

**Fraser
Health Authority**

**2019/20
Annual Service Plan Report**

January 2021



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Board Chair's Accountability Statement



The *Fraser Health Authority 2019/20 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the [2019/20 – 2021/22 Service Plan](#). I am accountable for those results as reported.

A handwritten signature in black ink, appearing to read 'Jim Sinclair', written in a cursive style.

James (Jim) Sinclair, Board Chair
October 30, 2020

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Letter from the Board Chair/CEO

This 2019/20 Fraser Health Authority Annual Service Plan Report has been prepared in response to the [2019/20 Ministry of Health Mandate Letter](#).

This report provides information on our organizational performance and demonstrates Fraser Health's accountability to the people we serve. It sets out actual performance measures consistent with the Ministry of Health's mandate and goals and focuses on aspects critical to Fraser Health performance. Additional performance indicators are available in the [Fraser Health Report Card](#) which measures and guides improvements at Fraser Health, and at each hospital.

Over the course of the fiscal year, regular engagement between the Ministry of Health and Fraser Health helped to guide the organization's strategic investments and monitor the results. The Minister of Health, Board Chair, Deputy Minister, CEO along with management and staff at all levels established collaborative relationships and worked together to meet the needs of Fraser Health residents. In addition, regular bilateral meetings ensured alignment of multiple functions within and across the Ministry and Health Authority to stay focused on the Ministry of Health strategic priority areas. These discussions regularly included operations, performance measurement, strategic planning and financial perspectives.

An overarching priority for Fraser Health in 2019/20 continued to be redesigning and strengthening primary and community care. This year, Fraser Health took additional steps to establish team-based care in communities to deliver primary care, and to develop specialized community services programs for patients with complex needs.

Investments were made to increase services for people with complex care needs living in communities, and services such as home support, palliative care and respite care were enhanced. Changes were made to mental health and substance use (MHSU) services to provide a single point of access and better coordination between providers. Intensive services for individuals living with severe addiction, and in some cases mental health issues and homelessness, were added in Surrey and Chilliwack.

As of March 31, 2020, three Urgent Primary Care Centers (UPCCs) are open and operating in Surrey-Whalley, Burnaby - Edmonds and Maple Ridge. These centres provide patients with urgent access to primary care and, if needed, attachment to a primary care practitioner.

Working together with Divisions of Family Practice and local physicians, First Nations communities, and other partners, Fraser Health's first Primary Care Networks (PCNs) were implemented in the communities of Burnaby, New Westminster/Tri-Cities, Maple Ridge/Pitt Meadows. Planning for PCNs occurred in the communities of Mission, White Rock and Fraser East (Chilliwack, Hope, Harrison, and Agassiz).

Fraser Health **continued** to focus on responding to the opioid overdose public health emergency, in partnership with provincial and municipal governments and organizations. Our response has included education for care providers who respond to overdoses, collaboration with community physicians to link patients with services earlier, expanded access to opioid agonist therapy and wide distribution of take-home naloxone.

Fraser Health demonstrated commitment to improving access to scheduled surgeries and to magnetic resonance imaging (MRIs). In spite of significant challenges with anesthesia shortages, Fraser Health was able to maintain over 93 per cent of surgical volume targets in high priority areas such as hip and knee replacements and dental surgeries. Ongoing improvements in waitlist

management practices also resulted in reduced wait times for key surgical, endoscopic and diagnostic procedures.

Expanding capacity in our facilities infrastructure and information management (IM) systems helped us to keep up with growing demand and changing models of care. Improvements to hospital and community information systems put much-needed information in the hands of clinicians. New technology that supports patients with self-management, and enables virtual visits with clinicians has proven to be invaluable in improving access to services, especially during the recent pandemic.

People and partnerships are at the core of the work we have done throughout the year. Engagement with First Nations, Métis and Inuit partners/communities and other Indigenous peoples has been weaved throughout our planning and improvement efforts to ensure that services are inclusive and culturally safe.

Fraser Health has been advancing a positive organizational culture focused on the human experience of care. Given the significant impact that physicians, nursing, allied health and other staff's well-being has on the quality of care and the patient experience, attending to psychological health and safety is critical to the long-term health, viability and culture of our organization. Work is ongoing to help us attract and retain outstanding physicians, nursing, allied health and other staff. The support of volunteers, foundations and auxiliaries contributes to the care provided by Fraser Health every day and extends the connections between Fraser Health and the communities that we serve.

Fraser Health has been increasingly supporting the development of effective working relationships between physicians, nursing, allied health and other staff in facilities and communities across the region. The Valued Physician Initiative was rolled out in the fall to recognize physician contributions, support medical staff, and improve patient outcomes.

In March 2020, the pandemic of COVID-19 began to emerge in British Columbia and the organization rose to the challenge by shifting to virtual delivery of services and ensuring continued care to people. Elective surgeries and diagnostic services were temporarily cancelled, while access to urgent and emergent procedures was maintained. Cancellations enabled hospitals to provide capacity for a surge of critically ill patients, as was witnessed across the world.

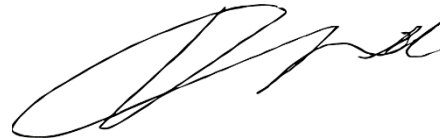
These are some of our 2019/2020 improvement efforts. These improvements are possible through the enthusiasm and energy of the people who make up Fraser Health. Together, we are shaping the future of a more sustainable, patient-centred and community-based system. We will build on our successes of the past year to shape the future of health care in our region to be more sustainable, patient-centred and community-based for the benefit of the people we serve.

James (Jim) Sinclair



Board Chair, Fraser Health
October 30, 2020

Dr. Victoria Lee



President, Fraser Health
October 30, 2020

Purpose of the Annual Service Plan Report

The Annual Service Plan Report is designed to publicly report on the actual results of the health authority’s performance related to the forecasted targets documented in the previous year’s Service Plan.

Purpose of the Organization

As one of five regional health authorities in British Columbia, Fraser Health organizes and operates a system for health and delivers public health, hospital, residential, community-based and primary health care services. Fraser Health’s legal authority is specified by the [Health Authorities Act](#). Fraser Health partners with the two non-geographic health authorities (Provincial Health Services Authority and the First Nations Health Authority) on service delivery that transcends the geographic boundaries of Fraser Health.

Governance and Leadership

The Minister at the Ministry of Health (Ministry) appoints ten directors to the board to govern Fraser Health. Its governance approach is guided and assessed by the [Accountability Requirements for Public Sector Organizations](#). The board provides oversight to ensure Fraser Health fulfills its vision and purpose and operates in accordance with its values. Additional board accountability and governance practice information is available on the [Fraser Health website](#).

Over 29,000 employees, 3,000 physicians and other care providers and more than 6,000 volunteers provide our services and support our patients, residents and clients. Together, our physicians, nursing, allied health and other staff and volunteers, work in partnership in diverse work settings from hospitals, to mental health centres, public health units to services in ambulatory clinics and also in the homes of our community members. Fraser Health’s purpose and services are further detailed at www.fraserhealth.ca.

Strategic Direction

The strategic direction set by Government in 2019/20 and expanded upon in the [Board Chair’s Mandate Letter](#) from the Minister responsible in 2019 shaped the [2019/20 Fraser Health Authority’s Service Plan](#) and the results reported in this annual report.

Fraser Health’s strategic direction is aligned with the Government’s key priorities:

Government Priorities	Fraser Health aligns with these Priorities
Delivering the services people count on	<p>Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning.</p> <p>Objective 1.1: Enhance primary care services to deliver comprehensive and coordinated team-based care linked to specialized community services.</p> <p>Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services.</p> <p>Objective 1.3: Timely access to appropriate surgical services.</p>

	<p>Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services</p> <p>Objective 2.1: Effective population health, health promotion, and illness and injury prevention services.</p> <p>Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services.</p> <p>Objective 2.3: Timely access to appropriate diagnostic services.</p> <p>Objective 2.4: Enhance patient centered care and patient safety across hospital and community services.</p>
<p>A strong, sustainable economy</p>	<p>Goal 3: Deliver an innovative and sustainable public health care system.</p> <p>Objective 3.1: Effective health sector resources and approaches to funding.</p> <p>Objective 3.2: Support health and wellness among providers and improve engagement, accountability and leadership.</p> <p>Objective 3.3: Advance clinical information systems and technology plans.</p>

Achieving Fraser Health’s strategic vision requires close collaboration with partners including Indigenous communities and partners, government, other health authorities, physicians, unions, patients and other stakeholders. This collaborative approach strengthens two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. The principles have been built into Fraser Health’s ongoing business to ensure decisions made reflect the priorities and values of government and their stakeholders – the residents of British Columbia.

Operating Environment

The geographic area of Fraser Health extends from Burnaby and Delta in the west to Hope in the east, and from the Canada/United States border north to Boston Bar. We are divided into three Health Service Delivery Areas (HSDAs). In 2019, Fraser South was the largest of these with 46 per cent of the overall population at 881,638, Fraser North at 36 per cent at 695,027, Fraser East at 17 per cent at 330,268; for a total population at Fraser Health at 1,906,933.¹

Fraser Health is home to nearly 23 per cent of British Columbia’s Indigenous peoples, with a population of 62,275 who identify as First Nation, Métis, or Inuit. This is roughly 3.7 per cent of the Fraser Health population.¹ There are 32 First Nations Communities and five Métis Chartered Communities in the region, located mostly along the Fraser River. In the Fraser region, 56 per cent of Indigenous peoples identify First Nations, 40 per cent as Métis and 0.3 per cent as Inuit.²

Fraser Health continues to face increasing demands for healthcare services. Significant drivers for increasing demands include:

¹ Source: First Nations Health Authority Regional Snapshot, Fraser Salish Region April 2019

² Source: BC Statistics (May 2019. 2011-2044 British Columbia Indigenous Population Estimates and Projections Report.

The COVID-19 pandemic which began to impact Fraser Health in March 2020; a growing and aging population; rising burden of illness from chronic diseases, cancer and other diseases; advances in technology and pharmaceuticals driving new costly procedures and treatments; and the opioid crisis. These pressures are compounded by the need for new care and creative delivery models, and the need to maintain and improve the health system's infrastructure.

Fraser Health is aligned with the Government's commitment to true, lasting reconciliation with Indigenous people of British Columbia by moving towards fully adopting and implementing the [United Nations Declaration on the Rights of Indigenous Peoples](#), the [Truth and Reconciliation Commission of Canada: Calls to Action](#), and the [Métis Nation Relationship Accord II](#). Fraser Health has adopted these principles and is taking effective measures to ensure culturally appropriate care and service delivery to the Indigenous population within the region.

Further to the [Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.](#), the Aboriginal Health program at Fraser Health has initiated partnerships with multiple external stakeholders. These include the British Columbia Health Authorities, First Nations Health Authority (FNHA), British Columbia Patient and Safety Quality Council, Métis Nation of British Columbia (MNBC), Simon Fraser University, Fraser Region Indigenous Friendship Centre Association, and the Mission Friendship Centre. Work is underway to sign a Letter of Understanding with MNBC to ensure Métis Nations' specific priorities are expressed and acted upon within the Fraser-Salish region.

Fraser Health has made improvements in the following service areas:

- access to primary care in many communities
- access to child and youth mental health services
- effectively treating adult patients with moderate to severe mental illnesses and/or addictions
- proactively responding to the needs of the frail elderly
- managing long wait times, and
- increasing hip and knee surgeries

Report on Performance: Goals, Objectives, Measures and Targets

This 2019/20 Annual Service Plan Report reflects operational results compared to the goals, objectives, strategies and performance measures established in the [Fraser Health 2019/20 Service Plan](#) in support of the system wide goals, priorities and strategies of the Ministry.

The Ministry articulates three goals for the health system as follows:

- Ensure a focus on cross sector change initiatives requiring strategic repositioning
- Support the health and well-being of British Columbians through the delivery of responsive and effective health care service, and
- Deliver an innovative and sustainable health system.

Underlying these goals and objectives is the principle of patient and family centered care: a sustained focus on shifting the culture of health care in British Columbia to put patients at the centre, which will drive policy, accountability, service design and delivery in the coming years.

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

Fraser Health is committed to providing the best possible quality of care and service, which means the care people receive is timely, integrated and will lead to the best health outcomes.

We are redesigning our primary and community care services to create population focused, community-based interdisciplinary teams to provide people with easier access to the services they need. Strengthened focus on improving primary and community care service delivery for the frail senior population is providing better support to seniors, allowing them to live in their own homes longer, and improving coordination and transitions between services such as Home Health, Assisted Living, Long Term Care and acute care.

Investments have been made to increase and improve care for seniors and individuals with complex care needs in the community. Better community services help maintain independence, avoid the need for hospital services and rebalance service delivery across the continuum of care. We are moving towards a system of integrated, team-based care to better care for our most vulnerable patients.

Objective 1.1: Enhance primary care services to deliver comprehensive and coordinated team-based care linked to specialized community services.

Fraser Health has engaged in collaborative processes with health care providers, administrators, policy makers and other partners across the health system to identify and implement improvements to primary and community care that align with the Ministry direction and vision for British Columbia.

The roles of family physicians, nurse practitioners, primary and community care professionals and support staff are central to the effort of supporting all patients. Through PCNs and UPCCs,

we have continued to focus on effective team-based care and partnerships between providers, patients and their families. This focus helps ensure access to primary care; coordinates care between primary and specialized care; and delivers integrated community services to those we serve, particularly those who are most vulnerable. A key objective of this work is enhancing services in the community to reduce preventable emergency department visits and hospitalization.

In alignment with the Ministry and General Practices Services Committee, Fraser Health has partnered with medical staff, community partners, First Nations communities and Indigenous partners and others to shape and begin implementing PCNs.

Key Highlights

The goal of team-based primary and community care is to make it easier for patients, families and caregivers to access the care and services they need. The key highlights for primary and community care are:

- Fraser Health has begun implementation of PCNs in Burnaby, New Westminister/Tri-Cities, Maple Ridge/Pitt Meadows to support the coordination and delivery of a full suite of primary care services within each local health area.
- Local Divisions of Family Practice and Fraser Health focused on PCN implementation planning for South Surrey/White Rock, Mission and Chilliwack/Harrison/Hope/ Agassiz. Expressions of interest have been completed by other communities as per direction from the Ministry.
- As of March 31, 2020, three UPCCs are open and operating in Surrey-Whalley, Burnaby-Edmonds and Maple Ridge. Comprehensive planning is underway for UPCCs in Abbotsford, Surrey-Newton, Tri-Cities Burnaby-Metrotown and a permanent location for Maple Ridge.
- Services have expanded at the Community Health Centre in New Westminister and have begun expansion in Surrey.
- A five-year Primary Care plan is being developed by FNHA which includes engagement with all 32 land-based First Nations communities in our region and outlines plans for First Nations-led initiatives and for embedding cultural safety and humility into practice.

Performance Measure	2016/17 Baseline ¹	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.1 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older.	3,636	3,322	2,887	3,282	3,241

¹ Data source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostics and Workforce Branch, HSIARD, Ministry of Health

Discussion of Results

This performance measure tracks the number of people 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes who are admitted to hospital.

Fraser Health 2019/2020 actuals were 13.1 per cent below the target. Fraser Health is committed to working with the Ministry to continue to achieve excellent performance on this measure by continuing to strengthen community-based health care networks and support services.

Seniors with chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. Health care professionals at Fraser Health are working to provide more appropriate care in the community and at home to help seniors with chronic disease to remain as healthy as possible. Models of care are being developed that include “modernizing” and aligning chronic disease services to the new primary and community care model so that clients are connected with a primary care provider who will understand their health needs over time and will coordinate their care.

Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services

Seniors often require a range of health supports to manage the challenges of increasing frailty, which when combined with chronic diseases such as dementia, can profoundly impact their ability to maintain independence. Fraser Health is enhancing services for seniors (and adults that may not be seniors but have moderate to severe complex conditions) by establishing Specialized Community Service Programs (SCSPs). SCSPs provide team-based patient centered care that is integrated and seamless; easy to understand, navigate and access; and formally linked to PCNs and laboratory and diagnostic services, community-based services and hospital care.

Key Highlights

In order to achieve the goal of improving seniors’ care through effective access to community services, Fraser Health has worked in 2019/20 to increase access to, and the availability of community-based services. The key highlights for seniors’ care are:

- Community nursing resources were added to provide an urgent response for clients in White Rock/South Surrey, Delta, Langley, Chilliwack/Agassiz, Hope and Maple Ridge and a reduction in Emergency Department visits for low acuity clients is being seen.
- Palliative consultation is now available in all communities six or seven days per week.
- Improvements to community service delivery models have been made for seniors and adults with complex medical conditions and/or Frailty (SCSP-CMF); in Burnaby, New Westminster/Tri-Cities, and Maple Ridge/Pitt Meadows. Attached clients can access SCSP-CMF via their primary care practitioner; non-attached clients and others may access via a single regional call center – the Home Health Service Line.
- Long-term care (LTC) saw improved quality and increased hours per resident day (weighted average for LTC hours per resident day is 3.36).
- Research was conducted in partnership with the Aboriginal Health Program to understand the health care experiences of First Nations people. Themes and key learnings are being used to inform initiatives this fiscal year.

Performance Measure	2017/18 Baseline ¹	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.2 Potentially inappropriate use of antipsychotics in long-term care	22.8%	21.7%	21.5%	20.8%	19.9%

¹Data Source: Canadian Institute of Health Information

Discussion of Results

This performance measure, new for the [Ministry of Health 2019/20 – 2021/22 Service Plan](#), identifies the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care. The target for 2019/20 was exceeded.

Objective 1.3: Timely access to appropriate surgical services

Providing timely access to appropriate surgical services is a high priority for Fraser Health and our surgical strategy aligns with Ministry direction.

Key Highlights

In order to improve patient access, quality and efficiency of surgical services, Fraser Health employed a combination of capacity investments as well as improvement strategies to enable us to meet the demand for surgical services. The key highlights for surgical services are:

- In spite of significant challenges with a shortage of anesthesiologists, Fraser Health was able to maintain over 93 per cent of volume targets in key priority surgeries such as hip and knee replacement and dental surgeries, with a year over year increase in the number of hip and knee surgeries performed. Overall volumes are up year over year except 19/20 where they are slightly down, most likely contributed by the cancellation of elective surgeries during the early days of the pandemic. In addition, we achieved over 100 per cent of the endoscopy target volume.
- A third training location for the in-house Perioperative Nursing Training program was established.
- Four communities have central intake clinics in place for hip/knee replacement surgeries, providing patients' choice of first available surgeon with the goal of reducing overall wait times, three of which are Fraser Health-led.
- Burnaby Hospital's Hip/Knee Program is achieving results: 95 per cent of hip and knee replacement patients completed surgery within 26 weeks of when their booking form was received; increased proportion of patients choosing first available surgeon option (from 21 per cent in 2017 to 70 per cent in 2019/20); and a significant decrease in average length of stay for both hip and knee surgeries due to earlier assessment and optimization.

- Fraser Health was able to improve communication with surgical patients by completing the implementation of patient notification and point of contact for all eleven surgical sites in Fraser Health.

Performance Measure	2016/17 Baseline ¹	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.3 Surgeries in targeted priority areas completed	4,376	5,722	5,302	5,900	5,950

¹ Data Source: Surgical Wait Time Production Database, HSIARD, Ministry of Health

Discussion of Results

The ongoing focus on hip and knee replacement surgeries reflects efforts to reduce wait times for patients that have been waiting for these procedures. The worldwide shortage of anesthesiologists disproportionately affected Fraser Health as hip/knee surgeries are being done at seven hospitals. The shortage is more severe at some sites, where multiple slates of elective surgeries had to be cancelled. In spite of this, collaboration amongst the different sites enabled Fraser Health to maintain 93 per cent of the hip and knee replacement and dental surgery volume targets set for the year. Active recruitment of anesthesiologists is underway, including local, national and international hires, to ensure that Fraser Health is able to maintain and meet the volume targets in 2020/21. The addition of a third training hub for the in-house perioperative nursing training program also ensures that we have the necessary nursing resource needed to meet surgical demand in the coming year.

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services

British Columbians enjoy some of the best health indicators in the world, pointing to the underlying strength of the province’s social and economic factors, which influence population health, as well as the quality of the health care system. Supporting the Ministry in its direction of prevention, health promotion and service delivery, Fraser Health is providing choices and creating supportive environments for positive health outcomes at the individual, community and population levels.

Objective 2.1: Effective population health, health promotion, and illness and injury prevention services

Chronic disease is the largest cause of death and disability, represents the largest burden of disease and is a significant driver of overall health costs. Evidence suggests that over time, a primary disease prevention and health promotion agenda can effectively improve the overall health of the population. Working with the Ministry and other partners, Fraser Health is continuing to increase the number of communities with strategic plans that support healthy living through planning, policies, built environments and other mechanisms. Fraser Health is also working to support the Ministry, FNHA, MNBC, and other Indigenous partners to provide culturally safe health services for Indigenous peoples.

Key Highlights

In 2019/20, Fraser Health collaborated with various health care providers and partners in delivering services to promote Healthy People. Some of the health promotion and health protection key highlights include:

- Fraser Health has aggressively pursued a measles immunization catch up program including the review of 161,421 records and holding more than twice the number of immunization clinics since 2018. The immunization initiative included a new portal platform, which allows physicians to send immunization information to the Public Health registry.
- Established strong partnerships with First Nations, Metis and Inuit partners. Highlights this year included the signing of the Fraser Salish Partnership Accord between Fraser Health, FNHA and First Nations Health Council and the signing of the memorandum of understanding with Metis Nation BC.
- Partnerships were developed with community agencies serving newcomers to British Columbia. The South Asian population, and at risk/vulnerable populations are offered Lifetime Prevention Schedule services as appropriate (e.g., immunizations, random blood glucose testing, mammography). Some of the established partnerships include OPTIONS, Lookout Society, Friendship Centres, South Asian places of worship, and local pharmacies.
- Continued implementation of the Provincial Guidelines on Evaluating and Mitigating Lead in Drinking Water Supplies, Schools, Daycares and Other Buildings. Engagement with school districts continues to verify the adherence to lead mitigation programs.
- Fraser Health reduced climate risks to its people and communities, services, and health care facilities by carrying out vulnerability and risk assessments in collaboration with key stakeholders at local and regional levels to identify gaps and develop policies and tools to address them. Two key outputs in 2020 were the climate vulnerability maps (with support from Health Canada), and the [Climate Resilience Guidelines for BC Health Facility Planning & Design](#).
- Fraser Health has been actively working on Green House Gas (GHG) emissions reduction projects and initiatives since 2008, and has reduced its GHG intensity by 19 per cent. In alignment with the Climate Change Accountability, Fraser Health has achieved “carbon neutrality” since 2010 by reducing GHG emissions, and has produced annual Carbon Neutral Action Reports.

Performance Measure	2011/12 Baseline ¹	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
2.1 Per cent of communities that have completed healthy living strategic plans	40%	90%	85%	90%	90%

¹ Data Source: Health Authority Community Survey conducted by the Ministry of Health

Discussion of Results

This performance measure focuses on the proportion of the 161 communities in British Columbia that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. Healthy living strategic plans include measurable actions or milestones that the health authority and community will use to collectively address chronic disease risk factors and prioritize areas to reduce the incidence of chronic diseases.

As of 2019/20, 85% of municipalities in Fraser Health have a healthy living strategic plan. Population and Public Health continues to work with and support the three remaining municipalities to develop a healthy living strategic plan; however, Population and Public Health and community focus on both the COVID-19 pandemic and opioid overdose crisis have led to delays in completing the plans.

Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services

MHSU issues represent a high burden of disease in the population due to the early age of onset for severe mental illness and need for ongoing treatment and support across the life span. Many children, youth and adults with mild to moderate MHSU issues can be effectively supported and/or treated through low-intensity, community-based services.

Specialized community service programs are in development to integrate multiple related services into a single structure to provide seamless interdisciplinary team-based care to meet the physical and psychosocial needs of our clients. At the same time, it remains a priority of both the Ministry of Health and the Ministry of Mental Health and Addictions that we continue to foster a system that meets the needs of people when and where they need it. This includes ensuring rapid access to substance use services, ending the stigma with respect to addictions and mental illness, and reducing the disproportionate impact of overdose and overdose deaths among Indigenous peoples.

Key Highlights

MHSU services have been redesigned to implement Specialized Community Services Programs for patients with moderate to complex MHSU needs. The key highlights for MHSU from 2019/2020 are:

- The substance use services access team connected with 5,390 clients referred from emergency departments between June 2019 and December 2019, and Fraser Health saw a declining trend in overdose-related emergency department visits. Access to Fraser Health's substance use team is now integrated with the single point of access to MHSU services.
- Fraser Health has continued to actively respond to the opioid crisis. Key activities include: (1) expansion of peer engagement strategies, (2) opioid stewardship in two major hospitals with pain management – substance use services delivered in three locations and

(3) community action teams working in 12 communities (five are newly funded) to develop local overdose prevention initiatives.

- The team-based care model in mental health centres has been implemented in Maple Ridge, Tri-cities and Burnaby. Redesign is underway and initiated in seven additional communities.
- The Surrey MHSU Urgent Care Response Centre has been open and operational since August 2019 and as of March 31st 2020, has served close to 4000 clients.

Performance Measure	2016/17 Baseline ¹	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
2.2 Per cent of people admitted for mental illness and substance use who are readmitted within 30 days.	13.5%	12.6%	13.9%	12.5%	12.5%

¹ Data source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostics and Workforce Branch, HSIARD, Ministry of Health.

Discussion of Results

Fraser Health’s 2019/20 actuals are 13.9 per cent, which is 1.3 per cent above the target. The MHSU program continues to concentrate on initiatives that ensure smooth and seamless transitions between acute and community services for mental illness. In recent years, three Integrated Transition of Care Teams have been created at Fraser Health regional hospitals. We are monitoring and analyzing readmission rates for MHSU patients at the facility level to ensure hospital quality improvement initiatives to reduce hospital readmission rates, such as enhanced discharge planning and transitions are sustained. Community mental health strategies will build on these efforts.

Fraser Health has implemented programs such as Assertive Community Treatment and Intensive Case Management to help improve access to a range of services and supports in the community for persons with MHSU issues. These efforts, along with effective discharge planning will help reduce hospitalizations for people with severe and complex mental health and/or substance use issues. Additionally, the opioid overdose strategy includes plans for better coordination of residential substance use treatment beds and for a central point of access to substance use services for rapid response, connection and re-engagement. The opioid overdose strategy also includes additional youth residential substance use treatment beds that are expected to reduce unplanned hospital admissions.

Future progress towards achieving this target will be focused on increased specialized community-based supports, including coordinated and integrated team-based care to help those with MHSU issues receive appropriate and accessible care.

Objective 2.3: Timely access to appropriate diagnostic services

Fraser Health continues to focus on ensuring patients have timely access to high quality, appropriate and culturally safe diagnostic services.

Key Highlights

- MRI volumes were slightly behind targets due to a shortage of MRI Technologists, with a forecasted year end position to target of 104% (73,581 scans).
- As of March 31, 2020, an additional MRI scanner at Jim Pattison Outpatient Center, was operational, offering a potential 7,500 scans per year. Construction on MRI scanners at Langley Memorial Hospital and Ridge Meadows Hospital was underway.
- Additional plans are developed and underway for central intake (consolidates the inbound referral processes for any number of physician offices) using electronic patient notification, rapid access (pilot at Chilliwack General Hospital) and radiology consult services.

Discussion of Results

Fraser Health is working to reduce wait times and implement province-wide coordination in order to actively manage and monitor wait lists.

Objective 2.4: Enhance patient centered care and patient safety across hospital and community services

Fraser Health is committed to enhancing patient experience through initiatives and actions to ensure patients and clients are treated with respect and compassion, with cultural safety and humility, have a voice in the quality of care they are receiving and are full partners in their own health care.

Key Highlights

- The Patient Care Quality Office has hired a full-time Indigenous staff member to consider and implement Indigenous perspectives when reconciling concerns and complaints.
- Fraser Health has created a *Cultural Safety Framework* and action document and hired a cultural safety facilitator who has delivered training and education sessions for over 800 staff.
- Ensured patients received the highest quality of care by actively working on improvements in the six patient safety priorities: we saw improved outcomes in hospital acquired infections of sepsis, pneumonia, urinary tract infection, methicillin-resistant staphylococcus aureus, delirium and time spent by admitted patients in the emergency department.
- Real-time patient experience surveys are being used in 50 hospital units across the region, with plans to expand to palliative care, ambulatory care, primary care and other hospital units. In addition, Fraser Health has an active regional Patient Advisory Committee and members are involved in informing service, policy and community health services to optimize patient care.

Performance Measure	2017/18 Baseline ¹	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
2.4 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days.	3.4	3.3	3.4	3.1	3.0

¹Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Discussion of Results

Fraser Health's 2019/20 actuals of 3.4/10,000 inpatient days is 0.1 cases higher than the set target. Fraser Health monitors and reports Clostridium difficile infections (CDI) rates through surveillance providing regular reports on newly acquired cases to sites. The Infection Prevention and Control (IPC) program works with hospital pharmacists and physicians to promote appropriate antibiotic treatments and with Environmental Services to ensure all suspected CDI patient rooms are cleaned twice daily with a sporicidal agent. The IPC program also collaborates with sites to implement ultra-violet germicidal irradiation technology as well as canine scent detection to further reduce health-care associated CDI. Additionally, the IPC practitioners conduct detailed reviews of each CDI case to identify factors that may have contributed to the infection. Finally, hand hygiene practices of all health care providers are monitored across Fraser Health to support IPC best practices, continually advocating washing hands when entering and exiting a patient room and facility.

Goal 3: Deliver an innovative and sustainable public health care system

To deliver an innovative and sustainable health system, Fraser Health must ensure health system resources are used in the most efficient and effective way possible. Fraser Health has been advancing a multi-faceted plan to provide patient-centred care in the right location at the right time. We are committed to continuous improvements in performance by ensuring consistent use of best practices in care and discharge planning, and building integrated community health networks to decrease emergency department occupancy and avoidable emergency visits.

Objective 3.1: Effective health sector resources and approaches to funding

An efficiently managed health system ensures resources are spent where they will have the greatest impact on desired health outcomes. Finding innovative ways to deliver care is critical to a sustainable health care system.

British Columbia's population and geography are unique, and our health system requires tailored approaches to staffing, information technology, and budget management. Fraser Health will continue to focus on performance, budget management and efficiency, along with collaboration and quality improvement in partnership with other health authorities and stakeholders to ensure our publicly funded health system is effective and affordable. We continue to work to optimal scope in rural and urban settings.

Key Highlights

Fraser Health continued to work toward improved performance by ensuring consistent use of best practices in care and discharge planning, improving seven days/week full scope hospital services to decrease emergency department occupancy and hospital days. The key innovations and improvements included:

- Service expansion in our stroke strategy and development of a regional oncology plan in partnership with British Columbia Cancer Agency.
- Redesigned Kidney Care services to deliver high quality and cost-effective services that slow the progression of kidney disease, bridge patients to transplant, and provide better preparation and support for home dialysis.

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Objective 3.2: Support health and wellness among providers and improve engagement, accountability and leadership

Fraser Health recognizes that a key element to success is to support the health and wellness of physicians, nursing, allied health and other staff. Fraser Health takes a holistic and total health view (i.e. physical, mental, work and life health) when it comes to supporting our physicians, nursing, allied health and other staff's health. A cared for and engaged workforce leads to improved patient and client outcomes and satisfaction.

Key Highlights

- Fraser Health implemented a new approach to absence and disability management, which provides supports to staff who are injured or ill to enable their return to work.
- Took steps to improve the care and safety of our providers by implementing staff surveys, providing mental health and burnout prevention supports, increasing staff safety by creating shared commitments, and offering violence prevention education (95.6 per cent completion achieved).
- Launched the 'Valued Physicians Initiative' to refresh the medical staff human resources plan to improve recruitment and retention, physician leadership, development and engagement.
- Provided emergency psychological support for vulnerable staff during the COVID-19 pandemic to improve resilience and staff experience.
- Organization-wide culture safety review began in collaboration with the Aboriginal Health team.
- Using the Gender-based Analysis Plus (GBA+) lens, Fraser Health has established a policy to improve gender inclusiveness for both patients/clients/residents and employees and has developed a policy which sets out standards for decision-making that aligns with the principles in the GBA+ analysis tools.

Performance Measure	2016 Baseline ¹	2019 Target	2019 Actuals	2020 Target	2021 Target
3.2 Nursing and allied professionals overtime hours as a per cent of productive hours	3.9%	3.9%	4.8%	3.9%	3.9%

¹ Data source: Health Sector Compensation Information System (HSCIS), Health Employers Association of BC. Note that HSCIS data is by calendar, rather than fiscal, year.

Discussion of Results

The 2019/20 actual is 4.8 per cent, which falls short of the 2019 target by 0.9 per cent. This performance measure compares the amount of overtime worked by nurses and allied health professionals (unionized professional nurses, including Registered Nurses, Registered Psychiatric Nurses and Registered Practical Nurses, Licensed Practical Nurses and allied health professionals, including occupational therapists, physiotherapists and Clinical/Hospital Pharmacists) to the overall amount of time worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism.

Fraser Health has implemented a number of strategies to optimize, support and retain our existing workforce. These include promoting health and wellness in the workplace and building and supporting interdisciplinary team-based care. We continue to implement overtime, vacancy, cultural safety and humility, and respectful workplace improvement initiatives. We have also implemented a talent management approach to improve our succession planning and ensure we have greater leadership continuity across the organization.

Fraser Health continues to build relationships with physicians by understanding the environment they work in, establishment of the Medical Staff Association Presidents' Council, active contribution to the achievement of Fraser Health priorities and initiatives. In addition, Fraser Health continues to reach out to and build relationships with the Divisions of Family Practice and community specialists to improve engagement and belonging.

Objective 3.3: Advance clinical information systems and technology plans

Fraser Health believes it is important to support technology-enabled changes in clinical practice to improve patient safety, improve the patient experience, improve the provider experience and increase health care efficiency. Fraser Health approaches this through strong clinical engagement and leadership.

Key Highlights

- Expanded electronic charting into 14 clinics and began implementation of 'Integrated Plan of Care' to improve electronic clinical documentation in Fraser East.
- Implemented three virtual Home Health Monitoring initiatives.
- Successfully integrated Fraser Health's community Information Management System to improve communications between care providers.

- Improved information management services and the experience of our providers and staff through the implementation of the Workplace Evolving Services Technology initiative.

Discussion of Results

With the onset of the pandemic, Information Management investments made to date have helped Fraser Health to deliver the necessary care for our patients: (1) technology used in Home Health Monitoring initiatives was leveraged in virtual care delivery across the region, (2) secured messaging was enabling care teams to collaborate virtually, and (3) communications between community general practitioners and Fraser Health was enhanced through the electronic medical records system.

Financial Report

Discussion of Results

Fraser Health is committed to a balanced budget each year based on improving patient, resident and client quality, safety, access and experience. For the 2019/20 fiscal year, Fraser Health ended with a surplus of \$0.8 million on a budget of \$3,950.0 million (or 0.02 per cent of budget). Further, Fraser Health's external auditors issued an unqualified audit opinion on the issued financial statements. The budget disclosed is that approved in the 2019/20-2021/22 Service Plan.

Highlights

The 2019/20 fiscal year ended with a surplus of \$0.8 million. Fraser Health had committed to the Ministry of Health to break even. The Ministry provided additional one-time funding to address the structural deficit and COVID-19 pandemic expenditures.

Financial Summary Resource Table

\$ millions – to the first decimal	2019/20 Budget	2019/20 Actual	Variance
OPERATING SUMMARY			
Provincial Government Sources	3,820.0	3,916.5	96.5
Non-Provincial Government Sources	130.0	173.7	43.7
Total Revenue:	3,950.0	4,090.2	140.2
Acute Care	2,200.0	2,340.8	(140.8)
Long Term Care	630.0	652.4	(22.4)
Community Care	400.0	401.5	(1.5)
Mental Health & Substance Use	300.0	299.7	0.3
Population Health & Wellness	100.0	106.3	(6.3)
Corporate	320.0	288.7	31.3
Total Expenditures:	3,950.0	4,089.4	(139.4)
Surplus (Deficit) – <i>even if zero</i>	0.0	0.8	0.8
CAPITAL SUMMARY			
Funded by Provincial Government	195.7	159.9	35.8
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	181.2	88.1	93.1
Total Capital Spending:	376.9	248.0	128.9

Variance and Trend Analysis

Revenues for the fiscal year totaled \$4,090.2 million of which \$3,916.5 million, or 96 per cent, were grant contributions and other recoveries from the Ministry, other health authorities and other provincial ministries and agencies. The revenue from provincial government sources was greater than budget because of additional funding allocated subsequent to budget approval in the

service plan. Additional funding was provided for wage settlements, targeted initiatives, COVID-19 pandemic, and structural deficit funding. The revenue from non-provincial sources was greater than budget because of non-resident revenues, union and agency compensation recoveries, and donations.

Expenses for the fiscal year totaled \$4,089.4 million with the most significant variances in the following sectors:

- Acute Care expenses exceeded budget due to higher than budgeted staffing levels to support clinical service needs and additional activities funded by the Ministry subsequent to budget approval.
- Long-Term Care expenses exceeded budget because of additional targeted funding from the Ministry to improve hours per resident day subsequent to budget approval.
- Population Health and Wellness exceeded budget due to the COVID-19 pandemic expenditures incurred subsequent to budget approval.
- Corporate expenses were favorable to budget due to timing of funding held corporately and then allocated to the appropriate sectors subsequent to budget approval.

Risks and Uncertainties

To achieve a balanced budget, Fraser Health has a policy outlining accountabilities, responsibilities and variance control protocols along with variance follow-up processes that include escalation to the Board's Finance and Audit Committee.

Capital Summary Variance

Funded by Provincial Government – variance of \$35.8 million is primarily due to delays in Royal Columbian Hospital Redevelopment Phase 1 and Phases 2/3 totaling \$38 million partially offset by \$8 million of Provincial Government funding that was approved and spent on the Eagle Ridge Hospital Emergency Department expansion in the fiscal year.

Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources – variance of \$93.1 million primarily due to IMIT projects (\$47 million) that experienced delays and for costs such as consulting and implementation, that were an operating expense. Project delays were also encountered for Routine Capital Investment facilities projects (\$39 million) and for the Peace Arch Hospital Renewal Project of approximately \$9 million.

Major Capital Projects

Capital investment ensures that Fraser Health’s infrastructure is maintained and expanded to meet the health service needs for a growing population. Major approved capital projects over \$50 million in total capital cost currently under way or in planning are listed in the table below:

Major Capital Projects	Year of Completion	Project Costs Incurred to Mar 31, 2020 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
Royal Columbian Hospital (RCH) Redevelopment Phase 2/3	2026	31.9	1,204.2	1,236.1
<p>Phase 2 of the RCH redevelopment project will construct a 348-bed, 11-storey, approximately 55,000 square metre Acute Care Tower with an underground parkade and heliport on top of the building. Phase 3 is critical, enabling works to support the RCH campus’ increased capacity and to improve the delivery of patient care. It includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower.</p> <p>Upon completion of Phase 2 and 3, there will be an increase in RCH campus inpatient capacity of over 50 per cent to a total of 675 beds. The project will address growing service needs, help ease congestion, improve patient-centred outcomes, introduce advanced medical technologies and enhance the working environment for health professionals. Construction on the tower started on March 3, 2020 and is expected to complete in 2025. The renovation will be complete in 2026. The RCH Foundation is contributing \$30 million with the balance provided by the Province.</p> <p>Phase 2: open for occupancy Spring 2025.</p> <p>Phase 3: renovations/upgrades complete August 2026.</p>				
Burnaby Hospital Redevelopment – Phase 1	2025	1.6	545.2	546.8
<p>Phase 1 - create a new 78 bed inpatient/outpatient tower and expand the existing support facilities building, operating rooms, procedure rooms and the emergency department. The north and west wings and the Cascade building will be demolished. Completion date is targeted for 2025. The Burnaby Hospital Foundation is contributing \$34 million with the balance provided by the Province.</p>				

Royal Columbian Redevelopment Phase 1	2020	219.1	39.8	258.9
<p>Phase 1 of the RCH redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 per cent, and eliminate the current risk of power systems failure with a post-disaster building.</p> <p>The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The preferred design-build proponent was selected in December 2016. Construction started in early 2017 and completed in spring 2020 with patients moved in August 2020. The RCH Foundation is contributing \$9.1 million with the balance provided by the Province.</p>				
Peace Arch Hospital Renewal	2022	24.9	58.8	83.7
<p>The project at Peace Arch Hospital in White Rock will improve patient experience and outcomes by providing new and larger operating rooms (as well as related support spaces) and will expand the existing emergency department. The surgical suite will also benefit from the relocation and expansion of the medical device reprocessing department, allowing for improved access to sterilized surgical equipment. Construction started January 2019 with all work scheduled to be completed for opening to patients in 2022.</p>				

Appendix A – Health Authority Contact Information

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or, contact:

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Appendix B – Additional Information

For more information, please visit:

[2019/20 Ministry of Health Annual Report](#)

[2019/20-2021/22 Ministry of Health Service Plan](#)

[2019/20 Fraser Health Mandate Letter](#)

[2019/20 to 2021/22 Fraser Health Service Plan](#)

[Fraser Health's Our Healthcare Report Card](#)