

**Fraser  
Health Authority**

**2018/19  
ANNUAL SERVICE PLAN REPORT**



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## Board Chair's Accountability Statement



The *Fraser Health Authority 2018/19 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2018/19 - 2020/21 Service Plan*. I am accountable for those results as reported.

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

James (Jim) Sinclair  
Board Chair

## **Table of Contents**

Board Chair’s Accountability Statement.....	3
Chair/CEO Report Letter.....	5
Purpose of the Annual Service Plan Report .....	7
Purpose of the Organization .....	7
Strategic Direction.....	7
Operating Environment .....	8
Report on Performance.....	9
Goals, Objectives, Measures and Targets .....	11
Financial Report .....	20
Discussion of Results .....	20
Financial Resource Summary Table .....	21
Major Capital Projects .....	22
Appendix A – Health Authority Contact Information .....	26
Appendix B – Additional Information .....	26

## Chair/CEO Report Letter

This 2018/19 Fraser Health Authority Annual Service Plan Report has been prepared in response to the [2018/19 Ministry of Health Mandate Letter](#). Fraser Health undertook actions to continue our commitment of accountability to the people we serve.

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

An overarching priority for Fraser Health in 2018/19 was redesigning and strengthening primary and community care. Achievements include taking steps to establish team-based care in communities to deliver primary care, and the development of specialized community services programs to provide a continuum of care for patients with complex needs.

As an integral part of the primary and community care redesign, Fraser Health established its first Urgent and Primary Care Centre (UPCC) in Surrey. This Centre provides patients with urgent access to primary care and, if needed, attachment to a primary care family doctor or nurse practitioner.

Working together with local physicians, First Nations communities, and others, Fraser Health's first Primary Care Networks were planned for the communities of New Westminster, Tri-Cities, Burnaby, and Maple Ridge. The Indigenous Primary Health and Wellness Home opened on December 10th, 2018 and is now offering culturally safe and holistic care to Indigenous people in Surrey.

Investments were made in increasing services for individuals living in communities with complex care needs. Services for seniors such as home support, respite care, and community based professional services were enhanced. Changes were made to mental health and substance use services to provide patients a single point of access and better coordination between providers. Intensive services for individuals dealing with severe addiction, and in some cases mental health issues and homelessness as well, were added in Surrey and Chilliwack.

Fraser Health also made substantial progress in its commitment to improving access to scheduled surgeries and magnetic resonance imaging (MRIs). The number of surgeries in high priority areas such as hip and knee replacements and dental surgeries was increased compared with the previous year. Operating room efficiency was improved and changes were made to decrease wait times for key surgical, endoscopic and diagnostic procedures. The 'Enhanced Recovery After Surgery (ERAS)' program, which can speed post-surgical recovery, was expanded. Each of these efforts provided better access to care and improved patient experience.

Expanding capacity in our facilities infrastructure and information management (IM) systems has helped us keep up with growing demand and changing models of care. Improvements in hospital and community information systems puts much-needed information in the hands of clinicians to inform the care that they are providing to patients. Use of new technology and virtual care is providing better access to services, including in remote locations.

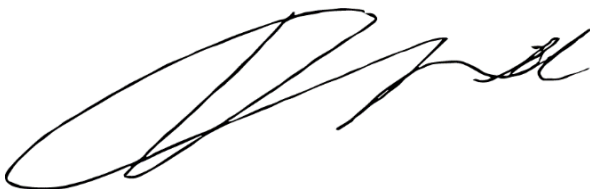
Fraser Health has been a leader in responding to the opioid overdose public health emergency, along with provincial and municipal governments and organizations. Our response has included education for care providers who respond to overdoses, collaboration with community physicians to link patients with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

People and partnerships are at the core of the work we have done throughout the year. Engagement with First Nations, Métis and Inuit partners/ communities and other Indigenous peoples has been weaved throughout our planning and improvement efforts to ensure that services are inclusive and culturally safe. The support of volunteers, Foundations and Auxiliaries contributes to the care provided by Fraser Health every day and extends the connections between Fraser Health and the communities that we serve. Work is ongoing to improve workplace health and organizational culture to help us attract and retain outstanding staff and physicians.

These are some of our 2018/19 improvement efforts. These improvements are possible through the enthusiasm and energy of the people who make up Fraser Health. Together, we are shaping the future of a more sustainable, patient-centred and community-based system. We will build on our successes of 2018/19 to shape the future of health care in our region to be more sustainable, patient-centred and community-based for the benefit of the people we serve.



James (Jim) Sinclair  
Board Chair



Dr. Victoria Lee  
President and Chief Executive Officer

## Purpose of the Annual Service Plan Report

The Annual Service Plan Report (ASPR) is designed to publicly report on the actual results of the health authority's performance related to the forecasted targets documented in the previous years' Service Plan.

## Purpose of the Organization

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

### Governance and Leadership

The Ministry of Health (Ministry) appoints nine directors to the board to govern Fraser Health. Its governance approach is guided and assessed by the [Accountability Requirements for Public Sector Organizations](#). The board provides oversight to ensure Fraser Health fulfills its vision and purpose and operates in accordance with its values. Additional board accountability and governance practice information is available 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, approximately 2,900 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](http://www.fraserhealth.ca).

## Strategic Direction

The strategic direction set by Government in 2018/19 and expanded upon in the Board Chair's [2018/19 Mandate Letter](#) from the Minister of Health in 2018 shaped the [2018/19 – 2020/21 Service Plan](#) and the results reported in this ASPR.

The following table highlights the key goals, objectives or strategies that support the key priorities of Government identified in the 2018/19 Fraser Health Service Plan:

Government Priorities	Fraser Health Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> <li>• Focusing on cross sector change initiatives requiring strategic repositioning (Goal 1)                             <ul style="list-style-type: none"> <li>○ A primary care model that provides comprehensive and coordinated team-based care linked to specialized services</li> <li>○ Improved health outcomes and reduced hospitalizations for seniors through effective community services</li> <li>○ Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services</li> <li>○ Timely access to appropriate surgical procedures</li> </ul> </li> <li>• Supporting the health and well-being of British Columbians through the delivery of responsive and effective health care services (Goal 2)                             <ul style="list-style-type: none"> <li>○ Effective health promotion and responsive services</li> </ul> </li> </ul>
A strong, sustainable economy	<ul style="list-style-type: none"> <li>• Ensuring an innovative and sustainable public health system (Goal 3)                             <ul style="list-style-type: none"> <li>○ Effective health sector resources and approaches to funding</li> </ul> </li> </ul>

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. 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

There are an estimated 62,275 Aboriginal people in the Fraser Health region, which represents approximately 3.7% of the total Fraser Health population. About 23% of B.C.’s Aboriginal population live within the Fraser Health region. Of this population, 36% are registered Status First Nations and the remainder are non-Status First Nations, Métis, Inuit and other Aboriginal identities. Métis Nation British Columbia (MNBC) represents thirty-nine (39) Métis Chartered Communities in British Columbia. Fraser Health has also partnered with Fraser Region Aboriginal Friendship Centre (FRAFCA) to leverage existing social programming.

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

- the aging population



- the increasing need to care for frail seniors
- a rising burden of illness from chronic diseases
- mental illness
- cancer diseases
- advances in technology and pharmaceuticals driving new costly procedures and treatments, and emergency admission wait times.

This pressure is compounded by the need for new care and creative delivery models, and the need to maintain and improve the health system's infrastructure (i.e. buildings, equipment and information technology).

Fraser Health uses the collaborative approach with key stakeholders, aligned with the [Confidence and Supply Agreement](#) that emphasize 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 [Métis Nation Relationship Accord II](#). Fraser Health has adopted these principles and is taking effective measures to ensure culturally appropriate care and service delivery to the indigenous population within the region.

Further to the [Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations, Métis and Inuit People in British Columbia](#), the Aboriginal 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, Métis Nation of British Columbia (MNBC), Simon Fraser University, Fraser Region Indigenous Friendship Centre Association, and the Mission Friendship Centre. Work is underway to sign a Letter of Understanding (LOU) with MNBC to ensure Métis Nations specific priorities are expressed and acted upon within the Fraser-Salish region. Fraser Health has made improvements in the following services:

- access to primary care in many communities
- access to child and youth mental health services and effectively treating adult patients with moderate to severe mental illnesses and/or addictions
- proactively respond 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
- managing long wait times
- increasing volumes of diagnostic imaging; and
- increasing elective surgeries

## **Report on Performance**

In aiming to achieve target level of performance in 2018/19, 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:

- Fostering a culture of cost-consciousness with the reinforcement of a budget management policy outlining accountabilities, responsibilities and mitigation protocols
- Managing responsibilities transparently and publish 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
- Demonstrating cultural safety, 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

Performance in relation to the specific goals and objectives set out in Fraser Health's 2018/19 Service Plan are outlined in the sections that follow.

## ***Goals, Objectives, Measures and Targets***

This 2018/19 Annual Service Plan Report reflects operational results compared to the goals, objectives, strategies and performance measures established in the Fraser Health 2018/19 Service Plan in support of the system wide goals, priorities and strategies of the Ministry of Health.

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

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

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

### **Goal 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning**

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

We are redesigning our primary and community care services to create population focused community-based interdisciplinary teams that provide people with easier access to the services they need. We are partnering with family physicians to provide team-based care, along with nursing staff, mental health staff, dietitians, physiotherapists, pharmacists and many others working together to meet people's needs. Strengthened focus on improving primary and community care service delivery for the frail senior population is providing better support seniors to live in their own homes and improving coordination and transitions between services such as Home Health, Long Term Care and acute care to ensure resources best meet individual care needs.

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

### **Objective 1.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services**

Fraser Health has engaged in collaborative processes with health care providers, administrators, policy makers and other partners across the health system to identify and implement improvements to primary and community care that align with the Ministry of Health direction and vision for British Columbia. Numerous practice and service delivery innovations and initiatives have been introduced

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

In alignment with the Ministry and General Practices Services Committee, Fraser Health has partnered with physicians, community partners, First Nations and Indigenous partners and others to shape and begin implementing primary care networks (PCNs).

### **Key Highlights:**

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

- Planning and establishment of Urgent and Primary Care Centers (UPCCs), and improved access to comprehensive primary care services, including individuals with chronic illnesses, mental illnesses, and/or complex medical needs and frailty.
- Wave 1 Fraser Health communities and their partner Divisions of Family Practice (Burnaby, Maple Ridge and Tri-Cities/New Westminster) have completed service plans outlining their communities' approaches and are in the process of implementing PCNs.
- PCN service plans for Wave 2 communities (Chilliwack, Mission, and White Rock/South Surrey) have been submitted to the Ministry for approval, with expected approvals by fall, 2019.
- Partnership is underway with the First Nations Health Authority. First Nations and Indigenous partners have been involved in all primary care network development and development of other strategic initiatives for integration into primary care service delivery. Additionally, the Indigenous Primary Health and Wellness Home was launched in this fiscal year that offers culturally safe and holistic care to Indigenous people in Surrey.

### **Objective 1.2: Improved 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. Fraser Health is developing a continuum of care for seniors (and adults that may not be seniors but have moderate to severe complex conditions) through establishing Specialized Community Service Programs (SCSP). SCSPs provide team-based patient centered care for an identified population (adults with complex medical conditions and/or frailty) that is integrated and seamless; easy to understand, navigate and access; formally linked to primary care networks, community-based services/non-government organizations (NGOs), laboratory and diagnostic services,

hospital care and other SCSPs; and, based on a clear set of attributes and expectations. Plans are underway to leverage technology to support alternate methods of care delivery and efficient information sharing.

### Key Highlights:

In order to achieve the goal of improving seniors care through effective access to community services, Fraser Health has worked in 2018/19 to support seniors and caregivers by increasing access to, and availability of community-based services. The key highlights for seniors care are:

- Redesign of community-based services for seniors to function as a locally accessible specialized community services program that is accountable for the care needs of this population and improves accessibility, quality and continuity and enables seniors to remain in their communities longer.
- Improvements in the provision of end-of-life care including hospice, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to service.
- Investments in additional home and community care services for seniors and beginning the development of specialized community services programs focused on adults with complex conditions including palliative care, home support and community based professional services.

### Performance Measure 1: Number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and older

Performance Measure(s)	2016/17 Baseline	2018/19 Target	2018/19 Actuals*	2019/20 Target	2020/21 Target
1.2 The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and older	3,621	3,448	3,301	3,365	3,283

**Data Source:** Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

\* P.E.O.P.L.E.2017

### Discussion

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. Proactive disease management and community-based services can help seniors maintain functioning and reduce complications that could require higher-level medical care, such as emergency department visits and hospitalizations.

Fraser Health 2018/2019 actuals were four percent below the target. Fraser Health is committed to working with the Ministry to continue to achieve excellent performance on this measure, by strengthening community-based health care network and support services.

Seniors 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. 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 in order to help seniors with chronic disease to remain as healthy as possible. Models of care are being developed that include “modernizing” and aligning chronic disease services to the new primary and community care model such that clients are connected with a primary care provider, typically a General Practitioner or Nurse Practitioner, who will understand their health needs over time and will coordinate their care. Clients will receive more timely access to needed services through increased partnerships between community services, specialized services, physician practices, and acute care services. Physicians are being supported to participate in these changes through their local Divisions of Family Practice.

**Objective 1.3: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services**

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

Specialized community services programs integrate multiple related services into a single structure to coordinate seamless interdisciplinary team-based care to best meet the patient’s physical and psychosocial needs. At the same time, it remains a priority of both the Ministry of Health and the Ministry of Mental Health and Addictions that we continue to foster a system that meets the needs of people when and where they need it. This includes ensuring rapid access to substance use services, ending the stigma with respect to addictions and mental illness, and reducing the disproportionate impact of overdose and overdose deaths among Indigenous and First Nations peoples, for example, increase access of services for Indigenous and First Nations people, and building collaborative relationships with external partners to Aboriginal Health Landscape.

**Key Highlights:**

Mental Health and Substance Use (MHSU) services have redesigned service delivery models through 2018/19 to develop and implement functional Specialized Community Services Programs for patients with moderate to complex MHSU needs. The key highlights are:

- Expanded services for the treatment of youth impacted by substance use and opioid use disorders.
- Additional Intensive Case Management (ICM) teams in Surrey (June, 2018) and Chilliwack (September 2018). These teams provide team-based care serving individuals with severe substance use and who may be mentally ill and homeless.
- Development and implementation of Urgent Care Response Centres for MHSU clients. The first Centre opened in summer 2019 and is now receiving and providing care for clients. . The Centre will be a one stop therapeutic centre that provides timely assessments, initiates treatment and connects the individual to the most appropriate program.

- Support of the Opioid Response strategy to address the provincial opioid overdose public health emergency, including expanded availability of opioid agonist therapy and take-home Naloxone kits.

## Performance Measure 2: Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
1.3 Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days	13.5%	13.3%	13.6%	13.3%	13.3%

**Data Source:** Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

## Discussion

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

Fraser Health's 2018/19 actuals is 13.6 percent, 0.3 percent higher than the target. The MHSU program continues to concentrate on initiatives that ensure smooth and seamless transitions between acute and community services for mental illness. In recent years, three Integrated Transition of Care Teams (ITCTs) have been created at Fraser Health regional hospitals. We are monitoring and analyzing readmission rates for MHSU patients at the facility level to ensure hospital quality improvement initiatives to reduce hospital readmission rates, such as enhanced discharge planning/transitions are sustained. Community mental health strategies will build on these efforts. This performance measure contains stretch targets; progress towards achieving those targets will be focused on increased specialized community-based supports, particularly coordinated and integrated team-based primary and community care programs to help those with mental health and/or substance use issues receive appropriate and accessible care.

The opioid overdose strategy includes additional youth residential substance use treatment beds that are expected to reduce unplanned hospital admissions. Fraser Health Mental Health and Substance Use (MHSU), is focusing on improving access to a range of services and supports in the community. Recent increases in the number of Assertive Community Treatment and planned Intensive Case Management teams in Fraser Health will help reduce the number of emergency room visits, annual hospital days and readmissions for people with severe and complex mental health and/or substance use issues.

## Objective 1.4: Timely access to appropriate surgical 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 and day surgery.

Fraser Health's new hip and knee program, one of five programs being established by the Ministry across the province, is designed to increase the number of surgeries, reduce wait times and improve continuity of care by coordinating all the services a patient will need. Our new program builds on Burnaby Hospital's Central Intake and Optimization Centre for arthroplasty. It is part of a new provincial surgical and diagnostic strategy to decrease the number of patients in our region who have been waiting over 26 weeks for hip and knee replacement surgeries, as well as increase magnetic resonance imaging (MRI) exams region wide.

### Key Highlights:

In order to improve access, quality and efficiency of surgical services, initiatives across the continuum of surgical care were undertaken. A combination of investments in new capacity along with efforts to improve the efficient use of existing resources resulted in Fraser Health being able to provide more surgeries, diagnostics and better access for patients. 2018/19 highlights are:

- Establishing the Burnaby Central Intake program for hip and knee replacement surgery and increasing arthroscopic surgeries (hip and knee replacements) at Burnaby.
- Improving patient and family experience on the journey through surgical services by standardizing care pathways (Enhanced Recover After Surgery) and providing better information and support for patients, including booking and wait time management.
- Increased MRI capacity and efficiency resulting in Fraser Health successfully meeting its 2018/19 target of providing over 64,000 MRI exams.
- Improving operating room efficiency by reducing early finishes, long turn-around times, late starts and operating room departure delays.
- Increasing operating room time at some of our surgical sites through extended hours or funding of new operating room capacity and scheduling of surgeries in collaboration with surgeons' offices.

### Performance Measure 3: Surgeries in targeted priority areas completed

Performance Measure	2016/17 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target*	2020/21 Target
1.4 Surgeries in targeted priority areas completed	4,394	5,599	5,164	5,707	5,816

**Data Source:** SWT (Surgical Wait Time Database (including including hip, knee and dental surgeries), Health Sector Information, Analysis and Reporting Division, Ministry of Health.

\*Future year targets are from the 2018/19 FHA Service Plan



## Discussion

The completion of additional hip, knee, and dental surgeries reflects efforts to allocate resources in focused areas for patients that have been waiting for these procedures. These efforts were concentrated in 2018/19 and have shown progress to "catch up" and "keep up" with volumes in priority areas. Targets for this performance measure will be adjusted in the future as new priority surgical areas are identified and targeted for improvements.

The 2018/19 actuals is 8 percent below the 2018/19 target. Although this is below the target, Fraser Health continues to focus on reducing wait times for many surgeries. Fraser Health continues to foster innovation and efficiency in our hospitals to improve access to an expanding range of surgical procedures.

The targets reflect the Ministry's continued determination towards improvements in access to appropriate surgical procedures, specifically the completion of additional hip, knee, and dental surgeries. This performance measure tracks completion of surgeries in targeted priority areas. Priority surgery areas are reassessed every year to ensure that the highest priority surgeries are addressed.

Fraser Health has targeted initiatives to reduce the wait times for surgery; to catch up with hip replacements, knee replacements and dental surgeries based on an accepted targeted measure of no more than five percent of patients waiting more than 26 weeks; to ensure there is no deterioration in wait times for all other scheduled surgeries; and, to complete the implementation of a central intake program for hips and knees at Burnaby General Hospital. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

### **Goal 2: Support the health and well-being of British Columbians through the delivery of responsive and effective health care services**

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

#### **Objective 2.1: Effective health promotion and responsive services**

Chronic disease is the largest cause of death and disability, represents the largest burden of disease and drives a significant part of overall health costs. Evidence suggests that over time, a primary disease prevention and health promotion agenda can effectively improve the overall health of the population. Working with the Ministry and other partners, Fraser Health is continuing to work with community partners to increase the number of communities with strategic plans that support healthy living through planning, policies, build environments and other mechanisms. Fraser Health is also working to support the Ministry, the First Nations Health Authority, Metis Nations BC, and other Indigenous partners to provide culturally safe health services for Indigenous Peoples.

## Key Highlights:

In 2018/19, Fraser Health collaborated with various health care providers and partners in delivering services to promote Healthy People. Some of the health promotion and health protection initiatives include:

- Continued building and strengthening of health promotion through expanding comprehensive school health initiatives and engaging the local Health Community Partnership committees.
- Standardize business and inspection processes in the Health Authorities' Food Safety Program and standardize drinking water indicators and inspection processes.
- Working with First Nations Health Authority and regional partnership tables (e.g. Aboriginal Wellness Advisories in Surrey and Chilliwack) to ensure that Indigenous people have meaningful input into Fraser Health's Aboriginal Health Plan and other service planning activities.
- In partnership with the First Nations Health Authority and local service providers, establishing the Indigenous Primary Health and Wellness Home in Surrey to provide culturally safe, integrated team-based care.

## Performance Measure 4: Percent of communities that have completed healthy living strategic plans

Performance Measure	2011/12 Baseline	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
2.1 Percent of communities that have completed healthy living strategic plans	40%	80%	85%	90%	90%

**Data Source:** Health Authority Annual Community Survey, 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 the Ministry and health authorities, since 2010/11. Healthy living strategic plans include measurable actions or milestones that the health authority and community will use to collectively address chronic disease risk factors and prioritize areas to reduce the incidence of chronic diseases. 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.

Eighty percent of municipalities in Fraser Health had a healthy living strategic plan in 2015/16; 85 percent in 2016/17; and, 85 percent in 2017/18, and 85 percent in 2018/19. Population and Public Health continues to work with and support the three remaining municipalities towards developing a healthy living strategic plan.

### **Goal 3: Deliver an innovative and sustainable health system**

To deliver an innovative and sustainable health system, Fraser Health must ensure health system resources are used in the most efficient and effective way possible. Fraser Health has been advancing a multi-faceted plan to provide patient centered care in the right location at the right time to address inappropriate use of acute care resources. We are committed to increasing our performance by ensuring consistent use of best practices in care and discharge planning, improving seven days/week flow to decrease hospital days, and building integrated community health networks to decrease Emergency Department occupancy and avoidable emergency visits. On a strategic level, this includes not only what services and initiatives are focused on, but also how they are implemented.

To promote and protect the public health care system, it is necessary to consolidate ongoing priorities related to continuous improvement, pharmaceuticals, and resource management. In the coming years, Fraser Health, the Ministry of Health, Ministry of Mental Health and Addictions, BC Housing and other organizations will collaborate on the effective implementation and management of the shared, consistent strategic plan for the health system.

#### **Objective 3.1: Effective health sector resources and approaches to funding**

An efficiently managed health system ensures resources are spent where they will have the greatest impact on desired health outcomes. Finding innovative ways to deliver care is critical to a sustainable health system and will shape the future of our health care. This approach also meets Fraser Health's Quadruple Aim goals of providing more effective care for key populations, enhancing the patient engagement and experience of care, reducing the per capita cost of health care and improving the work health life of clinicians and staff.

#### **Key Highlights:**

Fraser Health staff and physicians worked alongside patients and families to make improvements that make the health system more effective and sustainable. We continued to work toward improved performance by ensuring consistent use of best practices in care and discharge planning, improving seven days/week flow to decrease emergency department occupancy and hospital days. The key innovations and improvements include:

- Increased core information management capabilities allow clinicians better access to information when providing patient care.
- Expanded use of virtual health care, including care for cardiac patients in Fraser East.
- Implementation of psychological health and safety standards and respectful workplace strategies to help attract and retain the very best staff and physicians.
- Development of strategies to support the recruitment and retention of Indigenous care providers to Fraser Health career opportunities.
- Enhanced physician leadership development programs and active physician recruitment and retention strategies.
- Support for innovation across the organization has been provided by spreading successful staff and physician innovations, providing grants to point of care staff, partnering with the Foundations and other external agencies to support innovation and fostering small organizations to work with Fraser Health and to develop new approaches to care.

## Performance Measure 5: Nursing and allied professionals overtime hours as a percent of productive hours

Performance Measure	2016 Baseline	2018 Target	2018 Actuals	2019 Target	2020 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours	3.9%	3.9%	4.4%	3.9%	3.9%

**Data Source:** Health Sector Compensation Information System (HSCIS), Health Employers Association of British Columbia (HEABC).

### Discussion

Overtime is a key indicator of the overall health of a workplace. Maintaining overtime rates, with expected growth in demand, by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

The 2018/19 actuals is 4.4 percent, which falls short of the 2018/19 target by 0.5 percent. This performance measure compares the amount of overtime worked by nurses and allied health professionals (unionized professional nurses, including Registered Nurses, Registered Psychiatric Nurses and Registered Practical Nurses, Licensed Practical Nurses and allied health professionals, including occupational therapists, physiotherapists and clinical/hospital pharmacists) to the overall amount of time worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism.

Fraser Health has implemented a number of strategies to optimize, support and retain our existing workforce. These include promoting health and wellness in the workplace and building and supporting interdisciplinary team-based care. We are also partnering with the Ministry of Health and the Ministry of Mental Health and Substance Use as they work with the Ministry of Advanced Education, Skills and Training, other health authorities and key partners, to ensure we have an appropriate supply, mix and distribution of health providers to meet the needs of patients and our population.

## 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 2018/19 fiscal year, Fraser Health ended with a deficit of \$18.1 million on a budget of \$3,712.0 million (or 0.5 percent of budget) as a result of the Healthcare Benefit Trust (HBT) benefit plan valuation loss. Further, Fraser Health's external auditors issued an unqualified audit opinion on the issued financial statements. The budget disclosed is the budget approved by the Fraser Health Board in the 2018/19-2020/21 Service Plan.

## Highlights

The 2018/2019 fiscal year ended with a deficit of \$18.1 million as a result of the HBT benefit plan valuation loss as directed by the Ministry of Health. The Ministry provided additional one-time funding at year end.

### *Financial Resource Summary Table*

\$ millions	2018/19 Budget	2018/19 Actual	2018/19 Variance
<b>OPERATING SUMMARY</b>			
Provincial Government Sources	3,583.0	3,630.2	47.2
Non-Provincial Government Sources	129.0	166.7	37.7
<b>Total Revenue:</b>	<b>3,712.0</b>	<b>3,796.9</b>	<b>84.9</b>
Acute Care	2,062.0	2,198.2	(136.2)
Residential Care	636.0	615.5	20.5
Community Care	378.0	352.2	25.8
Mental Health & Substance Use	282.0	277.6	4.4
Population Health & Wellness	92.0	95.6	(3.6)
Corporate	262.0	275.9	(13.9)
<b>Total Expenditures:</b>	<b>3,712.0</b>	<b>3,815.0</b>	<b>(103.0)</b>
Surplus (Deficit) – <i>even if zero</i>	-	(18.1)	(18.1)
Funded by Provincial Government	185.8	173.7	12.10
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	138.3	46.4	91.90
	<b>324.1</b>	<b>220.1</b>	<b>104.0</b>

## Variance and Trend Analysis

Revenues for the fiscal year totaled \$3,796.9 million of which \$3,630.2 million, or 96 percent, 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.

Expenses for the fiscal year totaled \$3,815.0 million with the most significant variances, as a percent of budget, in the following sectors.

- Acute care expenses exceeded budget due to additional initiatives (MRIs, Surgeries, etc.) funded by the Ministry subsequent to budget approval, and increased staffing levels to support clinical service needs.

- Community care expenses were favorable to budget due to difficulties in hiring, implementation delays, and efficiencies and quality gains in service delivery.

## 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 service 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 Mar. 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p><b>Royal Columbian Redevelopment Phase 2/3 -</b> Phase 2 delivers a new Acute Care Tower, an increase in inpatient capacity to a total of 675 beds for the site, and adds 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. 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. Fiscal 18/19 – 20/21 activity – completion of clinical and technical design specifications; RFQ and project brief development</p>	2026	12	1,088	1,100

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar. 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>and release, development and release of RFP; evaluation of RFP bidders, collaborative proponent workshops, preferred proponent selection, project agreement and finalization; Financial Close in early 2020.</p> <p><u>Update March 31, 2019</u> – Fiscal 18/19 activity – RFQ and RFP completion, contract closure. Construction starts in 2020/21.</p> <p>Fiscal 2018/19 saw the release of the RFI and a market response of only one respondent team.</p>				
<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 18/19 – 20/21 activity – project completed in 2018.</p>	2018	482	0	482
<p><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 18/19 - 19/20 activity – project completion in 2020.</p> <p><u>Update March 31, 2019</u> – Fiscal 2018/19 activity - the progression of construction, equipment acquisition, and execution of the Human Resource and Operational Readiness Plans.</p>	2020	165	94	259
<p><b>Peace Arch Hospital Renewal Project</b> – 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</p>	2021	8	76	84

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar. 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>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 18/19 – 20/21 activity – project completion.</p> <p><u>Update March 31, 2019</u> – Fiscal 2018/19 activity included - construction, commissioning, project completion as well as completion of design and start of construction.</p>				
<p><b>Langley Memorial Hospital Emergency Department</b> - 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 970 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 18/19 – 20/21 activity – project completion.</p> <p><u>Update March 31, 2019</u> – Fiscal 18/19 activity - design, construction, commissioning and project completion as well as completion of design and start of construction.</p>	2020	3	36	39



Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar. 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p><b>Eagle Ridge Hospital Emergency Department -</b>  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 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 18/19 – 20/21 activity – project completion. <u>Update March 31, 2019</u> – Fiscal 18/19 activity – design, construction, commissioning, project completion as well as the completion of design and tender of the first construction package.</p>	2021	1	27	28

## **Appendix A – Health Authority Contact Information**

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or, contact:

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## **Appendix B – Additional Information**

For more information, please visit:

[2018/19 Ministry of Health Annual Report](#)

[2018/19-2020/21 Ministry of Health Service Plan](#)

[2018/19 Fraser Health Mandate Letter](#)

[2018/19 to 2020/21 Fraser Health Service Plan](#)

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