BURNABY
Community Profile

Presented By:
Cathie Heritage, Executive Director
Sheila Finamore, Director
Fraser Health (FH) Quick Facts:

- Approximately 52,000 Aboriginal peoples, associated with 32 First Nations bands in the region\(^1\)
- Large South Asian and East Asian populations (15% of FH’s entire population)\(^2\)
- Residents have an average life expectancy of 82.3yrs\(^3\)
- $3.3 billion annual operating budget (2014/15)\(^4\)
- 12 Acute care hospitals and 1 outpatient care and surgery centre
- 7,760 Residential care beds\(^5\)
- 22,000 Staff; 2,500 Physicians; 6,500 Volunteers\(^6\)
FH serves over 1.7 million people including residents from Burnaby to White Rock to Boston Bar. Over 1/3 of the total provincial population!
Burnaby Population

- 237,594 people (2014)
  - 14% of FH population
  - Highest FH proportion of immigrants (50.5%) and recent immigrants (8.9%)
  - Over half the population are visible minorities
  - The population is younger than the FH average
  - Burnaby’s population is expected to grow by about 18% over the next 10 years\(^1\)

- Socioeconomic challenges
  - Burnaby has higher than FH proportion of lone parent families; and low income families, and children living in low income families\(^2\)

Burnaby Population

Burnaby Population Pyramid by Age & Sex, 2010 & 2020

Females 2010 (115,085)
Females 2020 (137,870)
Males 2010 (112,514)
Males 2020 (135,725)

Population

15,000 10,000 5,000 0 5,000 10,000 15,000

Burnaby Health

- Lower overall birth, and teen birth rate\(^1\)
- Chronic diseases are the leading causes of death\(^1\)
  - Ischemic heart disease (8.5/10,000 people)
  - Cancer of digestive organs (3.9/10,000 people)
  - Lung cancer (3.2/10,000 people)
- Burnaby rates of chronic conditions are lower than FH averages for\(^2\)
  - Hypertension
  - Depression/Anxiety
  - Cardiovascular diseases
  - Asthma

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2. BC Ministry of Health Services, Primary Health Care patient registries; as of November 2009. (Data 2008/2009)
Burnaby Health Services

- Rate of specialists and general practitioners comparable to FH average\(^1\)
- Hospitalization rates slightly lower than FH average
- Up-to-date immunization rates lower (51.7\%) than FH and BC average (2009)\(^2\)

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2. Discharge Abstract Database, 2009/10
BURNABY SENIOR COMMUNITY PROFILE

FRASER HEALTH  BURNABY

POPULATION STATISTICS¹

SENIOR POPULATION, 2014

249,852 (15%)  35,640 (15%)

INCREASE IN SENIOR POPULATION, 2014 TO 2024

249,852  +131,440  +53%

35,640  +15,691  +44%

HOUSING & AFFORDABILITY

SENIORS LIVING ALONE, 2011²

23%  24%

LOW INCOME SENIORS, 2011³

14%  18%

MULTICULTURALISM STATISTICS

PROPORTION OF ABORIGINAL POPULATION 65 YEARS AND OLDER, 2011⁴

4%  6%

MOST COMMON LANGUAGES SPOKEN BY SENIORS, 2011⁵

77% ENGLISH  59% ENGLISH

2% CANTONESE  9% CANTONESE

8% PUNJABI  7% CHINESE

¹Chinese dialect not otherwise specified
²Statistics Canada, Censuses, 2011
³Statistics Canada, 2011 National Household Survey: Low Income Measures After Tax Low Income Cut-off at $35,880
⁴Statistics Canada, National Household Survey: Aboriginal Population Profile 2011
⁵Statistics Canada, Census 2011

NOTE: Seniors defined as those 65 and older
BURNABY SENIOR COMMUNITY PROFILE

HEALTHCARE UTILIZATION & MORTALITY

SENIOR HOSPITALIZATION RATES PER 1,000 PERSONS, FY 2011-12
232 (Female) 216 (Male)

SENIOR CANCER MORTALITY RATES PER 10,000 PERSONS, 2007-2011
95 (Female) 95 (Male)

SENIOR EMERGENCY ROOM (ER) UTILIZATION RATES PER 1,000 PERSONS, FY 2012-13
570 (Female) 520 (Male)

People may repeatedly visit an ER more than once a year. This may result in ER utilization rates greater than 1,000.

CHRONIC DISEASE PREVALENCE, FY 2011-12

<table>
<thead>
<tr>
<th>Condition</th>
<th>Osteoporosis</th>
<th>History of Stroke Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate (Female)</td>
<td>21%</td>
<td>4%</td>
</tr>
<tr>
<td>Rate (Male)</td>
<td>25%</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Osteoarthritis</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate (Female)</td>
<td>32%</td>
<td>7%</td>
</tr>
<tr>
<td>Rate (Male)</td>
<td>28%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Depressive Symptoms</th>
<th>COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate (Female)</td>
<td>32%</td>
<td>11%</td>
</tr>
<tr>
<td>Rate (Male)</td>
<td>29%</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cardiovascular Disease</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate (Female)</td>
<td>22%</td>
<td>29%</td>
</tr>
<tr>
<td>Rate (Male)</td>
<td>20%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Data Sources:
9. 2012 Ministry of Health Chronic Disease registry, FY 2011-12

NOTE: Seniors defined as those 65 and older.
Hypertension Prevalence

**Definition:** The registry case definition is one hospitalization or two medical visits, patient was aged 20 or older, occurring within 365 days and with a hypertension diagnostic code (ICD-10 I10-I13, I15).

**Source:** Ministry of Health, Primary Health Care Registry, Hypertension
Cardiovascular Disease Mortality

**Definition:** Cardiovascular disease deaths classified using ICD-10 I00-51 for underlying cause of death due to chronic rheumatic heart disease, hypertension and hypertensive disease, ischemic heart disease, and pulmonary heart and pulmonary circulation diseases.

**Source:** Vista Database, BC Vital Statistics Agency, Ministry of Health Services
Definition: ICD-10 I60-69 for underlying cause of death due to: intracranial hemorrhage, cerebral infarction, unspecified stroke, noninfarct occlusion and stenosis of precerebral and cerebral arteries, sequelae of cerebrovascular disease or other and unspecified cerebrovascular diseases.

Source: Vista Database, BC Vital Statistics Agency, Ministry of Health Services
Chronic Obstructive Pulmonary Disease Mortality

**Definition:** Chronic pulmonary disease deaths were classified using ICD-10 codes J40-44 for underlying cause of death due to bronchitis, emphysema, and chronic obstructive pulmonary disease.

**Source:** Vista Database, BC Vital Statistics Agency, Ministry of Health Services
**Diabetes Mortality**

**Definition:** Diabetes mellitus deaths were classified using ICD-10 E10-14.

**Source:** Vista Database, BC Vital Statistics Agency, Ministry of Health Services
Public health units offer public health nursing services which include screening, assessment, counselling, referral, follow-up and health promotion activities for all age groups, as well as communicable disease control.

Most public health offices also offer services such as speech language pathology, audiology, nutrition and dental health.
Burnaby Public Health

- Programs may also focus on health promotion, programs and policies related to chronic and infectious diseases, a smoke-free society, and education regarding public health issues.
  - Prenatal and postnatal services.
  - Childhood immunizations.
Burnaby Community Partnerships

- Engagement with family doctors
  - Burnaby Division of Family Practice – GP4Me consultation
    - Global Family Care Clinic
    - New Canadian Clinic
  - Collaborative Services Committee
- Work with municipal stakeholders
  - Burnaby Taskforce for Homelessness
  - City Environmental Sustainability Strategy
- Launch of Burnaby Healthy Community Partnership
  - Partnership with City and key municipal stakeholders
  - 2014 foci: mental health and physical activity / literacy
Burnaby Hospital

Burnaby Hospital is a large acute community hospital that provides a full range of primary and secondary acute care and a number of specialized services:

- Emergency Services
- Critical Care
- General and Internal Medicine
- General and Specialized Surgery
- Level 1 & 2 Obstetrics
- Neonatal Intensive Care
- Adult Psychiatry
- Outpatient Services
Burnaby Hospital

- Burnaby Hospital by the Numbers (2013/14):
  - 301 funded beds
  - 15,477 inpatient visits; 103,574 outpatient visits
  - 75,040 visits to the Emergency Department
  - Average Length of Stay: 7.8 days
In February 2012, FH launched a high-level master planning process for Burnaby Hospital that involved Burnaby Hospital physicians, staff and regional clinical stakeholders.

The Burnaby Hospital High Level Master Plan outlines a 10-year plan that will guide decision making for clinical services and the physical expansion and improvement of the hospital over short, medium and long term planning timeframes.
As part of our high level planning process, in March 2013, interim projects were identified that would make immediate improvements to patient care and safety:

- **Cardiology:**
  - The new Cardiology/Internal Medicine outpatient space opened February 11, 2014.

- **Emergency Supertrack Expansion:**
  - The Supertrack area is undergoing a $2 million expansion ($476,000 of that coming from the Burnaby Hospital Foundation). Completion date is August 2014.
Investment in Burnaby Hospital

- Ambulatory Care Renovation:
  - Increased the operating time available for surgeons to perform endoscopies and cystoscopies at Burnaby Hospital, allowing for an additional 50 procedures per week.
  - To support this increase in procedures, we have made structural improvements to the hospital’s Ambulatory Care Centre, along with the purchase of additional equipment, a $2.1 million investment.
Investment in Burnaby Hospital

- Sterile Processing Department Upgrades:
  - As part of ongoing efforts to improve infection prevention and control practices at Burnaby Hospital, the Sterile Processing Department is undergoing capital upgrades totaling $1.3 million.
  - It is anticipated that by 2020, the Burnaby Hospital Sterile Processing will process instrumentation for over 16,500 surgeries and procedures per year.
  - Work began in March 2014 and due to the phasing required to keep the department operational while work is being done, it is expected to take 2-3 years.
 Achievements in improving infections have been reached due to leading changes, team building, education, communication & celebrating achievements.

- Shift in culture – infection control is everyone’s responsibility.
- Team work on infection control across site and across disciplines
- Decreased C. difficile rates
- Decreased number of outbreaks
- Increased hand hygiene compliance
Improving Care

- C. difficile rates at Burnaby Hospital have decreased:
Improving Care

Burnaby Hospital GI & Respiratory Outbreaks:

GI Outbreaks at BH by Fiscal Year

- Acute
- Owned & Operated

GI Outbreaks at BH by Organism and Fiscal Year

- Adenovirus
- Norovirus
- CDI
- Noro/CDI
- Unknown

† Norovirus outbreaks; 2 in O&O sites, 5 in acute care
^ IPC program began reporting CDI outbreaks
*IPC program not reporting Owned & Operated outbreaks

*IPC program not reporting Owned & Operated outbreaks
Hand Hygiene compliance rates have increased:

<table>
<thead>
<tr>
<th>Year</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15 (Year to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance</td>
<td>58.5%</td>
<td>78.6%</td>
<td>83.8%</td>
<td>85.1%</td>
</tr>
</tbody>
</table>
Improving Care

- Nursing Sensitive Adverse Events (<55yrs) have steadily decreased:
Increasing Care

- Nursing Sensitive Adverse Events (55+yrs) are also decreasing:
Our Key Partners

- **Burnaby Hospital Foundation:**
  - Established in 1982 as the philanthropic arm of Burnaby Hospital.
  - Receives support from over 5,500 donors annually.
  - Since 2007, the Foundation has collected approximately $8 million dollars in donations.

- **Burnaby Hospital Auxiliary:**
  - Enhances the quality of care for patients and staff through both direct patient comfort and fundraising.
  - Has donated over $2 million to support critically needed diagnostic, medical and surgical equipment.
  - In 2013, 87 members of the Auxiliary gave 18,500 volunteer hours of service.
Our Key Partners

- Burnaby Hospital Volunteers (in 2012):
  - 420 active volunteers
  - 46,860 volunteer hours contributed
  - 137 pet visits by volunteers
  - 142 new volunteers trained & placed in volunteer positions
  - Volunteer value calculation: $734,984
Looking Forward

- To provide a high level of service delivery which meets the needs of our community
- Committed to working with our physicians to further reduce wait times, while ensuring patients receive the care they need in a timely manner
Thank You