

# Fraser Health Authority

## 2016/17 – 2018/19 SERVICE PLAN



For more information on the Fraser Health Authority  
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## Accountability Statement



The *Fraser Health Authority 2016/17-2018/19 Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the *Performance Reporting Principles for the British Columbia Public Sector*. The plan is consistent with government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported.

The performance measures presented are consistent with the Ministry of Health's mandate and goals, and the focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of the Fraser Health Authority operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in black ink that reads "Matty".

Karen Matty  
Board Chair

April 12, 2016

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# Organizational Overview

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.

The Ministry of Health (Ministry) appoints nine directors to the board to govern Fraser Health. Its governance approach is guided and assessed by *Best Practice Guidelines* and *Governance and Disclosure Guidelines for Governing Boards of British Columbia 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 at [www.fraserhealth.ca/about-us/leadership/board-of-directors](http://www.fraserhealth.ca/about-us/leadership/board-of-directors).

Central to the vision and mission of Fraser Health is the optimization of the health status of its residents. Enjoying good health and a high quality of life throughout the course of one's lifetime is a consequence of many factors, including access to quality education, meaningful employment, supportive family and friends, community environments and making healthy lifestyle choices. Serving this mission are over 26,000 staff members, over 2,500 physicians and 6,500 volunteers working in partnership in very diverse work settings from hospitals, to mental health centres, public health units and services in ambulatory clinics and in homes. Fraser Health's purpose and services are further detailed at [www.fraserhealth.ca](http://www.fraserhealth.ca).

Availability of performance based information is key to increasing accountability at the hospital, clinical service, program and organizational levels. In September 2014, Fraser Health began the regular production and release of Health Care Report Cards which include organization and site based measures. Since the initial release, awareness and use of the Report Cards have steadily increased at the hospital, program, public, governance and operational levels. The performance information they contain is informing decisions and driving improvement in focused areas across the organization. *Our Health Care Report Cards* are available at [www.fraserhealth.ca/about-us/transparency/reportcard](http://www.fraserhealth.ca/about-us/transparency/reportcard).

# Strategic Direction and Context

## Strategic Direction

The strategic direction for Fraser Health is received from the Ministry of Health's February, 2014 release of [Setting Priorities for the B.C. Health System](#), and series of [policy papers](#) issued in winter and spring, 2015. Fraser Health's strategic and operational priorities for the delivery of health services are further detailed in the [2016/17 Mandate Letter](#) from the Ministry.

Achieving Fraser Health's strategic vision requires close collaboration with partners including government, other health authorities, physicians, unions, patients and other stakeholders. This collaborative approach aligns with the [Taxpayer Accountability Principles](#) which address efficiency, accountability, appropriate compensation, service, respect and integrity. The principles are built into Fraser Health's ongoing business to ensure decisions made reflect the priorities and values of government and their shareholders – the citizens of B.C.

The health system is a complex network of interdisciplinary teams of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge is to deliver a high-performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

## Strategic Context

Although the B.C. health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings, equipment and information technology). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of B.C.

Fraser Health has made meaningful progress in improving services across a range of areas over the past several years, however some service areas continue to fall short of targets and require significant effort in collaboration with the Ministry and other system partners to identify and implement sustainable solutions. These areas include access to family physicians and primary care in many communities, providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions, proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community, emergency department congestion in some large hospitals, long wait times for some specialists, diagnostic imaging, and elective surgeries, stress on access to inpatient beds in some hospitals and responding to the changing needs of patients in residential care in terms of dementia.

# Goals, Objectives, Strategies and Performance Measures

This plan reflects actions Fraser Health will take to support system wide goals, priorities and strategies of the Ministry of Health as set out in *Setting Priorities for the B.C. Health System* and subsequent policy papers.

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

1. Support the health and well-being of British Columbians.
2. Deliver a system of responsive and effective health care services across British Columbia.
3. Ensure value for money.

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

## **Goal 1: Support the health and wellbeing of British Columbians.**

People living in British Columbia and in Fraser Health are among the healthiest people in the world. Providing choices and creating supportive environments for positive health outcomes at the individual, community and population levels will help keep this excellent health status. Helping those who face greater barriers to health to have an equal chance at better health will further improve the overall health status and thereby reduce health system demand. In collaboration with the Ministry of Health and its government and non-governmental partners and through policies, programs and decisions Fraser Health will prevent disease, protect health and promote wellness.

### **Objective 1.1: Implement targeted and effective primary prevention and health promotion.**

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease and drives a significant part of downstream health costs. Evidence suggests that over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population.

### **Strategies**

- Work in partnership with the Ministry of Health and other partners to continue implementation of [Promote, Protect, Prevent: Our Health Begins Here. B.C.'s Guiding Framework for Public](#)

[Health](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.

- Work in partnership with the Ministry of Health and community partners to build and deliver on [Healthy Families B.C. Policy Framework](#), improving the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.
- Implement targeted health improvement plans for those who may experience greater barriers to good health (i.e. Aboriginal Peoples, homeless, South Asian and rural populations) with a focus on evidence-based programs, services and interventions to address major risks and protective factors across the life cycle.

### **Performance Measure: Healthy Communities.**

<b>Performance Measure</b>	<b>2011/12 Baseline</b>	<b>2014/15 Actual Results</b>	<b>2016/17 Target</b>	<b>2017/18 Target</b>	<b>2018/19 Target</b>
1. Percent of communities that have completed healthy living strategic plans	40%	80%	65%	75%	80%
<p><b>Data Source:</b> Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.</p> <p><b>Discussion</b></p> <p>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. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.</p>					

## **Goal 2: Deliver a system of responsive and effective health care services across British Columbia.**

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

Fraser Health is working along with the Ministry and partners to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner. Building on the health system policy papers, there are five areas of action important to a high quality and sustainable health system in B.C.



**Objective 2.1: A primary care model that provides comprehensive and coordinated team based care linked to specialized services.**

Fraser Health has been engaged in a collaborative process to look for ways to improve primary and community care at a community level. Numerous practice and service delivery innovations and initiatives have been introduced at all levels – practice, and health authority – with the intent of meeting the expanding demand for services due to population demographics. The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and health care administrators will facilitate better care for all Fraser Health residents, and particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

**Strategies**

- Work with the Ministry and Divisions of Family Practice to integrate or link family practices with primary care services to create a “primary care home” for individuals and families to reduce the need for hospitalizations.

**Objective 2.2: Improved patient health outcomes and reduced hospitalizations for seniors through effective community services.**

Seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence. The development of a primary care home is intended to increase access for frail elderly to coordinated primary and specialist medical care, community outreach services, assisted living and residential services, enhanced medication management, and planned access to diagnostic and hospital services.

**Strategies**

- Work in partnership with the Ministry to develop and implement residential care models and quality standards for patients with dementia and younger populations with special needs such as chronic severe mental illness.
- Work in partnership with the Ministry to continue implementing the [Provincial End-of-Life Care Action Plan](#), including increasing the availability of hospice spaces.
- With the advice of British Columbia’s Seniors Advocate, improve the home and community care system, better address the needs of British Columbia’s seniors who require these services, and strengthen protections from abuse and neglect.

## Performance Measure: Managing Chronic Disease in the Community.

Performance Measure	2013/14 Baseline	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
2. The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age-standardized)	3,388	3,447	3,411	3,269	3,127
<p><b>Data Source:</b> Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.</p> <p><b>Discussion</b></p> <p>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. People with these 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. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing.</p>					

### **Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services.**

While a smaller driver of overall health care costs, mental health and substance use conditions 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. The majority of children, youth and adults with mild to moderate mental health and/or substance use issues can be effectively supported or treated through low-intensity community-based services in order to reduce hospitalizations.

### **Strategies**

- Ensure a full continuum of high quality mental health and substance use services within Fraser Health including key investments in: Redevelopment of Royal Columbian Hospital Mental Health and Substance Use facility to open in 2018/19 (net gain of 45 new beds); enhancement and redesign of the Child Youth Crisis Response Program (renamed Short Term, Assessment, Response, Treatment (START)); development and implementation of a 10 bed regional Child and Adolescent Psychiatric Stabilization Unit (opening spring 2017); and new residential care, assisted living and supported independent living rent subsidies (with support) in selected communities.
- Improve access to substance use services through the creation of an additional 97 new support recovery beds in 2016/17. Expansion of Riverstone Home and Mobile Detox to serve Maple Ridge/Pitt Meadows in addition to the Fraser East catchment area. In partnership with First

Nations Health Authority, implementation of a new Riverstone Home and Mobile Detox to specifically serve First Nations communities in Fraser East.

### Performance Measure: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
3. Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over	12.7%	12.7%	12.4%	12.0%	12.0%
<p><b>Data Source:</b> Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.</p> <p><b>Discussion</b></p> <p>In British Columbia, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.</p>					

### Objective 2.4: Improved access to timely and appropriate surgical treatments and procedures.

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for Fraser Health's growing population of frail seniors, and Fraser Health must ensure those services are delivered appropriately for those patients. There are needs and opportunities to: better link the acute care system to the regional and community systems (improve coordination between hospitals, primary care and other care providers in the communities) to develop patient pathways for frail seniors that avoid hospitalizations; and continue to improve provincial coordination, and ultimately improve the quality of acute hospital care services delivered to Fraser Health patients with respect to services offered across hospitals.

#### Strategies

- Achieve significant improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers.
- Achieve significant improvement in timely access to appropriate surgical procedures through increasing volumes of cases prioritized based on patient need and through efficiencies in processes

and systems.

- Use technology and financial models to support innovation, quality and coordination in the delivery of surgical services.
- Increase formal coordination, joint planning and operations with the other Lower Mainland health authorities to shape service delivery and referrals to best meet patient needs.

### Performance Measure: Access to Scheduled (Non-Emergency) Surgery.

Performance Measure	2013/14 Baseline	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
4. Percent of scheduled surgeries completed within 26 weeks	89%	87%	95%	95%	95%

**Data Source:** Surgical Wait Time Production (SWTP, Site 130), Ministry of Health. Includes all elective adult and pediatric surgeries.

**Notes:**

1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents are for surgeries completed in the fiscal year.
2. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed.

**Discussion**

During the last several years, British Columbia's health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

### Objective 2.5: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.

Individuals who reside in rural communities tend to have poorer health outcomes and socioeconomic status compared to their urban counterparts. The populations of rural Fraser Health are often small, dispersed, and fluctuating. Rural Fraser Health is home to many First Nations communities and Aboriginal peoples, and a large percentage of the rural population identifies as Aboriginal. Against this health status backdrop, three specific service challenges stand out in the context of rural and remote communities: ensuring access to quality primary care services; ensuring pathways to accessing specialized perinatal, medical, and surgical services when they are required; and how best to support aging in place. Access to specialized acute care services and access to ancillary health services is especially challenging, so residents are often required to travel for care.

Fraser Health will continue to work with communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

### **Strategies**

- Develop local community plans for rural and remote communities to create environments that foster healthy behaviours to improve the health of the population.
- Improve access to services by participating in the establishment of regional and provincial networks of specialized care teams.
- Improve timely recruitment and deployment of health professionals to rural and remote communities.
- Work in partnership with First Nations Health Authority on priority areas of public health, primary care and mental health and wellness; and to embed cultural safety and humility.

### **Goal 3: Ensure value for money.**

To ensure value for money in the health system Fraser Health must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only what services and initiatives are focused on but also how they are implemented.

In the coming years, Fraser Health, the Ministry and other health organizations will collaborate on the effective implementation and management of the shared, consistent strategic plan for the health system with built-in accountability and attention to factors needed for success: change management capacity, ongoing quality improvement, effective leadership and an engaged workforce, information management systems and technologies, physical infrastructure and prudent budget management.

#### **Objective 3.1: Drive continuous improvement with performance management and an accountability framework.**

An efficiently managed health system ensures resources are spent where they will have the best health outcome. Such an approach meets the Triple Aim goals of providing more effective care for key populations, better experience of care for patients and providers, and improved per capita cost. A focus on performance, budget management and efficiency, along with collaboration and quality improvement must be continually pursued in partnership with other health authorities and stakeholders to ensure our publicly funded health system is effective and affordable for the citizens of British Columbia.

### **Strategies**

- Ensure comprehensive, consistent and standardized performance reporting.
- Enable improved performance of existing services through prioritized continuous improvement activities and initiatives.
- Drive quality, cost-effectiveness and coordinate investments in new laboratory technology through the provincial laboratory reform initiative.

## Performance Measure: Nursing Overtime.

Performance Measure	2010 Baseline	2014 Actual Results	2016 Target	2017 Target	2018 Target
5. Nursing overtime hours as a percent of productive nursing hours	3.9%	3.5%	<= 3.3%	<= 3.3%	<= 3.3%
<p><b>Data Source:</b> Health Sector Compensation Information System, Health Employers Association of British Columbia.  <b>Note:</b> Based on calendar year.</p> <p><b>Discussion</b></p> <p>This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses 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. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.</p>					

### Objective 3.2: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain and can improve quality of life for many people. A continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective will improve both patient care and value for money in the health system.

#### Strategies

- In partnership with Lower Mainland health authorities and with the Ministry, deliver an accessible, responsive, evidence-informed, and sustainable drug program.
- Seek opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.
- Continue to implement strategies to ensure optimal drug safety throughout Lower Mainland health authorities.
- Implement a Utilization Management Program to reduce the inappropriate and unnecessary use of services and resources in all Fraser Health clinical and clinical support areas.

### Objective 3.3: Align cross-system and collaborate on health human resources, IMIT and technology infrastructure, and funding approaches to achieve patient and service outcomes.

Effective health human resource management and an integrated IM/IT approach are essential for an efficiently managed health system and ensuring resources are spent where they will have the best health outcomes. Equally as important are corporate service related priorities such as competent communication, governance, management, leadership, alignment and teamwork, innovation and

knowledge management, organizational infrastructure and systems (including budget assignment and management).

### **Strategies**

- Work in partnership with the Ministry of Health to develop and implement an integrated provincial workforce strategy to ensure B.C. has the required supply of health care providers, their skills are being used effectively and the health care workforce is engaged, skilled, healthy and well managed.
- Continue to modernize the health system through the use of information management and technology, including electronic medical records, clinical decision support tools, electronic medication reconciliation, telehealth and home health monitoring.
- Continue to support health information exchange and integrate clinical information systems across the entire continuum of care.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.
- Continue building Fraser Health's business analytics capabilities to support population health strategies, organizational performance and quality improvement.

# Resource Summary

(\$ millions)	2015/16 Actual	2016/17 Budget	2017/18 Plan	2018/19 Plan
<b>OPERATING SUMMARY</b>				
Provincial Government Sources	3,216.8	3,254.5	3,318.6	3,399.0
Non-Provincial Government Sources	151.3	148.5	148.4	148.4
<b>Total Revenue:</b>	<b>3,368.1</b>	<b>3,403.0</b>	<b>3,467.0</b>	<b>3,547.4</b>
Acute Care	1,963.1	1,954.1	1,992.7	2,035.2
Residential Care	553.6	584.5	595.8	609.5
Community Care	296.2	325.0	329.1	338.2
Mental Health & Substance Use	234.3	242.8	249.9	255.5
Population Health & Wellness	81.9	84.1	86.3	87.7
Corporate	238.6	212.6	213.1	221.2
<b>Total Expenditures:</b>	<b>3,367.6</b>	<b>3,403.0</b>	<b>3,467.0</b>	<b>3,547.4</b>
<b>Surplus (Deficit)</b>	<b>\$0.4</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>
<b>CAPITAL SUMMARY</b>				
Funded by Provincial Government	\$36.2	\$78.4	\$127.7	\$149.5
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	\$35.4	\$116.3	\$55.4	\$14.7
<b>Total Capital Spending</b>	<b>\$71.6</b>	<b>\$194.7</b>	<b>\$183.1</b>	<b>\$164.2</b>



## Major Capital Projects

Following are Fraser Health's approved capital projects over \$2 million in total capital cost.

Project Name	Targeted Completion Date (Year)	Approved Anticipated Total Capital Cost of Project (\$ millions)	Project Cost to Mar 31, 2016
<b>Chilliwack General Hospital Chiller &amp; Cooling Tower</b> - install a new chiller and cooling tower that focuses on energy efficiency and redundancy. The existing chillers are 26 years old and at the end of their useful life. Fiscal 16/17 activity - complete the installation of the chiller and tower.	2016/17	2.000	0.842
<b>Delta Hospital Diagnostic Imaging &amp; Lab Expansion</b> - build a new 2 level addition on the south west side of the hospital to accommodate a new Medical Imaging space and Laboratory. These renovations will improve infection control, patient confidentiality and flow, the work environment and safety issues. Fiscal 16/17 activity - planning working preparatory to issuing the construction tender.	2018/19	12.500	0.200
<b>Langley Memorial Hospital South Tower Exterior Seismic Upgrade</b> - the South Tower was identified as having a high seismic risk involving life safety. An assessment recommended upgrading the structure to mitigate the risk. Fiscal 16/17 activity - pre-construction planning and design work.	2017/18	3.000	-
<b>Royal Columbian Redevelopment Phase 1</b> - this phase includes a 75 bed mental health and substance use facility (45 net new beds), new energy centre, new parking and replacement of existing stalls, relocation of the heliport, demolition of the Sherbrooke building, and the development of an integrated IM/IT infrastructure. Fiscal 16/17 activity - award to preferred design/build proponent.	2019/20	248.569	1.968
<b>Royal Columbian Automated Drug Distribution</b> - this project will implement ADCs (automated dispensing cabinets) and related technologies, systems, business processes and clinical practice changes at RCH to support improvements in medication safety and inventory management, along with the required renovations to clinical areas to support ADC implementation. Medication Order Management (MOM) software will be installed to automate communication between nursing and pharmacy, improving efficiencies for both departments. Fiscal 16/17 activity - renovations for and installation of cabinets.	2017/18	6.800	2.947

<p><b>Surrey Memorial Hospital Critical Care Tower and Expansion Project</b> – the emergency department opened in October 2013 and the tower opened in June 2014. The expansion at SMH also includes now completed renovations to the existing hospital which added inpatient beds, created an expanded family birthing unit, and upgraded and enlarged the pharmacy and sterile processing unit. Fiscal 16/17 activity - construction of a second dedicated maternity operating room and a support services connector link.</p>	2018/19	486.376	463.554
<p><b>Surrey Memorial Hospital Integrated OR</b> - replace non-functional equipment within SMH OR's, specifically teleconferencing equipment, integration equipment, surgical video equipment and other medical devices &amp; equipment. Fiscal 16/17 activity - purchase and installation of equipment.</p>	2016/17	4.250	0.996
<p><b>Surrey Memorial Hospital Child &amp; Adolescent Stabilization Unit</b> - CAPSU is a 24 hour, 7 day a week inpatient unit that provides short stay care for children and youth ages 6 to 16 who are experiencing acute psychiatric problems. The CAPSU will have a short length of stay with an average of 5 to 7 days. Currently these patients are being admitted to Emergency Departments, pediatrics or adult psychiatric units. Fiscal 16/17 activity - planning and design in preparation of tendering the construction work.</p>	2017/18	4.020	0.087
<p><b>Surrey Memorial Hospital Code Compliance Sprinkler Upgrade</b> - upgrade of sprinkler system to meet code requirements (building B &amp; F are only partially sprinklered). Rectify other Priority 1 deficiencies that have a high impact to the fire and life safety for our patients/staff/clients. As a condition to the approval of the Redevelopment permits, FHA made a commitment to the City of Surrey to resolve these significant deficiencies. This upgrade will greatly improve the safety of everyone within the hospital. Fiscal 16/17 activity - continued installation of sprinkler equipment.</p>	2016/17	3.400	1.697
<p><b>Surrey Memorial Hospital Electrical Distribution Upgrade Bldgs A,B,F</b> - update the current system of feeders so that buildings A, B &amp; F receive their respective power directly from the Energy Centre which has been upgraded to provide adequate site wide emergency power with a new distribution switchgear to facilitate connections. Building A,B &amp; F are currently provided with electrical power from an interconnecting network of 600V and 208 V feeders. This network is complicated and does not adhere to the newest codes. Fiscal 16/17 activity - planning and design in preparation of equipment installation, procurement of some of the equipment.</p>	2017/18	2.000	0.014

<p><b>Peace Arch Emergency Department Expansion</b> - redevelopment through extension of the existing building envelope to increase the size of the ED, thereby providing sufficient capacity to serve the community to 2025 and provide industry standard treatment spaces and services for patients and staff as part of an integrated strategy to increase capacity, improve access and patient flow, and improve care throughout PAH. Fiscal 16/17 activity - design development, construction documents, bid and tendering, early construction.</p>	2019/20	20.000	0.206
<p><b>Information Management: Large Volume Infusion Pumps Wireless Access</b> - provide safe patient care through the use of Smart Pump Technology. Infusion pumps are devices that deliver specific doses of fluids, including blood, nutrients and medications, into a patient's body in a controlled manner. Wireless capability is required to allow pumps to update Drug Library and download CQI data wirelessly. Due to limited funding, this project will only provide 1 - 2 hotspots per clinical area. Fiscal 16/17 activity - continued installation of access points and related construction.</p>	2016/17	2.555	2.027
<p><b>Information Management: PharmaNet Interface to MedRec Solution</b> - this project will support the Medication Reconciliation initiative in Fraser Health by improving the access to and consumption of data from Pharmanet. PharmaNet is the province-wide network that links all B.C. pharmacies to a central set of data systems. Fiscal 16/17 activity - development/implementation work on system interface.</p>	2017/18	3.081	0.099
<p><b>Information Management: Integrated Plan of Care - Abbotsford Regional Hospital &amp; Cancer Centre</b> - this project will implement MEDITECH Patient Care Systems to electronically support integrated plans of care enabling clinical data system integration, standardizing health care workflow processes, and integrating person-centered information in support of health care for Fraser Health persons and providers. Fiscal 16/17 activity - assessment/upgrading of existing wireless infrastructure, and net new hardware/point of care device installations in clinical work areas.</p>	2017/18	4.570	2.125
<p><b>Information Management: Facilities Management Information System</b> - this project will provide a capital project management solution which will upgrade and increase the capacity of the existing system. Fiscal 16/17 activity - customization/installation of software purchase.</p>	2016/17	2.616	2.060

<p><b>Information Technology: Network Infrastructure 13/14</b> - the purpose of this project is to remediate network issues and infrastructure at Royal Columbian Hospital. The focus is on replacing aging network core switches and upgrading network switch power infrastructure located in the communication rooms. Fiscal 16/17 activity - installation of hardware and communication rooms upgrades.</p>	<p>2016/17</p>	<p>2.942</p>	<p>1.863</p>
<p><b>Information Technology: Network Infrastructure 14/15</b> - the purpose of this project includes the assessment of network risks across FHA sites. The focus of this project is on replacing aging network core switches at ARH, CGH, BUH, and DH and upgrading network switch power generation infrastructure located in the communication rooms. Fiscal 16/17 activity - installation of hardware at the various sites.</p>	<p>2016/17</p>	<p>2.100</p>	<p>1.391</p>

# Appendices

## Appendix A: Health Authority Contact Information

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or contact:

Fraser Health  
Corporate Office  
Suite 400 – Central City Tower  
13450 – 102<sup>nd</sup> Avenue  
Surrey, B.C. V3T 0H1

Telephone: 604-587-4600

Facsimile: 604-587-4666

## **Appendix B: Hyperlinks to Additional Information**

For more information, please visit:

[Fraser Health's Board Accountabilities and Governance Practices](#)

[Fraser Health 2016/17 Mandate Letter](#)

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

[Healthy Families BC Policy Framework](#)

[Ministry of Health 2016/17 – 2018/19 Service Plan](#)

[Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health](#)

[Setting Priorities for the B.C. Health System](#)