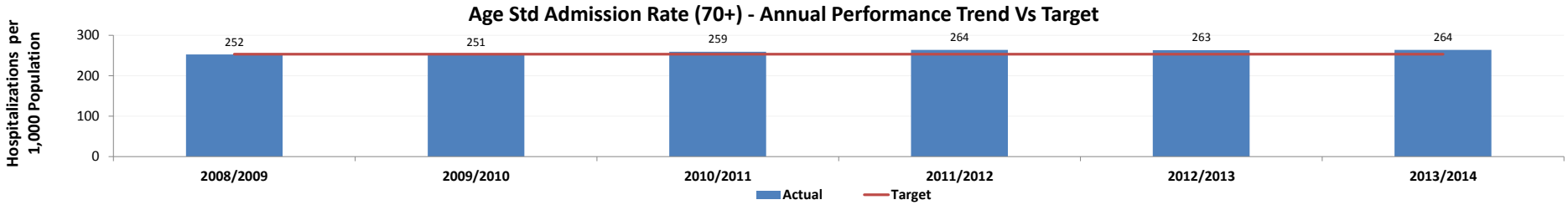
Fraser Health has a level of Age-Standardized Hospitalization (ASH) that was unfavorable compared to our target. We have physicians and other healthcare staff and patients working to improve patient attachment to physicians through the GP4Me initiative. We have also started work to ensure that comprehensive care services are available, and accessible in community. By ensuring that people aged 70 and older have a most responsible physician, and have access to the needed care in their communities, we will reduce our ASH to favorable levels. We are also currently identifying additional indicators that will give us a more recent indication of our ASH performance.

What are we doing?

We are seeking to reduce unnecessary hospitalizations by ensuring people aged 70 and older have access to a most responsible physician, and are partnering with that physician to maintain their health. Through the GP4Me initiative the Divisions Of Family Practice, in partnership with Fraser Health, are implementing strategies to enhance capacity of, and access to, GPs and Nurse Practitioners. This includes increasing visits to homebound patients. We are identifying models of expanded, or extended after-hour care, expanding Case Manager / GP collaboration in communities, and working to increase access to clinics/community resources for Specialized Geriatric, COPD, Outpatient Rehabilitation, and CHF. We are also strengthening the Quick Response Case Manager role, in partnership with the Geriatric Emergency Nurse clinician to better enable patients to connect with appropriate community resources.

What can you do?

Ensure that you have a family doctor, and/or are using other community health provider resources. Ask your family physician to help you learn how to manage any chronic conditions that you may have to avoid a deterioration of your health. Know what to do in the event of emergency. Build a relationship with your GP, or NP, and partner with them in keeping yourself well. Exercise if you can. Eat a healthy diet, and try to maintain a healthy weight.



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Our Health Care Report Card

Ministry of Health Measure

Report Generated: **January, 2015**

Emergency Patient Experience

Are patients happy with our emergency department services?

What are we measuring?

The percentage of emergency department patients who rate the care they received at the hospital positively

Why?

Our patient experience surveys provide us with valuable information about the way patients feel about our services. We use the feedback to identify areas for improvement so that we can continue to provide high-quality health care.

How do we measure it?

We take the total number of responses that answered “good”, “very good” or “excellent” to the overall quality of care question and divide by the total number of non-blank responses to the overall quality of care questions.

Our Performance	Target *
78.8%	***>= 90%***

Performance timeline:	Apr-Jun 2014
Data Source:	FHA Emergency Department
* Target Source:	BC Ministry of Health

How are we doing?

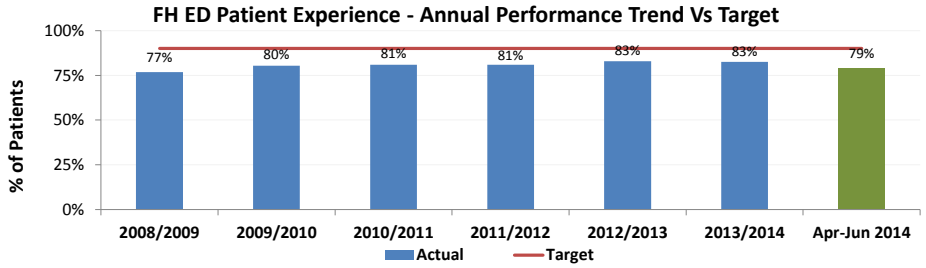
We have not met our target for Emergency Patient satisfaction. There is opportunity for improvement. Our scores for Emergency Department Patient Experience for April, May, June 2014 by hospital show some sites with improved results.

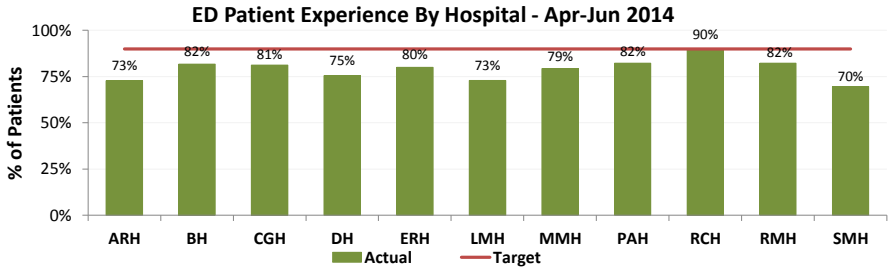
What are we doing?

We are improving the "streaming" and "flow" or our Emergency Departments. We have an opportunity to provide c efficiently. Our "left without being seen" rate at Surrey Memorial Hospital has improved from 6.6 % in May 2014 to October 2014. Four of our Emergency Departments have started collecting 'Real Time' patient satisfaction survey information using iPads as patients and their families leave the department. The results provide the opportunity to "real time" improvements such as : temperature control, noise levels, explanation of test results and pain managem results are shared with the Emergency staff. Staff have been very appreciative of the comments. Each Emergency Department is working hard at the site level to improve our '10 hour rule' performance. This contributes to improve satisfaction. The Emergency program has launched our Discharge Information package which includes lab and tes and follow up information. The Discharge Information packages have been well received by patients.

What can you do?

When possible use alternate service providers as appropriate (GP, BC nurse line, Walk in clinics). When attending the Emergency Department utilize our staff and volunteers to assist with questions and requests. Please read our brochures in each ED on how to improve your Emergency Room visit with information provided. Provide us with feedback on how we are doing and ask us about your care if you have questions. We are here to help!





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Our Health Care Report Card

Ministry of Health Measure

Report Generated: **January, 2015**

Percent of Communities with Completed Healthy Living Strategic Plans

Do our communities promote healthy living?

What are we measuring?

Percent of communities that have completed Healthy Living Strategic Plans.

Why?

Everyone knows we are what we eat, but our health and well-being are also closely linked to where we live and what we do. We want to build on our work with our community partners to promote healthy living and address other health issues important to our communities. A Healthy Living Strategic Plan will help communities prioritize and promote important issues such as physical activity, tobacco reduction, their built environments, healthy aging and positive mental health. This plan also ensures those at greatest risk are considered and targeted.

How do we measure it?

The FH Healthy Living, Healthy Communities team annually tracks how many FH communities have completed a Healthy Living Strategic Plan (also known as an action plan), and divide it by the total number of communities in our region. The number of communities is based on the Union of BC Municipalities.

How are we doing?

In 2008 FH piloted Healthy Community Partnerships (HCPs) in three communities. Since 2010 we have developed formal partnership agreements with each of our municipalities in a variety of structures and stages. All partnerships are encouraged to work towards a Healthy Living Action Plan which improves the health of the communities where we live, work, play and learn. The initial focus of the action plans has been on healthy living, with a goal of preventing chronic disease. Our communities have also identified opportunities to strengthen this and to better address other areas of health, including promoting positive mental health and well-being, reducing and preventing injuries, and encouraging more active and healthy seniors.

What are we doing?

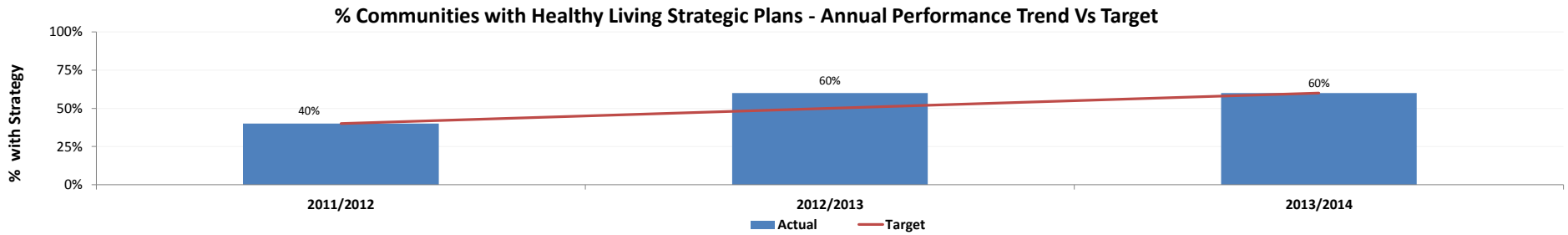
In developing an action plan, FH supports each partnership to develop formal terms of reference, engage community stakeholders, assess community needs and identify areas for action and possible solutions. Clear processes for communication, coordination and collaboration lead to community empowerment and better community leadership for health promotion.

What can you do?

Find out more about Healthier Community Partnerships at:
http://www.fraserhealth.ca/your_health/healthy_living/
Find out more about FH's Strategic Map to Better Health at:
http://www.fraserhealth.ca/about_us/reports/population_health/

Our Performance	Target *
60.0%	***>= 60.0%***

Performance timeline:	2013/2014
Data Source:	MoH Measurement SharePoint
* Target Source:	Target of at 70% by 2016/17 as per FHA Service Plan



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Our Health Care Report Card

Report Generated: **January, 2015**

Employee Engagement

A key measure of an employee's experience in FH that impacts patient quality.

What are we measuring?

A measure of an employee's psychological commitment (i.e. engagement) to their job. This level of engagement (aggregated to the manager/team level) will be measured by the Gallup Q12 tool across all health authorities in the province. The tool measures various aspects/drivers that are thought to contribute to one's engagement to their work, team and organization. The four primary areas we measure are: What do I get, What do I give, Do I belong, and How can we grow? Combined with these engagement questions are a set of three accountability index questions that ask employees about follow-up and actions implemented from the previous survey. Data clearly illustrates a linkage between engagement and post-survey follow-up activity.

Why?

The public expects to receive safe, quality care from FHA. Engaged employees are safer, more likely to stay, be more productive and are more patient centered. Valuing our staff and their contribution to the organization is foundational to Fraser Health's vision and values around respect, caring and trust.The highest quality of care cannot be established if employees are not engaged.

How do we measure it?

The Gallup Q12 survey tool provides each team with an 'engagement index' score that is derived from the average of the 12 engagement questions. The Gallup Q12 tool is a thoroughly researched, validated and widely adopted tool used to measure and enable employee engagement.

How are we doing?

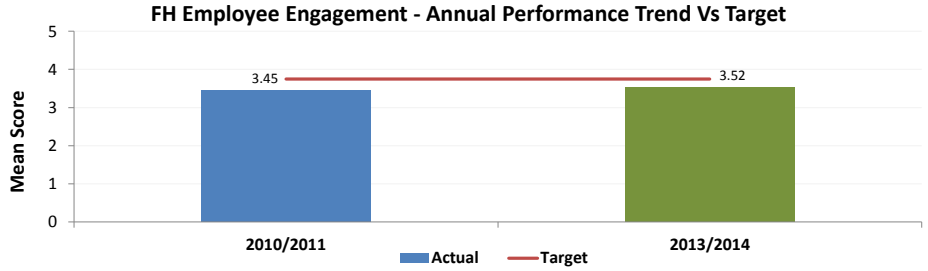
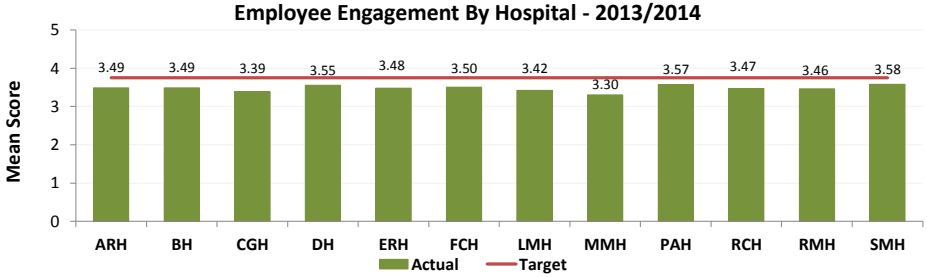
-Three FH acute sites observed statistically significant increases in overall site engagement scores from 2010-2013. -Q8 of the survey ("The mission or purpose of my organization makes me feel my job is important") saw the largest statistically significant increase (+0.29). -June 2013 engagement survey results revealed that an overwhelming majority of Fraser Health workgroups score under the 25th percentile of Gallup's global healthcare database. -222 action plans currently linked to PerformanceLink link 1.1.7 (Gallup Q12 Employee Engagement Survey). Target is one action plan per manager/team. -150 Engagement Radicals recruited across Fraser Health. Target is one engagement radical per manager/team.

What are we doing?

Organization-wide engagement strategy targeting four key areas: frontline engagement, manager excellence, physician partnerships, senior leader engagement. Developing and supporting a network of 150+ Engagement Radicals (volunteer staff & physicians across FH). Monitoring the implementation and follow-up of post-survey action plans by 600 teams across FH. Implementation of a corporate communications plan to create and sustain awareness of engagement. 2015 survey administration planning currently underway.

What can you do?

Recognize and praise great work observed. Offer constructive feedback to staff and physicians. Community engagement with Fraser Health. Let us know how we are doing with our FH vision and focus on building thriving partnerships with you for your healthcare.

Our Performance	Target *
3.52	>= ***3.75***

Performance timeline:	2013/2014
Data Source:	Info from Gallup provided by FH Organizational Development
* Target Source:	FHA People and Organization Development