

Fraser Health Authority

2017/18

ANNUAL SERVICE PLAN REPORT



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Board Chair's Accountability Statement



The *Fraser Health Authority 2017/18 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2017/18 - 2019/20 Service Plan*. I am accountable for those results as reported.

James (Jim) Sinclair
Board Chair

September 28, 2018

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Chair/CEO Report Letter

The 2017/18 Fraser Health Authority Annual Service Plan *Report* has been prepared under the Board's direction in accordance with the [Health Authorities Act](#) and the [Performance Reporting Principles for the British Columbia Public Sector](#). It outlines Fraser Health's performance on Government expectations as set out in the [2017/18 Ministry of Health Mandate Letter](#).

This report provides information on our organizational performance and demonstrates Fraser Health's commitment of 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 [Our Healthcare Report Card](#) which measures and guides improvements at Fraser Health, and 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 citizens.

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.

Fraser Health has been redesigning primary and community care services to increase rapid access in the community for urgent needs, provide a single contact point and multidisciplinary community-based teams that now include allied health, mental health and other disciplines to work more closely with patients, family physicians and other care providers. We have also increased the number MRIs and the number of hip and knee surgeries to reduce backlogs in waitlists to prevent patients having to wait greater than six months from when the surgeon put the patient on the surgical waitlist.

Later this year, patients living in North Surrey and Whalley will have new options for non-emergency health care services during the day, as well as after hours, in the evenings and on weekends. A new urgent primary care centre is now under construction near Surrey Memorial Hospital to provide urgent, non-emergency care for patients, rather than the traditional doctor's office or hospital emergency room. Work is ongoing to open two more urgent primary care centers in the Region by spring 2019.

A state-of-the-art unit for children and adolescents with urgent mental health issues opened last year at Surrey Memorial Hospital. The Child and Adolescent Psychiatric Stabilization Unit (CAPSU) has been designed to provide a special environment that helps reduce agitation and anxiety and is the first of its kind for children and youth in a hospital psychiatric unit in Canada. Next year, a new rapid-access care center, Surrey Mental Health and Substance Use Urgent Care Response Centre will serve as the first point of contact for patients with mental health issues or drug and alcohol addiction and provide psychiatric assessments and crisis stabilization and support. This will streamline access to mental health and addiction services and reduce wait-times to see specialists.

The Fraser Health Residential Care Optimization Strategy in two phases starting from 2017 is addressing issues to better support individuals in the community and reduce high rate of use of long-term care facilities. The expectation is that this will help the Region operate within its current and planned residential care bed capacity through 2023.

In 2017, the new Board members began their orientation to the various programs and services that Fraser Health delivers through meetings with the Board Chair, CEO and other members of the Board and Executive Team before joining their first Board meeting. Each Board member received an orientation package which included information about the government's direction and performance expectations, as well as Fraser Health commitments, strategies and results as reflected in the Strategic and Operational Plan; Service Plan; Detailed Operational Plan; Quarterly Reports on the Strategic and Operational Plan; and the Report Card. In addition, the orientation package also included information related to the Board's Quality Performance, Finance and Audit, Governance and Human Resources, and Digital Health subcommittees. Cost consciousness, accountability, appropriate compensation, service, respect and integrity have become a cornerstone for orientation of new Board members and to regular governance activities for all Board members.

The Board had regular education and development days with 2017 sessions including topics of Accreditation Governance Standards and improvement planning, and the use of information technology to improve the safety, quality and efficiency of health care services including primary and community care. Planning for a 2018 education/development day is underway.

Other ongoing educational opportunities taken include semi-annual Quality and Safety walkabouts in Fraser Health sites, and the annual Quality Forum organized by the British Columbia Patient and Safety Quality Council.

After each Public Board meeting, the Board also visited a Fraser Health site in the community that the public meeting was held. These visits included informal meetings with stakeholders such as Foundation and Auxiliary leads, the local Division of Family Practice, acute and/or community leadership, front line staff, patients and families, and community members. The purpose of these meetings has been to learn more about the work underway at each site and in the community.

The Board Chair has also been a member of the Fraser Health Municipal Regional meetings along with representatives from each of the municipalities that Fraser Health serves. These meetings were an opportunity to engage in discussion on topics of mutual interest.

Fraser Health Board practices and processes were evaluated in fall, 2016 and achieved 100 per cent compliance on Accreditation Canada's governance standards. Providing quality health care requires dedicated partners. Our work would not be possible without partnerships with our Foundations, Auxiliaries, community partners and volunteers, as well as the Fraser Valley Regional Hospital District and Divisions of Family Practice. As proud as we are of this past year's successes in our operations, our biggest success is our people.

It's the enthusiasm and energy of the people who make up this organization that is shaping the future of a more sustainable, patient-centred and community based system. We will build on our successes of 2017/18 and continue shaping a bright future for the people we serve.



James (Jim) Sinclair
Board Chair



Dr. Victoria Lee
President and Chief Executive Officer

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.

The Ministry of Health (Ministry) appoints nine directors to the board to govern Fraser Health. Its governance approach is guided and assessed by the [Best Practice Guidelines and Governance and Disclosure Guidelines for Governing Boards of BC 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.

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 25,000 staff members, approximately 2,600 physicians and over 6,000 volunteers working in partnership in very diverse work settings from hospitals, to mental health centers, public health units and services in community clinics and in patient homes. Fraser Health's purpose and services are further detailed at www.fraserhealth.ca.

Availability of performance-based information is vital to increasing accountability at the hospital, clinical service, program and organizational levels. In September 2014, Fraser Health began the regular production and release of *Our 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. The report cards are being continually improved with the latest update providing comparative data on hospitals and communities key performance indicator (KPI) trends. *Our Health Care Report Cards* are available at [Report Cards](#).

Strategic Direction and Operating Environment

Strategic Direction

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. Achieving this will require system level changes that increase community capacity, and partnering with and strengthening collaboration among providers. To achieve these changes, Fraser Health has been advancing a multi-faceted plan to improve quality and capacity of care across the 13 geographical service areas.

The strategic direction for Fraser Health is received from the guiding principles of the Government including those detailed in the Minister's *2017/18 Mandate Letter* from the Ministry of Health. The Mandate letter confirms the expectation of Fraser Health Authority to promote and protect public health care. Further it, articulates the mandated strategic and operational priorities for the delivery of health services, provides government annual strategic direction, and sets out key performance expectations for the 2017/18 fiscal year. The strategic priority directions also align with the priorities in the [*Ministry of Health 2017/18-2019/20 Service Plan*](#).

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 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. These speak to efficiency, accountability, appropriate compensation, service, respect and integrity. The principles have been built into Fraser Health's ongoing business to ensure decisions made reflect the priorities and values of government and their shareholders – the citizens of British Columbia.

Operating Environment

Although the British Columbia health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. Every day the health care system balances financial sustainability and quality. Every day excellent results are

demonstrated in a range of service areas including maternity care, acute care, critical and trauma care, cancer care, elective surgeries and diagnostic services and all the while, challenges persist.

Achieving Fraser Health's strategic vision requires close collaboration with partners including government, other health authorities, physicians and health care providers, unions, patients, Indigenous peoples, government partners, including the Ministry for Mental Health and Addictions, and other stakeholders. This collaborative approach aligns with the [Confidence and Supply Agreement](#) emphasis on service delivery improvements including investments in seniors' care, expansion of team-based care, and others. These priorities integrate 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 [Metis Nation Relationship Accord II](#). Fraser Health has adopted the principles and is taking effective measures to ensure culturally appropriate care and service delivery to the regional indigenous population.

Further to the [Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia](#), the Indigenous Health program at Fraser Health has initiated constructive partnerships with multiple external stakeholders. These include the British Columbia Health Authorities, First Nations Health Authority (FNHA), British Columbia Patient and Safety Quality Council, Metis 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 (LOU) with MNBC to ensure Metis Nations specific priorities are expressed and acted upon within the Fraser-Salish region.

Key among the challenges faced by Fraser Health is rising demand. 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 infrastructure (i.e. buildings, equipment and information technology). Emergency admission wait times have generally been maintained at a consistent level over the past three years and although this level falls short of the Ministry target, the stability has been achieved in the face of consistently increasing emergency

visits. Improved access to coordinated, comprehensive and quality health care services across rural and remote communities is required. 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 BRITISH COLUMBIA. Addressing service areas that continue to be challenged despite significant effort, and continuing to build on what is working well will remain key areas of focus over the coming years.

While Fraser Health has made meaningful progress in improving services across a range of areas over the past several years, achieving all targets requires system-wide change to increase community capacity. To achieve these changes we have been building stronger partnerships with community physicians, realigning community-based interdisciplinary teams to create primary care networks, and improving access and coordination for specialized services in the community to better meet the needs of our population. Specific areas of progress include:

- increased access to family physicians and primary care in many communities,
- access to child and youth mental health services,
- effective treatment of some adult patients with moderate to severe mental illnesses and/or addictions,
- improved response 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,
- addressing emergency department congestion in some large hospitals,
- managing long wait times for some specialists,
- increasing volumes of diagnostic imaging,
- increasing elective surgeries,
- improving access to inpatient beds in some hospitals, and
- responding to the changing needs of patients in long term care services in terms of dementia.

Report on Performance

In achieving target level of performance Fraser Health continued to strengthen accountability, promote cost control and ensured the organization was operating in the best interest of the patients, families and communities served. Key actions included:

- Strengthening cost management capabilities and fostering a culture of cost-consciousness with the reinforcement of a budget management policy outlining accountabilities, responsibilities and mitigation protocols.
- Managing responsibilities transparently and publishing the Fraser Health-wide and hospital-specific report cards regularly on the Fraser Health website.
- Setting a rigorous, standardized approach to performance management and compensation for individuals within the parameters of the health sector compensation plan.
- Reinforcing a focus on positive outcomes for citizens of British Columbia, for example a reduction in care sensitive adverse event rates from 39.2 in 2014 to fewer than 30.6 events/1000 patient discharges in 2017-18.
- Demonstrating respectful and effective communications along with a spirit of partnership for example, expanding the Patient Advisory Council membership drawing in First Nations Health Authority and South Asian Health Institute partnerships to reflect the diversity of cultures within Fraser Health.
- Taking transparent decisions and actions, ethical and free from conflict of interest as demonstrated in our CEO's contract and expense reports being publicly available on our web site.

Goals, Strategies, Measures and Targets

This Annual Service Plan Report reflects operational results compared to the goals, objectives, strategies and performance measures established in the Fraser Health 2017/18 Service Plan in support of system wide goals, priorities and strategies of the Ministry of Health.

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 centered care: a sustained focus on shifting the culture of health care in BRITISH COLUMBIA to put patients at the center, which will drive policy, accountability, service design and delivery in the coming years.

Goal 1: Support the health and well-being of British Columbians

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 that influence their health and the quality of the health care system. Fraser Health is providing choices and creating supportive environments for positive health outcomes at the individual, community and population levels to 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 is promoting health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across the province - 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. Indigenous populations, 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.
- Work with health authorities and other partners to support the commitment to culturally safe health services across the health care system, as per the [Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC](#)

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Percent of communities that have completed healthy living strategic plans.	40%	80%	85%	80%	90%

Data Source: Survey, Healthy Living and Health Promotion Branch, Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia that have been developing healthy living strategic plans, in partnership with local governments, 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.

80 per cent of the municipalities in Fraser Health (16 out of 20) had a healthy living strategic plan in 2015/16 and improved to 85 per cent in 2017/18 (17 out of 20), highest amongst all British Columbia health authorities and far exceeding the provincial average target of 55% for 2017/18. Population and public health will continue to work and support the three remaining municipalities (Pitt Meadows, Anmore and Belcarra) towards developing a healthy living strategic plan.

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-centered and provider-focused to being patient-centered. Investments are being stepped up in community-based programs, quality improvement plans to shift more care into the community, reduce demand and utilization of hospital services to rebalance service delivery across the continuum of care. 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.

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 develop ‘primary care homes’ and ‘specialized care programs’ for individuals and families to reduce the need for hospitalizations.
- Integrate nurses into primary care practices and increase the number of Nurse Practitioners

- Move forward with Primary and Community Care (PCC) Redesign to support full-service family practice and establish team-based practices delivering services based on population and patient needs, including the needs of several key patient populations (patients with chronic illnesses, moderate to severe mental illnesses, and/or family).
- Further develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.

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 continue to advance models and quality standards in long term care services for those with complex care needs and/or dementia and their families.
- Continue to provide end-of-life care services including hospice space expansion, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to service.
- 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.
- Expand implementation of Community Action and Resources Empowering Seniors (CARES) to reduce frailty risk in pre-frail seniors in all proof-of-concept communities.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age standardized).	3,598	3,496	3,383	3,422	3,348

- **Data Source:** Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division,, Ministry of Health.

Discussion

This performance measure tracks the admissions per 100,000 people 75 years of age and older, who are admitted to hospital due to Ambulatory Care Sensitive Conditions (ACSC). These conditions include chronic obstructive pulmonary disease, heart failure, asthma, diabetes, hypertension, angina, and grand mal seizures. ACSC hospitalizations are often considered avoidable and are an indirect measure of the effectiveness of primary and community care services. 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.

Fraser Health performance has improved over the previous year. In 2016/17 the admission rate per 100,000 people was 3,622; this was reduced to 3,383 in 2017/18, and was below the target of 3,496. Within specific communities, six met the target: Agassiz-Harrison, Burnaby, Chilliwack, Langley, New Westminster, South Surrey/White Rock and Tricities. We are continuing to examine and act on opportunities to improve outcomes in other communities.

A further breakdown of this KPI shows that within Fraser Health, 45 per cent of the admissions are related to Heart Failure and 41 per cent to Chronic Obstructive Pulmonary Disease (COPD), with all other diseases comprise the remaining 14 per cent. Initiatives to support patients with these conditions have continued or were initiated in 2017/18, including:

- Home health monitoring pilot for Heart Failure (TEC4Home project), covering Abbotsford, Delta, Burnaby, Mission, Surrey, and Peace Arch

- Home Health monitoring for COPD patients in Fraser East (project was initiated and is expected to begin enrolment of clients by winter 2018)
- Physician quality improvement initiative in Abbotsford Hospital, on improving the clinical pathway and patient transitions for COPD patients
- Local action teams in Burnaby, Delta, and Chilliwack formed to reduce the length of stay and readmission rates for both heart failure and COPD

As part of a larger initiative of strengthening community-based health care and support services, health care professionals at Fraser Health are working to provide more appropriate care in the community and at home to help seniors with chronic conditions to remain as healthy as possible within the community.

New initiatives are being locally planned and implemented to ensure the needs of the local populations are being addressed. Fraser Health continues to work in partnership with Family Physicians and the Divisions of Family Practice on opportunities to make systematic changes in how health care is delivered, with specific emphasis on improving access to care for individuals with medical complexity, including the seniors' population. Communities across the organization have commenced initiatives that aim to optimize access to primary and community care services. All this work is being developed under the Integrated Primary and Community Care System redesign aiming to build Primary Care Networks in the communities. The communities that have been assessed as the most ready to formally launch the planning for the new service model, such as Burnaby, New West, Tri-Cities, and Maple Ridge (wave 1) have submitted their Expressions of Interest (EOI) to the Ministry, that have been accepted. Subsequent to the accepted EOI, these communities are developing their new Service Plan to be submitted to the Ministry in October 2018. The second wave of communities: White Rock, Abbotsford, Mission and Chilliwack will submit their EOIs in September 2018.

Within the framework of the Integrated Primary and Community Care System redesign, all Fraser Health communities are in different stages of:

- Establishing specialized inter-professional teams which usually include: primary and community care nurses, social worker / counselors, occupational therapists / physiotherapists, pharmacists;
- Establishing rapid and urgent response models, precursor to complex medical frail adults Specialized Community Service Program (SCSP) model;
- Starting Home Health redesign into the Primary and Community Care Teams;

- Establishing a Urgent Primary Care Centre which opens in October 2018 (Surrey);
- Starting the development of Indigenous Primary Health and Wellness Home (Surrey);
- Establishing centralized access for Mental Health and Substance Use (MHSU) services established as part of MHSU SCSP;
- Initiating Mental Health Centre redesign to move to an adult interdisciplinary teams model as part of the regional MHSU SCSP.

Additional initiatives such as CARES are gaining momentum across the region to support the identification of individuals who are pre-frail with an aim to prevent or defer frailty and associated health complexities. Fraser Health is implementing strategies to enhance capacity of, and access to, GPs and Nurse Practitioners. This includes increasing visits to homebound patients. Fraser Health is identifying models of expanded or extended after-hour care, expanding community interdisciplinary team / GP collaboration in communities, and working to increase access to clinics/community resources. Fraser Health is also continuing to strengthen the Quick Response Case Manager role, in partnership with the Geriatric Emergency Nurse clinician to better enable patients to connect with appropriate community resources.

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

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

- Further develop a cross system action plan for mental health programs and services to 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 long term care services, assisted living and supported independent living rent subsidies (with support) in select communities.

- 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. Continue efforts towards improving access to addiction treatment, including implementation of additional addictions spaces in 2017.
- Work in partnership with the Ministries of Children and Family Development, and Education to improve child and youth mental health services in Fraser Health LHAs, ensuring a strong focus on trauma-informed practice and culturally safe services.
- Working with the Ministry of Health, [Ministry of Mental Health and Addictions](#) and other health system partners combat the ongoing opioid crisis by implementing acute and long-term strategies for treatment and prevention, utilizing a range of approaches.

Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
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%	12.0%	13.2%	12.0%	12.0%

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Discussion

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.

In 2017/18 the percentage of people readmitted to the hospital for mental illness and substance within 30 days, aged 15 years and over was 13.2 per cent. This is better than the BC average of 14.3 per cent but higher than the target rate of 12 per cent. The readmission rate for the fourth quarter was 11.1 per cent, a significant and consistent reduction from 13.5 per cent of the third and second quarter and from the 13.9 per cent rate of quarter one. The latest quarter rate is also the lowest quarterly since the beginning of 2016/17. The four communities meeting the readmission target - Agassiz-Harrison at 5.0 per cent, Coquitlam at 9.7 per cent, Langley 10.3 per cent and Maple Ridge at 10.3 per cent.

Efforts to enhance access to substance use services include central access initiatives aimed at simple and equitable access to services 7 days per week. MHSU recently established a central point of contact team of Substance Use clinicians and staff to support, coordinate, and facilitate access to Substance Use Services across the region. The team follows up with overdose patients presenting in the ER, with the goal of reducing their number of readmissions. Additionally, access to substance use residential treatment will be centralized in fall 2018 via a standard process that supports people to access the appropriate level of treatment when required. Also, on May 29, 2017 a 10-bed regional Child and Adolescent Psychiatric Stabilization Unit located at Surrey Memorial Hospital was opened.

To meet the attributes of a Specialized Care Services Program MHSU is in the process of redesigning its community services by streamlining community health centre services, realigning staff to provide interdisciplinary team based care, streamlining access to services through a single point of access (Regional 1-800 MHSU call centre), and by same day access to services. MHSU is establishing an Urgent Care Response Centre (UCRC) in Surrey to provide central access for adults with mental health and substance use concerns, including those with opioid use disorder. The UCRC is targeted to open in July 2019 and will provide low-barrier and timely access to assessment, initiation of treatment, and connection to appropriate services. The extended hours of service will reduce wait-times for MHSU services and should result in decreased readmission rates. Other initiatives, such as Integrated Transitional Care Teams focus on timely follow-up with clients discharged from acute services. MHSU has also established two Intensive Case Management teams (in Maple Ridge and Langley) and is expanding to having teams in Surrey and Chilliwack. The teams serve vulnerable clients who are living with serious addictions and other comorbidities, and who are homeless or at risk of homelessness. Also to address the opioid crisis several initiatives are ongoing including expansion of the Opioid Agonist Treatment services and naloxone access. Additionally, efforts are ongoing to enhance discharge planning to include improved communication with patients, families / supporters and community providers to ensure that they have the information they need for post-discharge continuity of care, self-management, and relapse prevention.

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. Perioperative care (the period extending from the time of hospitalization for surgery to the time of discharge) has changed, given advances in technology and techniques that have led to less use of inpatient beds and increased use of outpatient day surgery. 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.
- Working with the Ministry and other partnering health authorities implement the 3 Year Plan for Surgical Services¹ to optimize existing resources; increasing volumes of cases prioritized based on patient need and through efficiencies in processes and systems.
- Use technology, performance measurement 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.

¹ Provincial Surgery Executive Committee 3 Year Plan for Surgical Services, April 2016

Performance Measure 4: Access to Scheduled (Non-Emergency) Surgery

Performance Measure	2013/14 Baseline	2017/18 Target	2017/18 Actual	2018/19 Target	2019/20 Target
Percent of scheduled surgeries completed within 26 weeks	89%	95%	84%	95%	95%

Data Source: Surgical Wait Time Production, Ministry of Health. Includes all elective adult and pediatric surgeries. Paediatric priority code VI cases are excluded from the numerator and denominator because the benchmark wait time is 52 weeks.

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 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.

With 84 per cent of non-emergency surgeries completed within 26 weeks in 2017/18, Fraser Health overall fell short of the target. However, Royal Columbian Hospital is above the 95 per cent target, with Burnaby and Delta Hospital very close to achieving the target. Surgical leadership teams at all Fraser Health sites are working to increase surgery volumes through focused OR efficiency gains. These teams are also working with surgeon offices to best manage waitlists, particularly for non-emergency procedures that tend to have more of the long waiting patients. Other ongoing efforts include a targeted emphasis on addressing nursing and anesthesia challenges, improving 'first in first out' performance and establishing a central intake approach.

This year Fraser Health will perform additional surgeries to keep up surgical volumes, with a particular focus on joint replacements and dental surgeries. These extra surgeries will help reduce backlogs in waitlists, with the goal of patients not waiting more than 6 months from when the

surgeon puts the patient on the waitlist for surgery. Burnaby Hospital now has a dedicated Central Intake and Optimization Clinic for arthroplasty. This provides a coordinated and integrated pathway through orthopedic surgery, with the option to choose a particular surgeon or go with the next available surgeon for a shorter wait time. Fraser Health is working to implement a central intake approach for hip/knee replacements at all of our sites by March 2019.

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 Indigenous peoples, and a large percentage of the rural population identifies as Indigenous. 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

- Further develop local community plans for rural and remote communities to create environments that foster healthy behaviors 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.
- Continue efforts to 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.
- Improve access to coordinated, comprehensive primary and specialized services (i.e. geriatrics, perioperative, internal medicine and nephrology) across rural and remote communities

Goal 3: Ensure value for money

To achieve 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: A performance management and accountability framework that drives continuous improvement in the health system

An efficiently managed health system ensures resources are spent where they will have the best health outcome. Such an approach meets the Quadruple Aim goals of providing more effective care for key populations, enhancing the patient experience of care, reducing the per capita cost of health care and improving the work health life of clinicians and staff. 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

- Continue to 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 further advancement of the provincial laboratory reform initiative, in collaboration

with BC Clinical and Support Services Society, and the Agency for Pathology and Laboratory Medicine.

- In partnership with the Ministry and other health authorities support high quality, cost effective care across the Lower Mainland, engage Doctors of BC in discussions regarding value-based approaches to physician payment through the Physicians Master Agreement policy re-opener process.

Performance Measure 5: Nursing Overtime Hours

Performance Measure	2010 Baseline	2017 Target	2017 Actual	2018 Target	2019 Target
Nursing overtime hours as a percent of productive nursing hours	3.9%	<=3.3%	4.5%	<=3.3%	<=3.3%

Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia.

Note: Based on calendar year.

Discussion

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.

Fraser Health nursing overtime hours as a percent of productive nursing hours has exceeded our previous fiscal period rate. Common challenges contributing to overtime include lack of available casual relief due to increasing sick calls and increasing difficulty in filling relief vacancy positions due to a lack of applicants. Efforts ongoing to address these challenges include:

- Proactively completing advance vacation scheduling reviews for example completing the mid-year review for 2018 by July 2018. Following discussions with managers, Fraser Health is targeting a 100 per cent of all annual vacations be scheduled such that identified relief staff be obtained.

- Human Resources in collaboration with targeted sites are developing mitigation strategies to address high overtime, workload and/or sick time. In partnership with Finance, to date 16 units have been reviewed to determine causes of high overtime. Action plans are being developed to address the findings.

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

Pharmaceuticals play an important role in BRITISH COLUMBIA'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

Objective 3.3: Collaboration in the enabling areas of health human resources, IM/IT and technology infrastructure, and approaches to funding 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 with the Ministry to enable continued effective health human resources management through an integrated Health Human Resource Framework.
- Support health research and innovation, including the Strategy for Patient-Oriented Research Support Unit, the BC Tech Strategy, and implementation of an Academic Health Sciences Network to foster improved patient outcomes and health system performance.
- 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, tele health and home health monitoring.
- Ensure an ongoing integrated and cost-effective approach to information management and technology across Fraser Health.
- 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.

Objective 3.4: Governance and Accountability that aligns with the Taxpayer Accountability Principles

Monitoring progress against specified health system priorities is critical to ensuring government direction on strategic, operational and financial requirements and priorities are understood at all levels and all at Fraser Health are working towards a common goal.

Strategies

- Fraser Health Board to continue consultations and working sessions with the Ministry of Health to ensure understanding of, and alignment with the Ministry directions on health system strategic and operational priorities.
- Engage the Ministry at monthly meetings of the Leadership Council and regular bilateral meetings to set and/or clarify expectations address issues of shared interest and review system performance and financial requirements.
- Build upon existing collaborative processes with the Ministry of Health and key partner organizations to consult, communicate, and bind the efforts of the health sector together.

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 2017/18 fiscal year, Fraser Health ended with a surplus of \$0.4 million on a budget of \$3,541.5 million (or 0.01 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 by the Fraser Health Board in the 2017/18-2019/20 Service Plan.

Highlights

The 2017/2018 fiscal year ended with a surplus of \$0.4 million. Fraser Health had committed to the Ministry of Health to break even. The Ministry provided additional one-time funding at year end.

Resource Summary

\$ millions	2017/18 Budget	2017/18 Actual	2017/18 Variance
OPERATING SUMMARY			
Provincial Government Sources	3,412.9	3,460.2	47.3
Non-Provincial Government Sources	128.6	158.1	29.5
Total Revenue:	3,541.5	3,618.3	76.8
Acute Care	1,982.3	2,089.1	(106.8)
Residential Care	597.1	588.2	8.9
Community Care	343.6	337.7	5.9
Mental Health & Substance Use	277.0	260.2	16.8
Population Health & Wellness	89.6	88.8	0.8
Corporate	251.9	254.0	(2.1)
Total Expenditures:	3,541.5	3,617.9	(76.4)
Surplus (Deficit) – <i>even if zero</i>	-	0.4	0.4
CAPITAL SUMMARY			
Funded by Provincial Government	132.9	115.0	17.8

Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	86.0	35.3	50.6
Total Capital Spending:	218.9	150.4	68.5

Variance and Trend Analysis

Revenues for the fiscal year totaled \$3,618.3 million of which \$3,460.2 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 as a result of additional funding allocated subsequent to the approval of the budget in the service plan. Additional funding was provided for wage settlements, targeted initiatives, physician rates increases, and a one-time year end allocation. The revenue from non-provincial sources was greater than budget as a result of non-resident revenues, union and agency compensation recoveries, donations, and miscellaneous receipts.

Expenses for the fiscal year totaled \$3,617.9 million with the most significant variances in the following sectors:

- Acute care expenses exceeded budget due to delayed financial savings associated with the Increasing Quality and Capacity for Care plan, additional initiatives funded by the Ministry subsequent to the budget being approved, and increased staffing levels to support clinical service needs.
- Mental Health & Substance Use expenses were favorable to budget due to difficulties in hiring and implementation delays for planned investments in Mental Health.

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.

Major Capital Projects

Capital investment ensures that Fraser Health's infrastructure is maintained and expanded to meet the health services needs for a growing population. Major approved capital projects over \$20 million in total capital cost currently under way or in planning are listed in the table below:

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Royal Columbian Redevelopment Phase 2/3	2026	4	1,096	1,100
<p>Phase 2 delivers a new Acute Care Tower, an increase in inpatient capacity to a total of 675 beds for the site, a new and expanded Emergency Department, Critical Care capacity and Operating Rooms, Interventional and Diagnostic resources and a unified Maternal, Infant, Child, and Youth (MICY) Program. The scope includes demolition work, acquisition and installation of Energy Centre equipment, installation of Information Management / Information Technology (IM/IT) infrastructure and provision of building services to support Phases 2 and 3.</p> <p>Phase 3 is referred to as critical enabling works and includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower to improve the delivery of patient care. It involves conversion of the four-bed inpatient rooms in the Columbia Tower to single-bed and two-bed inpatient rooms, and an expansion of services including Laboratory, Medical Imaging, Pharmacy, and Food Services to support the increase in bed capacity of the site.</p> <p>Fiscal 17/18 – 19/20 activity – completion of clinical and technical design specifications; release and evaluation of RFP; Financial Close in early 2020.</p>				
Surrey Memorial Hospital Critical Care Tower and Expansion Project	2018	481	31	512
<p>The expanded Emergency Department (ED) opened in October 2013 and the new Critical Care Tower (CCT) opened in June 2014. The addition of the CCT, expanded ED and renovations to parts of the existing hospital delivers increased inpatient capacity to a total of 650 beds for the site. Internal renovations include a Support Services Connector Link between the existing campus and the new CCT as well as upgrades to the North entrance, an expanded Family Birthing Unit, Pharmacy, Linens and Logistics, Sterile Processing unit, and the Kitchen.</p>				
Royal Columbian Redevelopment Phase 1	2019	78	181	259
<p>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,</p>				

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>demolition of the Sherbrooke building, and the development of an integrated IM/IT infrastructure. Fiscal 17/18 - 19/20 activity – project completion</p>				
Peace Arch Surgical Suite, Emergency Department and Medical Device Reprocessing	2021	2	66	68
<p>The project will address the need for expansion and redevelopment of the Emergency Department (ED), Medical Device Reprocessing (MDR) Department, and Perioperative Suite. It provides an integrated and comprehensive solution for a facility expansion on the west side of the main Acute Building including three levels, with MDR located in the basement on Level 0, the ED on Level 1, and the Perioperative Suite on Level 2. This solution offers the opportunity to meet current and future emergency and surgical capacity benchmarks for the Peace Arch population, improve patient experience and health outcomes by providing a facility that addresses building deficiencies and provides an upgrade to meet contemporary standards, and improves overall efficiency by ensuring direct linkages between the Perioperative Suite, the MDR, and ED to support the flows of medicine (patients, staff, families, supplies, medicine, equipment, and information). Fiscal 17/18 – 19/20 activity – facility design development, tender documents and permits, construction 80 per cent complete by the end of March 2020.</p>				
Langley Memorial Hospital Emergency Department	2020	0	30	30
<p>This project will redevelop the Langley Memorial Hospital Emergency Department (ED) and more than double the existing footprint of the department, increasing from the current 870 gross square meters to 2,356 gross square meters. In alignment with the High Level Master Plan for the site, proposed is the replacement of the existing ED in a new single story addition to the east of the existing ED. The former ED space will then be available for potential future expansion of Diagnostic Imaging and Outpatient Services. The new ED will enable Langley Memorial Hospital to meet the demand for emergency services to 2025. Fiscal 17/18 – 19/20 activity - facility design development, tender documents and permits, construction 85 per cent complete by the end of March 2020.</p>				
Eagle Ridge Hospital Emergency Department	2020	0	28	28
<p>This project will enhance Eagle Ridge Hospital (ERH) by renovating and expanding the current Emergency Department (ED) to 39 patient positions from the current 19. The footprint of the new ED will be increased to 2,026 square meters from 714 square meters. The design of</p>				

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to March 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>the Eagle Ridge Hospital includes large overhang areas, and it is the intent of the project to infill these areas for ED expansion, thus reducing the construction cost as much as possible. Rehabilitation Services (inpatient and outpatient treatment space), Diagnostic Cardiology and Health Information Services are also impacted as part of this project as they are adjacent departments that will have to be relocated to allow for expansion space for the ED. Fiscal 17/18 – 19/20 activity - facility design development, tender documents and permits, completed renovation and decanting of adjacent departments, started construction of new ED and renovation of existing ED.</p>				

Appendices

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: Hyperlinks to Additional Information

For more information, please visit:

[*Fraser Health Authority 2015/16-2017-18 Service Plan*](#)

[*Fraser Health Authority 2016/17-2018/19 Service Plan*](#)

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

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

[*Healthy Families BC Policy Framework*](#)

[*Ministry of Health 2017/18-2019/20 Service Plan*](#)

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