

Fraser Health Authority

2017/18 – 2019/20 SERVICE PLAN



For more information on the Fraser Health Authority
see Contact Information on page 27 or contact:

FRASER HEALTH AUTHORITY

Suite 400, Central City Tower

13450 – 102nd Avenue

Surrey, B.C. V3T 0H1

or visit our website at

www.fraserhealth.ca

Accountability Statement



The *Fraser Health Authority 2017/18-2019/20 Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the *Performance Reporting Principles for the British Columbia Public Sector*. The plan is consistent with government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The 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 May 19th have been considered in preparing the plan. The performance measures presented are consistent with the Taxpayer Accountability Principles and the Ministry of Health's 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's operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in black ink, appearing to read 'Jim Sinclair'. The signature is stylized and cursive, written over a white background.

James (Jim) Sinclair
Board Chair

October 10, 2017

Table of Contents

Accountability Statement	3
Organizational Overview	5
Strategic Direction and Context	8
Goals, Objectives, Strategies and Performance Measures	10
Resource Summary	22
Resource Summary Table.....	22
Major Capital Projects.....	23
Appendices	27
Appendix A: Health Authority Contact Information	27
Appendix B: Hyperlinks to Additional Information	28

Organizational Overview

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

The Ministry of Health (Ministry) appoints nine directors to the board to govern Fraser Health. Its governance approach is guided and assessed by 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 nearly 1.8 million people we serve in the Lower Mainland. These account for over one third of the population of British Columbia (B.C.). We are the fastest growing health authority in the province and have more than doubled in population since 1986. Between 2016 and 2021, the population is expected to increase by 8.5 per cent to over 1.9 million people. 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); Fraser South is the largest with 45 per cent of the overall Fraser Health population (n=803,420), Fraser North has 38 per cent (n=663,188), and Fraser East has 17 per cent (n=296,185ⁱ). Fraser Health's population is further broken down to Geographic Service Areas (GSAsⁱⁱ) with characteristics as follows:

Table 1: Fraser Health 2016 population by local health area and age groupⁱⁱⁱ

Fraser Geographic Service	Population				Metro, Urban/Rural, Rural, Remote
	All	0-64	65-74	75+	
1. Hope	7,314	5,230	1,217	867	Rural
2. Agassiz-Harrison	9,535	7,281	1,331	923	Rural
3. Mission	42,639	36,437	3,750	2,452	Urban/Rural

Fraser Geographic Service	Population				Metro, Urban/Rural, Rural, Remote
	All	0-64	65-74	75+	
4. New Westminster	72,323	61,404	6,285	4,634	Urban/Rural
5. Chilliwack	94,729	77,407	9,371	7,951	Urban/Rural
6. Maple Ridge	103,397	88,563	8,679	6,155	Urban/Rural
7. Delta	102,803	83,347	11,400	8,056	Urban/Rural
8. Langley	147,538	123,819	13,486	10,233	Urban/Rural
9. Abbotsford	141,968	118,815	12,614	10,539	Urban/Rural
10. South Surrey/White Rock	96,366	71,863	12,957	11,546	Metro
11. Coquitlam	246,599	213,963	19,424	13,212	Metro
12. Burnaby	240,869	203,167	20,322	17,380	Metro
13. Surrey	456,713	400,644	34,097	21,972	Metro

Central to the vision and mission of Fraser Health is the optimization of the health status of its residents. Enjoying good health and a high quality of life throughout the course of one's lifetime is a consequence of many factors, including access to quality education, meaningful employment, supportive family and friends, community environments and making healthy lifestyle choices. Serving this mission are over 25,000 staff members, approximately 2,600 physicians and 8,000 volunteers working in partnership in very diverse work settings from hospitals, to mental health centers, public health units and services in ambulatory clinics and in homes. 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 while ensuring timely access to appropriate surgical care, supporting our staff and physicians to be engaged and motivated and to sustainably manage our resources and ensure we are fiscally responsible.

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

Strategic Direction and Context

Strategic Direction

The health system is a complex network of interdisciplinary teams of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge is to deliver a high-performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand. Achieving this will require system level changes that increase community capacity, and partnering with and strengthening collaboration among providers. To achieve these changes, Fraser Health has been advancing a multi-faceted plan to improve quality and capacity of care across the 13 geographical service areas.

The strategic direction for Fraser Health is received from the Ministry of Health's February 2014 release of [Setting Priorities for the B.C. Health System](#), and series of [policy papers](#) issued in 2015. Fraser Health's strategic and operational priorities for the delivery of health services are further detailed in the [2017/18 Mandate Letter](#) from the Ministry.

Achieving Fraser Health's strategic vision requires close collaboration with partners including government, other health authorities, physicians, unions, patients and other stakeholders. This collaborative approach aligns with the [Taxpayer Accountability Principles](#) which strengthens two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. These speak to efficiency, accountability, appropriate compensation, service, respect and integrity. The principles have been built into Fraser Health's ongoing business to ensure decisions made reflect the priorities and values of government and their shareholders – the citizens of B.C.

Strategic Context

Although the B.C. health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. 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. In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of B.C. Addressing service areas that continue to be challenged despite significant effort, and continuing to build on what is working well will remain key areas of focus over the coming years.

While Fraser Health has made meaningful progress in improving services across a range of areas over the past several years, achieving all targets requires system-wide change to increase community capacity. The increased capacity will enable us to reduce unnecessary hospital admissions and support patients to transition home more swiftly. We are mobilizing to achieve these changes by building stronger partnerships with community physicians, realigning community-based interdisciplinary teams to create primary care homes, and improve organizing and planning of 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, emergency department congestion in some large hospitals, long wait times for some specialists, diagnostic imaging, and elective surgeries, stress on access to inpatient beds in some hospitals and responding to the changing needs of patients in residential care in terms of dementia.

Goals, Objectives, Strategies and Performance Measures

This plan reflects strategies that Fraser Health is continuing to refine or identify as new emerging opportunities to support system wide goals, priorities and strategies of the Ministry of Health as set out in *Setting Priorities for the B.C. Health System* and subsequent policy papers. These set 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. Support the health and well-being of British Columbians.
2. Deliver a system of responsive and effective health care services across B.C.
3. Ensure value for money.

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

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

British Columbians enjoy some of the best health indicators in the world, pointing to the underlying strength of the province's social and economic factors that influence their health and the quality of the health care system. Fraser Health is providing choices and creating supportive environments for positive health outcomes at the individual, community and population levels to help keep this excellent health status. Helping those who face greater barriers to health to have an equal chance at better health will further improve the overall health status and thereby reduce health system demand. In collaboration with the Ministry of Health and its government and non-governmental partners and through policies, programs and decisions Fraser Health is promoting health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across the province - prevent disease, protect health and promote wellness.

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

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

the overall health of the population.

Strategies

- Work in partnership with the Ministry of Health and other partners to continue implementation of [Promote, Protect, Prevent: Our Health Begins Here. B.C.'s Guiding Framework for Public Health](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.
- Work in partnership with the Ministry of Health and community partners to build and deliver on [Healthy Families B.C. Policy Framework](#), improving the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.
- Implement targeted health improvement plans for those who may experience greater barriers to good health (i.e. Aboriginal populations, homeless, South Asian and rural populations) with a focus on evidence-based programs, services and interventions to address major risks and protective factors across the life cycle.
- Work with health authorities and other partners to support the commitment to culturally safe health services across the health care system, as per the [Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC](#)

Performance Measure 1: Healthy Communities.

Performance Measure	2011/12 Baseline	2016/17 Actual Results	2017/18 Target	2018/19 Target	2019/20 Target
Percent of communities that have completed healthy living strategic plans	40%	85%	80%	80%	90%

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

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia that have been developing healthy living strategic plans, in partnership with local governments, since 2010/11. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

80 per cent of the municipalities in Fraser Health have had a healthy living strategic plan in 2015/16 and 85 per cent in 2016/17, highest amongst all B.C. health authorities. Population and

public health will continue to work and support the two remaining municipalities towards developing a healthy living strategic plan.

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

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

Fraser Health is working along with the Ministry and partners to shift the culture of health care from being disease-centered and provider-focused to being patient-centered. Investments are being stepped up in community-based programs, quality improvement plans to shift more care into the community, reduce demand and utilization of hospital services to rebalance service delivery across the continuum of care. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner.

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

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

Strategies

- Work with the Ministry and Divisions of Family Practice to integrate or link family practices with primary care services to develop ‘primary care homes’ and ‘specialized care programs’ for individuals and families to reduce the need for hospitalizations.
 - Integrate nurses into primary care practices and increase the number of Nurse Practitioners
- Move forward with Primary and Community Care (PCC) Redesign to support full-service family practice and establish team-based practices delivering services based on population and patient needs, including the needs of several key patient populations (patients with chronic illnesses, moderate to severe mental illnesses, and/or family).

- Further develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.

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

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

Strategies

- Work in partnership with the Ministry to continue to advance models and quality standards in residential care for those with complex care needs and/or dementia and their families.
- Continue to provide end-of-life care services including hospice space expansion, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to service.
- With the advice of British Columbia’s Seniors Advocate, improve the home and community care system, better address the needs of British Columbia’s seniors who require these services, and strengthen protections from abuse and neglect.
- Expand implementation of CARES (Community Action and Resources Empowering Seniors) to reduce frailty risk in pre-frail seniors in all proof-of-concept communities.

Performance Measure 2: Managing Chronic Disease in the Community.

Performance Measure	2013/14 Baseline	2016/17 Actual Results	2017/18 Target	2018/19 Target	2019/20 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age-standardized)	3,598	3,622	3,496	3,422	3,348
<p>Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.</p> <p>Discussion This performance measure tracks the number of people, 75 years of age and older, with select</p>					

chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing. 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.

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

While a smaller driver of overall health care costs, mental health and substance use conditions represent a high burden of disease in the population due to the early age of onset for severe mental illness and need for ongoing treatment and support across the life span. The majority of children, youth and adults with mild to moderate mental health and/or substance use issues can be effectively supported or treated through low-intensity community-based services in order to reduce hospitalizations.

Strategies

- Further develop a cross system action plan for mental health programs and services to ensure a full continuum of high quality mental health and substance use services within Fraser Health including key investments in: Redevelopment of Royal Columbian Hospital Mental Health and Substance Use facility to open in 2018/19 (net gain of 45 new beds); enhancement and redesign of the Child Youth Crisis Response Program (renamed Short Term, Assessment, Response, Treatment (START)); development and implementation of a 10 bed regional Child and Adolescent Psychiatric Stabilization Unit (opening spring 2017); and new residential care, assisted living and supported independent living rent subsidies (with support) in select communities.
- Expansion of Riverstone Home and Mobile Detox to serve Maple Ridge/Pitt Meadows in addition to the Fraser East catchment area. In partnership with First Nations Health Authority, implementation of a new Riverstone Home and Mobile Detox to specifically serve First Nations communities in Fraser East. Continue efforts towards improving access to addiction treatment, including implementation of additional addictions spaces in 2017.
- Work in partnership with the Ministries of Children and Family Development, and Education to improve child and youth mental health services in Fraser Health GSAs, ensuring a strong focus on trauma-informed practice and culturally safe services.

- Working with the Ministry of Health and other health system partners combat the ongoing opioid crisis by implementing acute and long-term strategies for treatment and prevention, utilizing a range of approaches.

Performance Measure 3: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2016/17 Actual Results	2017/18 Target	2018/19 Target	2019/20 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over	12.7%	13.5%	12.0%	12.0%	12.0%

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

Discussion

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 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 in reducing 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% fewer bed days and 50% fewer ER visits after receiving ACT services.

MHSU continues to concentrate on initiatives to ensure smooth and seamless transitions between acute and community services for mental illness. 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 are sustained such as enhanced discharge planning/transitions to reduce hospital readmission rates. Further community mental health strategies development will be building from these efforts.

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

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

Strategies

- Achieve significant improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers.
- Working with the Ministry and other partnering health authorities implement the 3 Year Plan for Surgical Services¹ to optimize existing resources; increasing volumes of cases prioritized based on patient need and through efficiencies in processes and systems.
- Use technology, performance measurement and financial models to support innovation, quality and coordination in the delivery of surgical services.
- Increase formal coordination, joint planning and operations with the other Lower Mainland health authorities to shape service delivery and referrals to best meet patient needs.

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

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

Performance Measure	2013/14 Baseline	2016/17 Actual Results	2017/18 Target	2018/19 Target	2019/20 Target
Percent of scheduled surgeries completed within 26 weeks	89%	85%	95%	95%	95%

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

Notes:

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

Discussion

During the last several years, British Columbia's health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. At Fraser Health, the year to date wait time of 26 weeks has improved slightly from 84.4 per cent to 84.7 per cent with three hospitals very close to the 95 per cent target. We have targeted initiatives in place to reduce the wait times for surgery. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

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

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

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

Strategies

- Further develop local community plans for rural and remote communities to create environments that foster healthy behaviors to improve the health of the population.
- Improve access to services by participating in the establishment of regional and provincial networks of specialized care teams.
- Continue efforts to improve timely recruitment and deployment of health professionals to rural and remote communities.
- Work in partnership with First Nations Health Authority on priority areas of public health, primary care and mental health and wellness; and to embed cultural safety and humility.
- Improve access to coordinated, comprehensive primary and specialized services (i.e. geriatrics, perioperative, internal medicine and nephrology) across rural and remote communities

Goal 3: Ensure value for money.

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

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

Objective 3.1: A performance management and accountability framework that drives continuous improvement in the health system

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

Strategies

- Continue to ensure comprehensive, consistent and standardized performance reporting.
- Enable improved performance of existing services through prioritized continuous improvement activities and initiatives.
- Drive quality, cost-effectiveness and coordinate investments in new laboratory technology through further advancement of the provincial laboratory reform initiative, in collaboration with BC Clinical and Support Services Society, and the Agency for Pathology and Laboratory Medicine.
- In partnership with the Ministry and other health authorities support high quality, cost effective care across the Lower Mainland, engage Doctors of BC in discussions regarding value-based approaches to physician payment through the Physicians Master Agreement policy re-opener process.

Performance Measure 5: Nursing Overtime Hours

Performance Measure	2010 Baseline	2016 Actual Results	2017 Target	2018 Target	2019 Target
Nursing overtime hours as a percent of productive nursing hours	3.9%	4.5%	<= 3.3%	<= 3.3%	<= 3.3%

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

Note: Based on calendar year.

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

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

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

Strategies

- In partnership with Lower Mainland health authorities and with the Ministry, deliver an accessible, responsive, evidence-informed, and sustainable drug program.
- Seek opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.
- Continue to implement strategies to ensure optimal drug safety throughout Lower Mainland health authorities

Objective 3.3: Collaboration in the enabling areas of health human resources, IMIT and technology infrastructure, and approaches to funding outcomes.

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

Strategies

- Work with the Ministry to enable continued effective health human resources management through an integrated Health Human Resource Framework.
- Support health research and innovation, including the Strategy for Patient-Oriented Research Support Unit, the BC Tech Strategy, and implementation of an Academic Health Sciences Network to foster improved patient outcomes and health system performance.
- Continue to modernize the health system through the use of information management and technology, including electronic medical records, clinical decision support tools, electronic medication reconciliation, tele health and home health monitoring.
- Ensure an ongoing integrated and cost-effective approach to information management and technology across Fraser Health.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.
- Continue building Fraser Health's business analytics capabilities to support population health strategies, organizational performance and quality improvement.

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

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

Strategies

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

Resource Summary

(\$000's)	2016/17 Actual	2017/18 Budget	2018/19 Plan Preliminary Draft	2019/20 Plan Preliminary Draft
OPERATING SUMMARY				
Provincial Government Sources	3,335,653	3,412,900	3,521,300	3,651,100
Non-Provincial Government Sources	149,028	128,600	128,600	128,600
Total Revenue:	3,484,680	3,541,500	3,649,900	3,779,700
Acute Care	2,020,198	1,982,300	2,025,900	2,104,200
Residential Care	581,172	597,100	613,500	636,000
Community Care	318,631	343,600	364,600	375,100
Mental Health & Substance Use	242,282	277,000	289,500	303,800
Population Health & Wellness	84,732	89,600	92,200	94,700
Corporate	236,649	251,900	264,200	265,900
Total Expenditures:	3,483,664	3,541,500	3,649,900	3,779,700
Surplus (Deficit)	1,016	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	57,765	132,889	144,656	135,395
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	44,009	85,976	60,859	62,033
Total Capital Spending	101,774	218,865	205,515	197,428

Major Capital Projects

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

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	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, a new and expanded Emergency Department, Critical Care capacity and Operating Rooms, Interventional and Diagnostic resources and a unified Maternal, Infant, Child, and Youth (MICY) Program. The scope includes demolition work, acquisition and installation of Energy Centre equipment, installation of Information Management / Information Technology (IM/IT) infrastructure and provision of building services to support Phases 2 and 3.</p> <p>Phase 3 is referred to as critical enabling works and includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower to improve the delivery of patient care. It involves conversion of the four-bed inpatient rooms in the Columbia Tower to single-bed and two-bed inpatient rooms, and an expansion of services including Laboratory, Medical Imaging, Pharmacy, and Food Services to support the increase in bed capacity of the site.</p> <p>Fiscal 17/18 – 19/20 activity – completion of clinical and technical design specifications; release and evaluation of RFP; Financial Close in early 2020.</p>	2026	0	1,100	1,100
<p>Surrey Memorial Hospital Critical Care Tower and Expansion Project – The expanded Emergency Department (ED) opened in October 2013 and the new Critical Care Tower (CCT) opened in June 2014.</p> <p>The addition of the CCT, expanded ED and</p>	2018	466	46	512

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project (\$ millions)
renovations to parts of the existing hospital delivers increased inpatient capacity to a total of 650 beds for the site. Internal renovations include a Support Services Connector Link between the existing campus and the new CCT as well as upgrades to the North entrance, an expanded Family Birthing Unit, Pharmacy, Linens and Logistics, Sterile Processing unit, and the Kitchen.				
<p>Royal Columbian Redevelopment Phase 1 - 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.</p> <p>Fiscal 17/18 - 19/20 activity – project completion.</p>	2019	7	252	259
<p>Peace Arch Surgical Suite, Emergency Department and Medical Device Reprocessing – 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).</p> <p>Fiscal 17/18 – 19/20 activity – facility design</p>	2021	1	67	68

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project (\$ millions)
development, tender documents and permits, construction 80 per cent complete by the end of March 2020.				
<p>Langley Memorial Hospital Emergency Department - This project will redevelop the Langley Memorial Hospital Emergency Department (ED) and more than double the existing footprint of the department, increasing from the current 870 gross square meters to 2,356 gross square meters. In alignment with the High Level Master Plan for the site, proposed is the replacement of the existing ED in a new single story addition to the east of the existing ED. The former ED space will then be available for potential future expansion of Diagnostic Imaging and Outpatient Services. The new ED will enable Langley Memorial Hospital to meet the demand for emergency services to 2025.</p> <p>Fiscal 17/18 – 19/20 activity - facility design development, tender documents and permits, construction 85 per cent complete by the end of March 2020.</p>	2020	0	30	30
<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.</p> <p>Fiscal 17/18 – 19/20 activity - facility design</p>	2020	0	28	28

Major Capital Project	Targeted Completion Date (Year)	Project Cost to Dec 31, 2016	Estimated Cost to Complete	Approved Anticipated Total Capital Cost of Project (\$ millions)
development, tender documents and permits, completed renovation and decanting of adjacent departments, started construction of new ED and renovation of existing ED.				

Appendices

Appendix A: Health Authority Contact Information

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or, contact:

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

Telephone: 604-587-4600

Facsimile: 604-587-4666

Appendix B: Hyperlinks to Additional Information

For more information, please visit:

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

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

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

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

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

[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 B.C. STATS, B.C. Ministry of Technology, Innovation and Citizens' Services, P.E.O.P.L.E. projections, 2015.

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

ⁱⁱⁱ Source: BC Stats. PEOPLE 2015 population projections.