

**Fraser
Health Authority**

**2018/19 – 2020/21
SERVICE PLAN**

June 2018



For more information on the Fraser Health Authority
see Contact Information on page 32 or contact:

FRASER HEALTH AUTHORITY

Suite 400, Central City Tower

13450 – 102nd Avenue

Surrey, British Columbia V3T 0H1

or visit our website at

www.fraserhealth.ca

Board Chair Accountability Statement



The *2018/19 - 2020/21 Fraser Health Authority Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act*. The plan is consistent with government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of June 29th have been considered in preparing the plan. The performance measures presented are consistent with the *Budget Transparency and Accountability Act*, Fraser Health Authority mandate and goals, and focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of Fraser Health Authority operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in black ink, which appears to be "James Sinclair". The signature is stylized and fluid, written over a white background.

James (Jim) Sinclair
Board Chair

June 29, 2018

Table of Contents

Board Chair Accountability Statement	3
Organizational Overview	5
Strategic Direction and Alignment with Government Priorities.....	8
Strategic Context.....	9
Goals, Objectives, Strategies and Performance Measures	11
Resource Summary	29
Major Capital Projects	30
Appendix A: Health Authority Contact Information	33
Appendix B: Hyperlinks to Additional Information (optional)	34

Organizational Overview

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

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.

Respect, caring and trust characterize Fraser Health's relationships. Our goal is to improve the health of our populations and provide the best possible health care experiences to the 1.8 million people we serve in the Lower Mainland. These account for over one third of the population of British Columbia. We are the fastest growing health authority in the province and have doubled in population from 1987 to today. Between 2017 and 2022, the population is expected to increase by eight per cent to almost two million people. Fraser Health is home to nearly 23 per cent of British Columbia's Aboriginal Peoples, with a population of nearly 52,000 who identify as Indigenous (First Nation, Metis, and Inuit). This is roughly three per cent of the Fraser Health populationⁱⁱ There are 32 First Nations communities in the region located mostly along the Fraser River.

The geographic area of Fraser Health extends from Burnaby and Delta in the west to Hope in the east, and from the Canada/U.S. border north to Boston Bar. We are divided into three Health Service Delivery Areas (HSDAs). In 2017, Fraser South was the largest of these with 46 per cent of the overall Fraser Health population (n=830,320), Fraser North had 37 per cent (n=674,651), and Fraser East had 17 per cent (n=304,725)ⁱ. Fraser Health's population is further broken down to Local Health Areas (LHAs)ⁱⁱ with characteristics as follows:

Table 1: Fraser Health 2017 population by local health area and age groupⁱⁱⁱ

Fraser Local Health Areas (LHA)	Population number (% of each service area by age group)				Metro, Urban/Rural, Rural, Remote
	All ages	0-64 years	65-74 years	75+ years	
1. LHA 032 (Hope)	7,354	5,234 (71%)	1,267 (17%)	853 (12%)	Rural
2. LHA 076 (Agassiz-Harrison)	9,588	7,218 (75%)	1,433 (15%)	937 (10%)	Rural
3. LHA 075 (Mission)	44,328	37,825 (85%)	3,948 (9%)	2,555 (6%)	Urban/Rural
4. LHA 040 (New Westminster)	75,060	63,802 (85%)	6,619 (9%)	4,639 (6%)	Urban/Rural
5. LHA 033 (Chilliwack)	100,129	81,393 (81%)	10,367 (10%)	8,369 (8%)	Urban/Rural
6. LHA 042 (Maple Ridge)	107,257	91,845 (86%)	9,009 (8%)	6,403 (6%)	Urban/Rural
7. LHA 037 (Delta)	103,379	83,614 (81%)	11,421 (11%)	8,344 (8%)	Urban/Rural
8. LHA 035 (Langley)	153,210	127,832 (83%)	14,486 (9%)	10,892 (7%)	Urban/Rural
9. LHA 034 (Abbotsford)	143,326	119,495 (83%)	13,098 (9%)	10,733 (7%)	Urban/Rural
10. LHA 202 (S. Surrey/White Rock)	98,330	73,703 (75%)	13,091 (13%)	11,536 (12%)	Metro
11. LHA 043 (Coquitlam)	250,045	216,466 (87%)	19,879 (8%)	13,700 (5%)	Metro
12. LHA 041 (Burnaby)	242,289	203,723 (84%)	20,716 (9%)	17,850 (7%)	Metro
13. LHA 201 (Surrey)	475,401	415,938 (87%)	36,035 (8%)	23,428 (5%)	Metro
Fraser Health Authority	1,809,696	1,528,088 (84 %)	161,369 (9%)	120,239 (7%)	N/A

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 healthy lifestyle choices. Serving this mission are over 25,000 staff members, approximately 2,600 physicians and more than 6,000 volunteers working in partnership in diverse work settings from hospitals, to mental health centers, public health units to services in ambulatory clinics and also in the homes of our community members. Fraser Health's purpose and services are further detailed at www.fraserhealth.ca.

Fraser Health’s strategic priorities are aligned to the Ministry of Health priorities. We are focused on providing high quality care and services; building capacity by refining primary and community care strategies to reduce unnecessary hospital use and ensuring timely access to appropriate surgical care; supporting our staff and physicians to be engaged and motivated; and sustainably managing our resources and ensuring we are fiscally responsible.

To enable these priorities and address opportunities unique to Fraser Health, additional target priority areas were established by the Fraser Health executive to address the growing and changing needs of our organization. These regional priorities include primary and community care; mental health & substance use and opioid crisis; surgery and diagnostic waitlists; and, acute care performance and expansion. The patient and provider experience, innovation and technology, unit based performance improvement and advancing an acute care clinical strategy are additional areas of ongoing focus. These identified areas represent health care quality improvement challenges and opportunities across our regional spectrum of care.

We are committed to living our values of respect, caring and trust in pursuit of our vision:

Better health. Best in health care.

We believe patients and their families are equal and important partners in their care. We believe in transparency and we are committed to being accountable to our stakeholders.



We will provide quality care and services to our patients, clients and residents, and their families. We will continue to review and measure our quality indicators and other targets to ensure we are holding ourselves accountable to our standards and best practices. And we will attune to special populations accessing our services, such as seniors, mental health and substance use clients, and Aboriginal and South Asian people.



We will focus on refining our primary and community care strategies, improving hospital effectiveness, ensuring timely access to appropriate surgical care and supporting rural health care strategies. We will focus on taking better care of seniors and people with mental health and/or substance use experience.



We will support our workforce to be engaged and motivated. This means we will be responsive and proactive and we will create a workplace that allows employees to perform at their best.



We will manage our resources and spend our money wisely to maximize the care and services we are able to offer our patients, clients and residents.

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 Card* which includes organization and site-based measures. Since the initial release, awareness and use of the report cards have steadily increased at the hospital, program, public, governance and operational levels. The performance information they contain is informing decisions and driving improvement in focused areas across the organization. *Our Health Care Report Card* is available at <https://www.fraserhealth.ca/about-us/accountability/report-cards>.

Strategic Direction and Alignment with Government Priorities

The strategic direction for Fraser Health is received from the guiding principles of the Government including those detailed in the Minister’s [2018/19 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 2018/19 fiscal year. The strategic priority directions also align with the priorities in the [Ministry of Health 2018/19-2020/21 Service Plan](#).

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](#). 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.

Further to the [Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.](#), the Aboriginal Health program at Fraser Health has initiated constructive partnerships with multiple external stakeholders including B.C Health Authorities, First Nations Health Authority (FNHA), B.C Patient and Safety Quality Council, Metis Nation of B.C (MNBC), Simon Fraser University, Fraser Region Aboriginal Friendship Centre Association, 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.

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

Government Priorities	Fraser Health Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Focusing on cross sector change initiatives requiring strategic repositioning (Goal 1) • Supporting the health and well-being of British Columbians through the delivery of responsive and effective health care services (Goal 2)
A strong, sustainable economy	<ul style="list-style-type: none"> • Ensuring an innovative and sustainable public health system (Goal 3)

Strategic Context

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.

Among the challenges 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.

Addressing service areas that continue to be challenged despite significant effort, and continuing to build on what is working well are key areas of focus for Fraser Health. We continue to focus on these areas to ensure the resources available for health care services are used effectively and in ways that most benefit the citizens. We have a renewed emphasis on system approaches to help address the challenges. Efforts are underway to ensure we can provide improved access to coordinated, comprehensive and quality health care services across Fraser Health. Addressing service areas that have remained problematic and resistant to resolution despite significant effort will be key areas of focus to ensure a system that meets the needs of British Columbians.

Over the past several years, Fraser Health has continued to make progress in improving services across a range of areas. Achieving all targets requires system-wide change to increase community capacity. The increased capacity will enable us to reduce unnecessary hospital admissions and support patients to transition home more quickly when they are ready. We will achieve these changes by building strong partnerships with community physicians, realigning community-based interdisciplinary teams to create primary care networks, and improving specialized services in the community to better meet the needs of our population. Specific areas of focus include:

- access to family physicians and primary care in many communities;

- providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions;
- proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community;
- 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 needs of residential care residents requiring dementia care.

Measuring the success of these efforts is essential to understanding our progress, to learn and to continually improve the quality of care delivered. Fraser Health remains committed to maintaining a robust Health Care Report Card that tracks, analyzes and reports on organization-wide measures aimed to monitor and assess quality, effectiveness and efficiency. Additionally, with the Ministry, we are continually refining and developing measures and targets to ensure they provide the most accurate and relevant information possible to effectively support a wide range of stakeholders in evidence-informed decision making.

In addition, Fraser Health Authority is aligned with the newly created Ministry of Mental Health and Addictions that is guiding the transformation of British Columbia's mental health and addictions system by setting the strategic direction. Working with the Ministry of Health we are implementing the strategic direction to ensure an accessible and effective system of mental health services for individuals and families by addressing gaps existing in the continuum of service for mental health and addictions.

Goals, Objectives, Strategies and Performance Measures

This plan reflects strategies that Fraser Health is continuing to refine as opportunities emerge to better support the goals, priorities and strategies articulated by the Ministry of Health in the bilateral agreement. The Government priorities and performance expectations provide the basis for health authority planning and performance reporting setting a course for the changes required to develop a more coordinated, patient focused system of care.

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

1. Ensure a focus on cross sector change initiatives requiring strategic repositioning.
2. Support the health and well-being of British Columbians through the delivery of responsive and effective health care services.
3. 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 deliver 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 responds to their needs and will lead to the best health outcomes.

We are working with the Ministry emphasizing on the importance of achieving transformational progress across the health sector, from metro and urban settings to rural and remote communities. Aligned to the Ministry of Health vision and direction we are shifting from an acute-centered model to one that supports patients to receive care for most of their needs in their communities. Ten communities have self-identified as being early adopters and will realize the standards of care for Primary Care Network (PCN) and Specialized Community Service Programs within the next three years. Each Fraser Health community will be developing new models of care based on the province-wide vision for integrated primary and community care, and the needs of their local population; all focused on reaching the same goals.

We are redesigning our primary and community care services to create community-based interdisciplinary teams that work more closely with patients, their family doctors (GPs), nurse

practitioners (NPs) and other care providers to get patients easier access to the services they need. We are partnering with family practices to provide team-based care. These teams may include nursing staff, mental health staff, dietitians, physiotherapists, pharmacists and many others working together to meet patient needs. Patients will receive more timely access to needed services through increased partnerships between community services, physician practices, and acute care sites. Fraser Health is strengthening its focus on improving primary and community care service delivery for the frail senior population to better support seniors to live in their own homes where they want to be. Fraser Health Residential Care Services, Home Health and Acute Care Services have begun to implement redesigned collaborative processes that match resources with individual needs resulting in more timely availability of residential care beds.

Investments are being increased in community-based programs as well as, quality improvement plans to shift more care into the community in order to reduce demand of hospital services to rebalance service delivery across the continuum of care. We are moving towards a system of integrated, team-based care to better care for our more vulnerable patients.

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

Fraser Health is engaging in a collaborative process with health care providers, administrators, policy makers and other partners across British Columbia's health system to identify and implement improvements to primary and community care. Numerous practice and service delivery innovations and initiatives have been introduced 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 all patients. Our focus is on effective team-based practices and partnerships between care providers and administrators. Ensuring accessibility to primary care; coordinating care between primary, specialty and specialized care; and delivering an integrated suite of specialized services are keys to better care for all our residents, particularly those who are more vulnerable. A key objective of this work is reducing preventable hospitalization.

Working along with the Ministry and other partners Fraser Health is shifting the culture of health care from being disease-centered and provider-focused to being focused on the interconnected experience of both the patient and provider. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels. It requires respect and accountability.

In alignment with the Ministry and General Practices Services Committee (Doctors of BC) Fraser Health supports the implementation of PCNs. Three Fraser Health communities and their partner Divisions of Family Practice will be creating service plans outlining their communities' approaches

for PCNs. Burnaby was selected in the first wave of expressions of interest (Wave 1a) and began a 90-day service planning process on April 23, 2018. Ridge Meadows and Fraser Northwest were identified in the next wave (Wave 1b), and their service planning is anticipated to begin on or around June 1, 2018.

Patients can be attached to family practices or patient medical homes through a PCN, meaning they have ongoing care relationships with primary care providers such as family doctors or nurse practitioners, who work in team-based practices that include nurses and other health professionals. A new performance measure is being developed by the Ministry to capture the incremental implementation of primary care networks. Once forecasts and targets are communicated, Fraser Health will adopt and report on the metric in our 2019/20 Service Plan. Benefits of having a continuous relationship with a primary care provider include improved disease management, health outcomes and experience of care.

Key Strategies:

- Prioritize team-based primary care through the establishment of urgent primary care centers, and improve access to comprehensive primary care services based on patient and community population needs, including care for patients with chronic illnesses, mental illnesses, and/or complex medical needs and frailty.
- Increase support for community based seniors'centres for adults with complex medical conditions and/or frailty, including seniors.
- Work with the Ministry and Divisions of Family Practice to continue to integrate or link family practices with primary care services to create PCNs for individuals and families to reduce the need for hospitalizations. PCNs will ensure coordinated attachment and support better access to primary care, including urgent care services.
 - Integrate nurses into primary care practices and increase the number of Nurse Practitioners;
 - Integrate other community providers and specialized community service programs for target populations;
 - Explore alternative payment models for physicians;
 - Open urgent primary care centres, for example, planned opening of the Surrey Urgent Primary Care Centre, early Fall 2018.
- Improve access to coordinated services by establishing regional and provincial specialized community services programs.
- Work with the First Nation Health Authority (FNHA) to support partnership opportunities for integration in primary care service delivery.

- Move forward with Primary and Community Care 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 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. Working with the Ministry and Divisions of Family Practice, Fraser Health is developing a continuum of care for seniors 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.

Fraser Health is strengthening its focus on Specialized Community Service Programs (SCSP) to 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/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 Strategies:

- Redesign community based services for seniors to function as a specialized community services program that improves accessibility, quality and continuity and enables seniors to remain in their communities longer.
- Work with the Ministry to increase direct care hours per resident per day to meet the complex care needs of clients in residential care.
- Continue to provide end-of-life care services including hospice, 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 access to home and community care, and focus on increased levels of service to better address the needs of senior residents, and strengthen protections from abuse and neglect.

- Work in partnership with the Ministry to continue to advance models and quality standards in residential care for those with complex care needs and/or dementia and their families.
- Expand implementation of CARES (Community Action and Resources Empowering Seniors) to reduce frailty risk in pre-frail seniors in all proof-of-concept communities.
- Support the creation of PCNs in communities. The General Practice Services Committee (GPSC, a partnership between the Government of BC and Doctors of BC) has made funding available to Collaborative Services Committees (CSCs, partnerships between Divisions of Family Practice & hospital/community care teams) to begin formal planning and implementation.

Performance Measure	2016/17 Baseline	2017/18 Actual ²	2018/19 Target	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 ¹	3,622	3,436	3,448	3,365	3,283

¹Data Source: Discharge Abstract Database, Hospital, Diagnostic and Workforce Branch, Health Sector Planning and Innovation Division, Ministry of Health

²Up to and including the third quarter

Linking Performance Measures to Objectives:

1.2 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.

Discussion:

The baseline and targets for this measure have been adjusted from the [2017/18-2019/20 Ministry of Health Service Plan](#) to reflect updated Census population data. Fraser Health is committed to collaboratively working with the Ministry to strengthen community-based health care network and support services to continue to achieve excellent performance in terms of this rate for seniors as 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. 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 such that clients are connected with one primary care provider, likely a GP or NP, 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. And, 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 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. 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 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, including 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.

Key Strategies:

- Working with partners to create Specialized Community Service Programs for Mental Health and Substance Use in each Local Health Area aligned with the principles of mental wellness and, with clear and accessible linkages across Primary and Community Care for patients/families and providers.
- Working with the Ministry of Mental Health and Addictions, Community Action Tables, Fraser Health is supporting the implementation of actions to address the ongoing opioid overdose public health emergency.
- Continue efforts to support the Ministry of Mental Health and Addictions in the creation of a mental health and substance use strategy.
- Working with partner ministries, non-profits and the Foundry to implement Foundry services in Fraser East, North and South.
- Standardizing the intake and assessment process across all Mental Health and Substance Use (MHSU) programs to ensure best practice requirements are being met
- Work underway to develop and implement the Substance Use Services Access Team, a single point of access for substance use services. This is being designed to engage individuals and link them with appropriate services. The team will be a connection point for the Primary Care Network, for referrals to substance use services and for rapid re-engagement of individuals to the service system.

- Develop and implement a regional process to follow up with individuals who are discharged from an acute site after an opioid overdose.
- Developing a MHSU Urgent Care Response Centre, starting in Surrey with possible expansion to other communities. This centre is intended to be a one stop therapeutic centre that provides timely assessments, initiates treatment and connects the individual to the most appropriate program.
- Identifying MHSU patients with high Emergency Department use, and developing collaborative care plans across services to provide required support.
- Developing and implementing transition management guidelines to support the transition of MHSU clients from specialized MHSU services back to their GP/NP.
- Continuing the development of 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 including key investments in: the redevelopment of Royal Columbian Hospital's Mental Health and Substance Use facility to open in 2020/21 (net gain of 45 new beds); new MHSU residential care; and, assisted living and supported independent living rent subsidies (with support) in select communities.
- Expanding the Riverstone Home and Mobile Detox to serve Fraser North and Fraser South in partnership with the First Nations Health Authority, in order to improve access to addiction treatment.
- Planning and implementing Intensive Case Management (ICM) teams in additional communities, including Surrey and Chilliwack.
- Providing MHSU in-reach services to Indigenous Primary Care Clinics in First Nation communities to reduce barriers to access and ensure MHSU services are provided in culturally safe and appropriate settings.
- Implement in collaboration with the First Nations Health Authority an Indigenized Harm Reduction approach to Indigenous people living on and off reserves.
- Working in partnership with the Ministries of Health, Mental Health and Addictions, Education and, Children and Family Development, to improve child and youth mental health services in Fraser Health GSAs, ensuring a strong focus on trauma-informed practice and culturally safe services.
- Developing a 20-bed Youth Addictions treatment facility in Chilliwack. This resource will be developed in partnership with BC Housing and Pacific Community Resources Society.
- Planning for expanded capacity of the Crisis Line to support opioid users. The staff and volunteers will have improved knowledge of substance use services, resources and increased capacity to support callers.

Performance Measure	2016/17 Baseline	2017/18 Actual ²	2018/19 Target	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 ¹	13.5%	13.1%	13.3%	13.3%	13.3%

¹Data Source: Discharge Abstract Database, Hospital, Diagnostic and Workforce Branch, Health Sector Planning and Innovation Division, Ministry of Health

²Up to and including the third quarter

Linking Performance Measures to Objectives:

1.3 Programs such as Assertive Community Treatment (ACT) and Intensive Case Management (ICM) will 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, an opioid overdose strategy includes plans for better coordination of residential substance use treatment beds.

Discussion:

MHSU continues to concentrate on initiatives to ensure smooth and seamless transitions between acute and community services for mental illness. In recent years, three Integrated Transitional Teams (ITCT) 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 such as enhanced discharge planning/transitions to reduce hospital readmission rates 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 the 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 (ACT) and planned Intensive Case Management (ICM) 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. For instance, the most recent ACT evaluation report indicates clients are using 73 per cent fewer bed days and 50 per cent fewer Emergency Department visits after receiving ACT services.

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 day surgery.

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); 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.

Leveraging resources and effective information management drives strategies to reduce wait times, including a standardized provincial methodology for wait list management and a regular review of wait lists to identify and expedite cases outside benchmarks. To ensure the provision of high-quality care along the entire surgical pathway, programs for hip and knee replacement surgeries are being implemented to establish timely access to surgical expertise and programs as close to home as feasible.

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 Center for arthroplasty. This is part of a new provincial surgical and diagnostic strategy that will increase the number of hip and knee replacement surgeries in our region completed within 26 weeks, as well as increase magnetic resonance (MRI) exams by 13 percent region wide.

Key Strategies:

- Working with the Ministry and other key stakeholders improve patient and family experience on the journey through surgical services by:
 - Standardizing care pathways (Enhanced Recovery after Surgery) and providing better information and support for patients, including surgery booking and wait time management. Fraser Health will provide a waitlist management policy at Abbotsford Regional Hospital, Burnaby Hospital, Surrey Memorial Hospital, and Jim Pattison Outpatient Centre.

- Implementing operating room efficiency plans to optimize existing resources by reducing early finishes, long turn-around times, late starts and operating room departure delays as appropriate.
- Implementing surgical programs for hip and knee replacement surgeries. Work is underway at Burnaby, Surrey Memorial and Abbotsford Regional hospitals to achieve additional orthopedic (arthroscopic) volumes.
- Producing standardized, accurate and comparable wait list and wait time information and analysis.
- Catching up and keeping up with all other surgeries concurrently.
- Developing a Surgical Health Human Resources strategy. Planned components include establishing a regional approach to perioperative nurse training, executing an intra-operative collaborative nursing model and others.
- Catching up and keeping up with scheduled colonoscopy procedure volumes through site-specific volume augmentation plans.
- Enabling surgical program enhancements through MEDITECH and GE Centricity Pre-Anaesthesia Information Systems to support Surgical Clinical e-documentation in the pre-admission clinic at Eagle Ridge and Royal Columbian hospitals and post-anaesthesia care unit at Royal Columbian Hospital.
- Partnering with Vancouver Coastal Health and Interior Health on an RFP to adopt an Information Technology solution for surgical waitlist management and notification software. Royal Columbian and Eagle Ridge hospitals will be the Fraser Health pilot sites.
- Working with provincial partners to ensure British Columbia has the right number and type of surgical care providers to meet its needs, including recruitment, retention, perioperative care team models, and education models.
- Using innovative approaches to reduce surgical wait times, such as the Richmond Hip and Knee Reconstruction Project, Burnaby Hospital's Central Intake and Optimization Center.
- Continuing formal coordination, joint planning and operations with the other Lower Mainland health authorities to shape service delivery and referrals to best meet patient needs.

Performance Measure	2016/17 Baseline	2017/18 Actual	2018/19 Target	2019/20 Target	2020/21 Target
1.4 Surgeries in targeted priority areas completed ¹	4,394	4,723	5,599	5,707	5,816

¹Data Source: Surgical Patient Registry, Hospital, Diagnostic and Workforce Branch, Health Sector Planning and Innovation Division, Ministry of Health

Linking Performance Measures to Objectives:

1.4 The completion of additional surgeries in the areas of hip, knee, and dental reflects efforts to allocate surgical resources in specific areas to focus on patients waiting for those procedures. These efforts are concentrated in 2018/19 and show progress to "catch up" and "keep up" 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.

Discussion:

British Columbia's health system continues to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in our hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures.

The targets are cumulative and 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.

At Fraser Health, focused planning is underway, and efforts are ongoing to improve the timeliness of access to an expanding range of surgical procedures. Fraser Health has targeted initiatives in place for the following: 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 per cent of patients waiting more than 26 weeks; to ensure there is no deterioration in wait times for all other scheduled surgeries; and, to complete implementation of surgical services 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 health and the quality of the health care system. Supporting the Ministry in its direction of prevention, health promotion and service delivery, we are providing choices and creating supportive environments for positive health outcomes at the individual, community and population levels. This will help us to keep our excellent health status.

Helping those who face greater barriers to health have an equal chance at better health will further improve the overall health status and will 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, we are promoting health as a valued outcome of policies and programs. This will allow long term sustainable changes for improved health across the province through disease prevention, health protection and wellness promotion.

Objective 2.1: Effective health promotion and responsive services

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. Working with the Ministry and other partners, Fraser Health will continue to build on the number of communities with strategic plans that support healthy living through planning, policies, built environments and other mechanisms. We are also working to support the Ministry and the FNHA in ensuring we provide culturally safe health services for Indigenous Peoples.

Key Strategies:

- Work with partner ministries in support of the [Memorandum of Understanding-A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC](#) to support holistic models of healthy child and family development including:
 - Strengthening evidence-based programming for new mothers during the perinatal period.
 - Improving resources to support parents to develop parenting skills.
 - Improving access to mental health and wellness services, with a strong focus on trauma-informed practices.

- Increasing access to culturally appropriate substance use treatment services in partnership with FNHA's existing services.
- To support true and lasting reconciliation with Indigenous Peoples in British Columbia, the province is 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 11*](#).
- Emphasize preventative health initiatives and services, including working in partnership with the Ministry of Health and other partners to continue implementation of [*Promote, Protect, Prevent: Our Health Begins Here. British Columbia'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, physicians and other community partners to improve the health of British Columbians by supporting communities, schools, workplaces and health care settings to promote healthy lifestyles and create 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	2011/12 Baseline	2017/18 Actual	2018/19 Target	2019/20 Target	2020/21 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	40%	85%	80%	90%	90%

¹ Data Source: Health Authority Annual Community Survey, Healthy Living and Health Promotion, Population and Public Health, Ministry of Health

Linking Performance Measures to Objectives:

2.1 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.

Discussion:

Eighty per cent of municipalities in Fraser Health had a healthy living strategic plan in 2015/16; 85 per cent in 2016/17; and, 85 percent in 2017/18 (the highest amongst all British Columbia health authorities). 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 and 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 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: Effective health sector resources and approaches to funding

An efficiently managed health system ensures resources are spent where they will have the best desired outcomes. Such an approach meets the 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.

British Columbia's population and geography are unique, and our health system requires tailored approaches to staffing, information technology, and budget management. This is to maximize capacity and meet patient needs, as well as understand progress using a standardized range of performance management indicators. Fraser Health will continue to focus on performance, budget management and efficiency, along with collaboration and quality improvement in partnership with other health authorities and stakeholders to ensure our publicly funded health system is effective and affordable. We will continue to work to optimal scope in rural and urban settings, and adapt to changing demands into the future.

Key Strategies:

- Continue to modernize the health system through the use of information management and technology, while ensuring effective project management of budgets, timelines and outcomes as well as comprehensive, consistent and standardized performance reporting.
- Work in partnership with BC Emergency Health Services to reduce ambulance turnaround times at hospital emergency departments, enabling an appropriate supply and distribution of paramedic services in the region.
- Support health research and innovation, including [*Support for People and Patient-Oriented Research and Trials*](#) and implementation of an Academic Health Sciences Network in order to foster improved patient outcomes and health system performance.
- Ensure staffing models, including any contracted services, provide stable, consistent high quality care for patients.
- Review funding models and strengthen cost-management systems to further ensure effective management of funds to achieve patient and service outcomes.
- Deliver an accessible, responsive, evidence-informed, and sustainable drug program, and develop a proposal for an essential drugs program and a national Pharmacare.

- Support an engaged, skilled, well-led and healthy workforce in a safe environment that provides patient-centred, team-based care that effectively meets population and patient health needs through an integrated provincial-level planning process.
- Increase MRI capacity in Fraser Health to perform 63,000 MRI exams in 2018/19; install new MRI scanners at Jim Pattison Outpatient Care and Surgery Centre and Ridge Meadows Hospital.
- Improve 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.
- Support high quality, cost effective care in partnership with the Ministry and other health authorities 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	2016 Baseline	2017 Actual	2018 Target	2019 Target	2020 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours ¹	3.9%	3.9%	3.9%	3.9%	3.9%

¹Data Source: Health Sector Compensation Information System (HSCIS), Health Employers Association of British Columbia (HEABC)

Linking Performance Measures to Objectives:

3.1 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.

Discussion:

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 a number of strategies underway 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.

Resource Summary

(\$ millions)	2017/18 Actual	2018/19 Budget	2019/20 Plan	2020/21 Plan
OPERATING SUMMARY				
Provincial Government Sources	3,460.2	3,583.0	3,700.0	3,812.0
Non-Provincial Government Sources	158.1	129.0	129.0	129.0
Total Revenue	3,618.3	3,712.0	3,829.0	3,941.0
Acute Care	2,089.1	2,062.0	2,118.0	2,184.0
Residential Care	588.2	636.0	654.0	688.0
Community Care	337.7	378.0	391.0	398.0
Mental Health & Substance Use	260.2	282.0	303.0	303.0
Population Health and Wellness	88.8	92.0	94.0	94.0
Corporate	254.0	262.0	269.0	274.0
Total Expenditures	3,617.9	3,712.0	3,829.0	3,941.0
Surplus (Deficit)	0.4	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	115.0	185.7	176.2	207.6
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	35.3	138.3	77.2	31.4
Total Capital Expenditures	150.4	324.1	253.4	239.1

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, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>Royal Columbian Redevelopment Phase 2/3 - 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 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>	2026	4	1,096	1,100
<p>Surrey Memorial Hospital Critical Care Tower and Expansion Project – the emergency department opened in October 2013 and the tower opened in June</p>	2018	481	31	512

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar. 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
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 completion in 2018.				
Royal Columbian Redevelopment Phase 1 - 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 2019.	2019	78	181	259
Peace Arch Hospital Renewal Project – 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 18/19 – 20/21 activity – project completion.	2021	2	66	68
Langley Memorial Hospital Emergency Department - This project will redevelop the Langley Memorial Hospital Emergency Department	2020	0	30	30

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Project Cost to Mar. 31, 2018 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>(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>Eagle Ridge Hospital Emergency Department - 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.</p>	2020	0	28	28

Appendix A: Health Authority Contact Information

Include a list of points of contact for services to the public – include telephone numbers, fax numbers and email and website addresses.

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or, contact:

Fraser Health

Corporate Office

Suite 400 – Central City Tower

13450 – 102nd Avenue

Surrey, British Columbia V3T 0H1

Telephone: 604-587-4600

Facsimile: 604-587-4666

Appendix B: Hyperlinks to Additional Information (optional)

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 Authority 2017/18-2019/20 Service Plan](#)

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

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

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

[Healthy Families BC Policy Framework](#)

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

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

Endnotes

ⁱ British Columbia STATS, British Columbia Ministry of Technology, Innovation and Citizens' Services, P.E.O.P.L.E. projections, 2017.

ⁱⁱ Source: British Columbia Health System Strategy, Geographic Service Areas, Ministry of Health, updated April 2016.

ⁱⁱⁱ Source: BC Stats. PEOPLE 2017 population projections.