

Fraser Health Authority

2019/20 – 2021/22 SERVICE PLAN

June 2019



For more information on the Fraser Health Authority contact:

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www.fraserhealth.ca

Board Chair Accountability Statement



The 2019/20 – 2021/22 *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 28, 2019 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 28, 2019

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Organizational Overview

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

Fraser Health Mission and Values

Our vision

Better health. Best in health care.

Our Purpose

To improve the health of the population and the quality of life of the people we serve.

Our Values

Respect, caring and trust characterize our relationships.

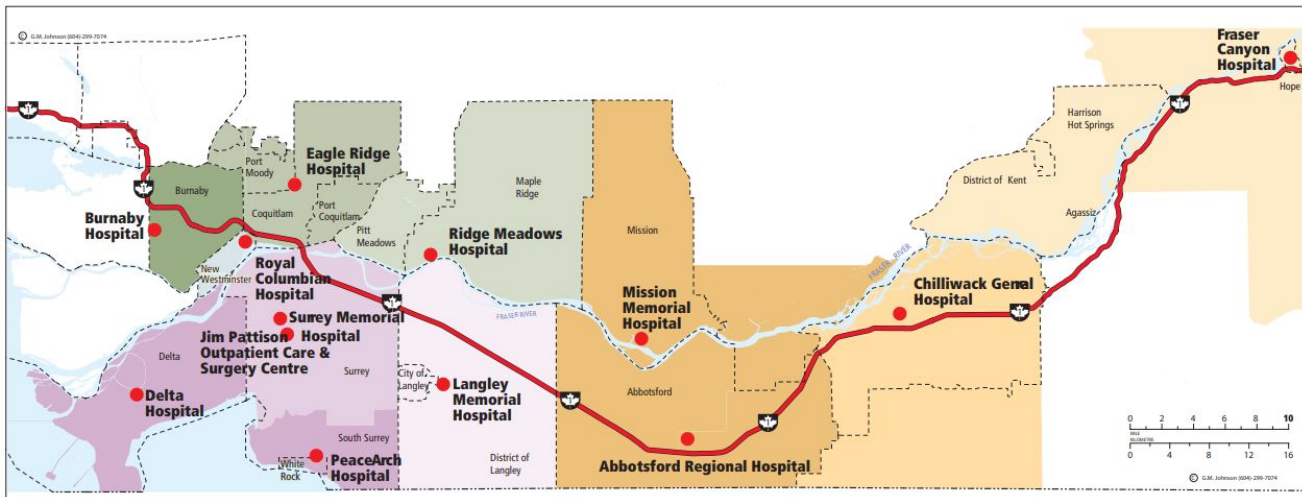
The Ministry of Health (Ministry) appoints ten directors to the board to govern Fraser Health. Its governance approach is guided and assessed by the [Best Practice Guidelines and Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations](#). The Board provides oversight to ensure Fraser Health fulfills its vision and purpose and operates in accordance with its values. It works with the senior executive team to establish overall direction, review long-term plans and ensure appropriate community consultation. Additional board accountability and governance practice information is available on the [Fraser Health website](#).

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 more than one-third of the population of British Columbia. We are the fastest growing health authority in the province and have doubled in population from 1988 to today. Between 2018 and 2023, 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 Indigenous Peoples, with a population of 62,295 who identify as Indigenous (First Nation, Métis, and Inuit). This is roughly 3.7 per cent of the Fraser Health population¹. There are 32 First Nations communities and five Métis organizations 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. In 2018, Fraser South was the largest of these with 46 per cent of the overall Fraser Health

population (n=847,783), Fraser North had 37 per cent (n=675,310), and Fraser East had 17 per cent (n=306,735)ⁱⁱ.



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.

More than 26,000 employees, 2,900 physicians and more than 6,000 volunteers provide our services and support our patients, residents and clients. Together, our staff members, physicians and volunteers, work in partnership in diverse work settings from hospitals, to mental health centres, 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 Priorities

Fraser Health’s long-term goals are aligned with the Institute for Healthcare Improvement *Quadruple Aim*, which includes a focus on more effective care for key populations, enhanced patient experience of care, reducing the per capita cost of care and improving the work health life of clinicians and staff. Our priorities are refreshed annually, based on organizational performance, provincial direction and the needs of the patients and communities that we serve.



Our success is enabled by how we work together toward these goals:

We Culture: Working as one unified team, we will build a culture based on trust and partnerships. Our collective efforts contribute to the greater whole of Fraser Health.

Partners in Health: With strong connections and partnerships, we create value for our patients, families and communities. We create better health for all.

New Solutions: We will do things differently. We will seek out new solutions and develop innovations and virtual health to build modern and responsive health care.

Connected Care: We will change the way we deliver health care services so that our patients experience a seamless health care journey, free from worry of having to navigate the system for themselves.

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 [2019/20 Mandate Letter](#) from the Honourable Adrian Dix, Minister of Health.

The Government's three priorities remain unchanged: make life more affordable, deliver the services people count on, and build a strong and sustainable economy that supports jobs throughout the province. 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 2019/20 fiscal year. The strategic priority directions also align with the priorities in the [Ministry of Health 2019/20-2021/22 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 [Métis 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 British Columbia](#), the Indigenous Health program at Fraser Health has initiated constructive partnerships with multiple external stakeholders including B.C Health Authorities, FNHA, British Columbia Patient and Safety Quality Council, Métis Nation of British Columbia, Simon Fraser University, Fraser Region Indigenous Friendship Centre Association, and Mission Friendship Centre. One Fraser Health key priority is to improve Indigenous health outcomes by increasing access to patient-centred and culturally safe health care services for Indigenous individuals, families and communities in the Fraser Salish Region. Fraser Health is committed to embed cultural safety and cultural humility training throughout the organization. Fraser Health is also creating a tool to measure the impact Indigenous training and experiential learning opportunities are having on providing culturally safe care..

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	<p>Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning</p> <ul style="list-style-type: none"> • Enhance primary care services to deliver comprehensive and coordinated team-based care linked to specialized community services (Objective 1.1) • Improved health outcomes and reduced hospitalizations for seniors through effective community services (Objective 1.2) • Timely access to appropriate surgical services (Objective 1.3) <p>Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services</p> <ul style="list-style-type: none"> • Effective population health, health promotion and illness and injury prevention services (Objective 2.1) • Improved health outcomes and reduced hospitalizations for those with mental health and substance use (MHSU) issues through effective community services (Objective 2.2) • Timely access to appropriate diagnostic services (Objective 2.3) • Enhance patient-centred care and patient safety across hospital and community services (Objective 2.4)
A strong, sustainable economy	<p>Goal 3: Deliver an innovative and sustainable public health care system</p> <ul style="list-style-type: none"> • Effective health sector resources and approaches to funding (Objective 3.1) • Support health and wellness among providers and improve engagement, accountability and leadership (Objective 3.2) • Advance clinical information systems and technology plans (Objective 3.3)

Strategic Context

This service plan will build on the many successes that Fraser Health has been able to accomplish in the past year, such as, building capacity and increasing community capacity.

When determining Fraser Health's direction, rising demand for services is one of the most significant challenges that the organization faces. These challenges include rising demand for an aging population, the increased 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 during the past three years and although this level falls short of the Ministry target, the stability has been achieved with action plans, such as effective care

and discharge planning. Improved access to coordinated, comprehensive and quality health care services across rural and remote communities is required.

With current economic pressures, it is even more important for the health system to find new and creative ways that most benefit the people of British Columbia and Fraser Health. 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 have a renewed emphasis on system approaches to help address the challenges.

During 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 and
- Increasing elective surgeries.

Availability of performance-based information continues to be 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 on the [Fraser Health website](#).

Goals, Objectives, Strategies and Performance Measures

This service plan reflects strategies that Fraser Health are continuing to refine as opportunities emerge to better support the goals, priorities and strategies articulated in the Mandate Letter. 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 articulates three performance planning goals for the health system:

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning.

Goal 2: Support the health and well-being of British Columbians through the delivery of high- quality health care services.

Goal 3: Deliver an innovative and sustainable health care system.

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

Goal 1: Ensure a focus on service delivery areas requiring strategic repositioning

Aligned with the Ministry vision and direction, we are shifting from an acute-centred model to one that supports patients to receive care for most of their needs in communities. Across Fraser Health, changes and investments in primary and community care are being made to build a stronger network of team-based services serving members of our community.

Each Fraser Health community is redesigning their services based on the province-wide vision for integrated primary and community care, while responding to the needs of their local population. Investments are being made in community-based programs to increase access to primary care, adding urgent and primary care centres, establishing primary care networks in partnership with local physicians and adding specialized community services for vulnerable populations like seniors and individuals living with MHSU issues. Team-based care in the community is at the heart of our system of care.

Within the acute care system, improvements are being made to surgical services to ensure that there is timely access to these important services when they are needed. 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.

Objective 1.1: Enhance primary care services to deliver comprehensive and coordinated team-based care linked to specialized community 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 expanding demand for services, increasing attachment to primary care providers and improving access.

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 care and partnership with an aim to provide better care for patients. Ensuring accessibility to primary care, coordinating care between primary, specialty and specialized care and delivering an integrated suite of services are keys to better care for all of our residents, particularly those who are most vulnerable.

Key Strategies:

- Enhance primary and community care services that meet the needs of Fraser Health residents including vulnerable and unattached individuals through the establishment of urgent and primary care centres, community health centres and primary care clinics.
- Work with the Ministry, local primary care providers and Divisions of Family Practice to develop primary care networks that meet the primary care needs of local communities.
- Build an enabling infrastructure to support the shift to integrated Team-Based Primary and Community Care Services.
- Engage with patients and families, community service providers, physicians, Indigenous Peoples and other partners to build an integrated system of primary and community care.

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

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.1 Number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and older ¹	3,636	3,404	3,363	3,322	3,282	3,241

¹Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health

Linking Performance Measures to Objectives:

- 1.1 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. Lower admission rates indicate that these patients are receiving appropriate care in the community to allow them to stay home longer and be healthier. 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:

Fraser Health is committed to collaboratively working with the Ministry to strengthen our community-based health care network. Fraser Health will support services to continue to achieve excellent performance for seniors with chronic diseases. These seniors need the expertise and support of health care providers to manage their disease in the community. This will help seniors function 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, 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.

Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services

Fraser Health is strengthening its focus on specialized community services for complex medical and/or frail patients, including seniors, to provide team-based patient centred care in the community. The goal is to provide care that is integrated; easy to access and navigate; formally linked to primary care networks and other community-based services, laboratory and diagnostic services and hospital care. Plans are underway to leverage technology to support alternate methods of care delivery and efficient information sharing.

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.

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.
- Increase direct care hours per resident 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.
- Increase capacity in home support and transition the home support model to enhance client-focused care.
- Increase community caregiver supports, including Day Programs for Older Adults
- Enhance Assisted Living to support changing client needs.
- Expand implementation of CARES (Community Action and Resources Empowering Seniors) to reduce frailty risk in pre-frail seniors.

Performance Measure #2: Potentially inappropriate use of antipsychotics in long-term care

Performance Measure	2017/18 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.2 Potentially inappropriate use of antipsychotics in long-term care ¹	22.8%	22.8%	22.3%	21.7%	20.8%	19.9%

¹Data Source: Canadian Institute for Health Information, Health Sector Information, Analysis and Reporting Division, Ministry of Health

Linking Performance Measures to Objectives:

- 1.2 This performance measure, new for the [Ministry of Health 2019/20 – 2021/22 Service Plan](#), identifies the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care. Future year targets for this measure may be adjusted as initiatives and efforts to address this issue mature.

Discussion:

As part of a larger initiative of improving care for seniors, Fraser Health is working to improve community-based services as well as supports for families and caregivers to maintain people in their communities longer. Increasing direct hours of care per resident day will help ensure that individuals receive high-quality service that meets their specific needs when residential care is required.

Objective 1.3: Timely access to appropriate surgical services

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.

Providing timely access to appropriate surgical services is a high priority for Fraser Health and our surgical strategy aligns with Ministry direction. We are increasing quality and patient outcomes by increasing surgical volumes, reducing wait times, and finding more efficient ways to use resources.

Key Strategies:

Meeting Surgical Targets:

- Increase overall surgical volumes and achieve wait time targets for hip, knee, and dental surgeries by optimizing and maintaining the expanded operating room capacity created in 2018/2019.
- Achieve operational efficiencies by using insights gained in 2018/19 analysis to decrease long turn-around times, late starts and operating room departure delays. Optimize scheduling practices to maximize the number of cases completed during available scheduled time.
- Establish specialized arthroplasty centre at Burnaby. Fraser Health is reviewing arthroplasty at other sites.

Performance Measure #3: Surgeries in targeted priority areas completed

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.3 Surgeries in targeted priority areas completed ¹	4,380	4,729	5,599	5,722	5,900	5,950

¹Data Source: Surgical Wait Times Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health (Site ID 200)

Linking Performance Measures to Objectives:

- 1.3 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 show progress to "catch up" and "keep up" volumes in priority areas, which is obtained through funding, service coordination and process improvements that enhance capacity in the system. Targets for this performance measure will be adjusted in the future as new priority surgical areas are identified and targeted for improvements. Fraser Health endeavors to meet new 2019/20 volume targets for all surgeries by continuing to focus on optimizing use of existing resources, waitlist

management and enhancing surgical scheduling practices. However, variables outside of the control of the Health Authority (e.g., human resource availability) may impede the achievement of targets set by the Ministry. The targets for this performance measure are still part of the discussions between the Ministry and the health authorities.

Discussion:

British Columbia's health system continues to focus on reducing wait times for many surgeries. Fraser Health expects to increase the number of surgeries this year, with a particular focus on joint replacements and dental surgeries. These extra surgeries will help reduce the backlogs in waitlists, with the goal of patients not waiting more than six months from when their surgeons put them on the waitlist for surgery.

At Burnaby Hospital, there is now a dedicated Central Intake and Optimization Clinic for arthroplasty. This provides a coordinated and integrated pathway through surgery, with the option to choose a particular surgeon or go with the next available surgeon for a shorter wait time. Fraser Health is working to implement a central intake approach for hip/knee replacements at additional Fraser Health sites.

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health services

Goal 2 focuses on Government's commitment to delivering the services people count on by continuing to improve and strengthen a range of important health services. Additionally, this goal addresses implementation of the [*United Nations Declaration on the Rights of Indigenous Peoples*](#), and the [*Truth and Reconciliation Commission of Canada: Calls to Action*](#) that are central to the delivery of high-quality, culturally safe health services across the province.

Objective 2.1: Effective population health, health promotion and illness and injury prevention 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 in partnership with the Ministry, 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 Fraser Health cultural safety framework to support professional development, create staff and patient education and provide relationship building opportunities with Indigenous communities across Fraser Health.
- Partner with FNHA, Divisions of Family Practice and Fraser Health Primary Care to increase Indigenous attachment to Health Services.
- Expand inter-departmental and inter-sectoral partnerships to leverage Indigenous health strategies in policy development, human resources, program planning and service delivery areas

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

Performance Measure	2011/12 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.1 Per cent of communities that have completed healthy living strategic plans ¹	40%	85%	85%	90%	90%	90%

¹ Data Source: Health Authority Annual Community Survey, Population and Public Health Division, Ministry of Health

Linking Performance Measures to Objectives:

2.1 This performance measure focuses on the proportion of the 162 communities in British Columbia with healthy living strategic plans, developed 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. Partnership and engagement with First Nations communities and focusing on priority populations, such as Indigenous populations, are part of the planning process. 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; 85 per cent in 2017/18, and 85 per cent in 2018/19. Population and public health continues to work with and support the three remaining municipalities towards developing a healthy living strategic plan.

Objective 2.2: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services

A key priority for Fraser Health is to implement a specialized community services program for MHSU.

Key Strategies:

- Redesign community services for individuals with MHSU needs to function as a specialized community services program that improves accessibility, quality and continuity of community-based care.
- Establishing an integrated regional MHSU call centre with after-hours crisis line support and simplified intake processes for all mental health centres.
- Develop urgent care response centres for individuals with urgent mental health needs, beginning in Surrey to serve Fraser South communities.
- Work in partnership to support a sustained and coordinated response to the ongoing opioid overdose public health emergency.
- Establish a Primary Care Network MHSU clinician role to provide consultation support to General Practitioners/Nurse Practitioners in a primary care network to support their clients with mild to moderate mental health issues.

Performance Measure #5: Per cent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days

Performance Measure	2016/17 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.2 Per cent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days ¹	13.5%	13.2%	13.1%	12.6%	12.5%	12.5%

¹Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health

Linking Performance Measures to Objectives:

2.2 Programs such as Assertive Community Treatment and Intensive Case Management (ICM) 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, can help reduce re-hospitalizations for this patient group. Additionally, an opioid response strategy includes plans for addressing residential substance use treatment beds.

Discussion:

MHSU has established a team of substance use clinicians and staff to support, coordinate and facilitate access to Substance Use Services. The team also proactively follows up with patients who present to hospitals with overdose, with the goal of engaging them in treatment and reducing the danger of further overdose and readmission. MHSU is also in the process of establishing an Urgent Care Response Centre (UCRC) in Surrey to provide central access for adults with MHSU concerns, including those with opioid use disorder. The UCRC will open in July 2019 and will provide low-barrier and timely access to

assessment, initiation of treatment, and connection to appropriate services. Extending service hours and enhanced service availability have allowed the target for this performance measure to be adjusted for 2019/20.

In addition, Fraser Health plans to review the profile of patients who are readmitted to acute to identify factors contributing to readmission and consequently address the issues when possible. Other initiatives, such as Integrated Transition of Care teams, focus on timely follow-up with clients discharged from acute services. This appears to reduce readmission rates at three of Fraser Health Authority's regional hospitals that provide coverage to six communities. MHSU has also established four ICM teams (in Maple Ridge, Langley, Surrey and Chilliwack). ICM serves vulnerable clients who are living with serious addictions and other comorbidities, and who are homeless or at risk of homelessness. Among other initiatives, it is expected that this services will also reduce acute readmission rates for this at-risk group. MHSU is enhancing discharge planning to include improved communication with patients, families/supporters and community providers to ensure that they have the information they need for post-discharge continuity of care, self-management and relapse prevention.

Objective 2.3: Timely access to appropriate diagnostic services

Providing timely access to diagnostic services is essential to patients and their families and is also aligned with provincial priorities.

Key Strategies:

- Increase overall magnetic resonance imaging (MRI) volumes and expand central intake for outpatient MRI referrals.
- Increase MRI capacity by installing new MRIs at Jim Pattison Outpatient Care and Surgery Centre, Langley Memorial Hospital and Ridge Meadows Hospital.

Objective 2.4: Enhance patient-centred care and patient safety across hospital and community services

Fraser Health is committed to enhancing patient experience by providing patient-centred care and patient safety throughout hospital and community services.

Key Strategies:

- Strengthen patient engagement across the region by implementing and supporting patient advisory councils in local health service areas.
- Develop and implement a regional chronic pain strategy.
- Deliver education supporting cultural safety and humility to new and current staff and develop/implement a tool to measure the impact of education opportunities.

- Improved outcomes with the six Patient Safety Priorities, which include hospital-acquired pneumonia, hospital-acquired urinary tract infections, hospital-acquired sepsis, time spent by admitted patients in ED, delirium and Methicillin-Resistant Staphylococcus Aureus.

Performance Measure #6: Rate of new C. difficile cases associated with a reporting facility per 10,000 inpatient days

Performance Measure	2017/18 Baseline	2017/18 Actuals	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
2.4 Rate of new C. difficile cases associated with a reporting facility per 10,000 inpatient days ¹	3.4	3.4	3.3	3.3	3.1	3.0

¹Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Linking Performance Measures to Objectives:

2.4 Clostridium difficile (C. difficile) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. Actively monitoring C. difficile infections (CDI) in acute care facilities, and developing evidence-based infection prevention and control guidelines, helps reduce such infections and therefore improves the quality of care and patient safety, protecting both patients and health care providers.

Discussion:

Fraser Health actively monitors and reports CDI rates by carrying out surveillance and providing units and acute care sites with regular reports that show the number of newly acquired cases. This information helps staff develop quality improvement action plans to reduce CDI transmissions.

The Infection Prevention and Control (IPC) program works with hospital pharmacist and physicians to promote appropriate antibiotic treatment, and with Environmental Services to ensure that all rooms of patients with suspected or known CDI are cleaned twice a day with a sporicidal agent. The IPC program also collaborates with certain acute care sites to implement ultra-violet germicidal irradiation technology as well as canine scent detection to further reduce health care-associated CDI in those sites. The IPC practitioners conduct detailed reviews of each CDI case to understand the factors that may have contributed to the infection. In addition, hand hygiene practices of health care providers are monitored across Fraser Health to support IPC best practices.

Goal 3: Deliver an innovative and sustainable public health care system

Goal 3 focuses on Government's commitment to available and sustainable services through the effective use of human resources, digital and information technology, efficient budgets, and meaningful and productive inter-jurisdictional partnerships, which enable the delivery of services across the health system.

Objective 3.1: Effective health sector resources and approaches to funding

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

- Service expansion in priority areas including implementing our stroke strategy, and development of a regional oncology plan in partnership with British Columbia Cancer Agency.
- Redesign Kidney Care services to deliver high-quality and cost-effective services that slow the progression of kidney disease, bridge patients to transplant, and provide better preparation and support for home dialysis.
- Complete and submit the new Surrey Hospital Concept Plan.

Objective 3.2: Support health and wellness among providers and improve engagement, accountability and leadership

Fraser Health recognizes that a key element to success is to support the health and wellness of staff and providers. Fraser Health believes that when we work as one team, we do better for our patients, our colleagues and our system.

Key Strategies:

- Develop and implement strategies to enable a respectful workplace, and enhance psychological health and safety and workforce resilience, per the Letter of Agreement on Psychological Health and Safety in the Health Care Workplace.
- Adopt a culture of patient and staff safety with a focus on injury and illness prevention, attendance and disability management support.
- Strengthen relationships between Fraser Health and physicians practicing in facilities and programs per the *Memorandum of Understanding on Regional and Local Engagement*.
- Enhance staff and physician leadership development.

- Strengthen and align management performance plans, evaluation, and accountability.
- Ensure staffing models, including any contracted services, provide stable and consistent high-quality care for patients.
- Align Contracted Services' service level agreements with patient, client, and resident needs.
- Improved focus on staff and physician total overall health.
- Ensure that a gender-based analysis plus (GBA+) lens is applied to all operational policies, programs and services, such as, Trans Care, Maternal, Infant, Child and Youth, Public Health, Breast Health/Oncology clinic and other programs/services traditionally accessed by women.

Performance Measure #7: Nursing and allied professionals overtime hours as a per cent of productive hours

Performance Measure	2016 Baseline	2017 Actuals	2018 Actuals	2019 Target	2020 Target	2021 Target
3.2 Nursing and allied professionals overtime hours as a per cent of productive hours ¹	3.9%	3.9%	4.4%	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:

- 3.2 Overtime is a key indicator of the overall health of a workplace. Out-year targets for this measure maintain overtime rates against expected growth in demand. By addressing underlying causes of overtime, efficiencies can be gained that help 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 and 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. Another indicator Fraser Health monitors is sick time, that is, how often staff are away from work due to an illness or non-occupational injury.

Fraser Health has implemented a number of strategies to optimize, support and retain our existing workforce. These include promoting health and wellness in the workplace; and, building and supporting interdisciplinary team-based care. Fraser Health's strategic human resources continues to proactively meet and target sites with high overtime, workload and/or sick time to develop mitigation strategies.

Objective 3.3: Advance clinical information systems and technology plans

Fraser Health believes it is important to support technology-enabled changes in clinical practice to improve patient safety, improve the patient experience, improve the provider experience and increase health care efficiency. Fraser Health approaches this through strong clinical engagement and leadership.

Key Strategies:

- Improve patient access to care by enabling care to be provided virtually, per Fraser Health's Virtual Health Strategy.
- Implement a Primary and Community Care Information Management and Information Technology (IMIT) enablement program.
- Enhance patient-centred care and patient engagement in their own care by expanding the 'My Chart' system across Fraser Health.
- Improve the information management services and the experience of our providers and staff through the implementation of the Workplace Evolving Services Technology (WEST) initiative.
- Support Fraser Health's innovation agenda through the identification, selection, and development of new information management capabilities and technology enablers, and by fully utilizing our existing technologies.
- Empower a transformed and collaborative workforce (e.g. Team-Based Care) through the provision of innovative Information Management services and technologies.
- Strengthen information systems across Fraser Health.

Resource Summary

(\$ millions; to the first decimal)	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan
OPERATING SUMMARY				
Provincial Government Sources	3,630.2	3,820.0	3,930.0	4,020.0
Non-Provincial Government Sources	166.7	130.0	130.0	130.0
Total Revenue	3,796.9	3,950.0	4,060.0	4,150.0
Acute Care	2,198.2	2,200.0	2,260.0	2,310.0
Residential Care	615.5	630.0	650.0	680.0
Community Care	352.2	400.0	430.0	430.0
Mental Health & Substance Use	277.6	300.0	300.0	300.0
Population Health and Wellness	95.6	100.0	100.0	100.0
Corporate	275.9	320.0	320.0	330.0
Total Expenditures	3,815.0	3,950.0	4,060.0	4,150.0
Surplus (Deficit)	(18.1)	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	173.7	195.7	207.5	299.4
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	46.4	181.2	77.5	15.8
Total Capital Expenditures	220.1	376.9	285.0	315.2

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 more than \$20 million in total capital cost, currently under way or in planning, are listed in the table below:

Major Capital Projects (more than \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Royal Columbian Hospital (RCH) Redevelopment Phase 2/3	2026	12	1,224	1,236
<p>Phase 2 of the RCH redevelopment project is planned to be a 348-bed, 11-storey, approximately 55,000 square metre Acute Care Tower with an underground parkade and heliport on top of the building. Phase 3 is critical, enabling works to support the RCH campus' increased capacity and to improve the delivery of patient care. It includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower.</p> <p>Upon completion of Phase 2 and 3, there will be an increase in RCH campus inpatient capacity of over 50 percent to a total of 675 beds. The project will address growing service needs, help ease congestion, improve patient-centred outcomes, introduce advanced medical technologies and enhance the working environment for health professionals. Construction on the tower is expected to start in 2020 and complete in 2024. The renovation will be complete in 2026. The capital cost of the project is estimated at \$1.2 billion. The RCH Foundation is contributing \$30 million with the balance provided by the Province.</p> <p>Phase 2: open for occupancy April 2024. Phase 3: (Renovations/ Upgrades) complete August 2026.</p> <p>For more information, please see the website at: RCH Phase 2/3</p>				
Burnaby Hospital Redevelopment – Phase 1	2024	0	547	547
<p>Phase 1 - create a new 78 bed inpatient tower and expand the existing support facilities building, operating rooms, procedure rooms and the emergency department. The north and west wings and the Cascade building will be demolished. Completion date is targeted for 2024.</p> <p>For more information, please see the website at: BH Renewal</p>				
RCH Redevelopment Phase 1	2020	165	94	259
<p>Phase 1 of the RCH redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold Mental Health and Substance Use services building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 per cent, and eliminate the current risk of power systems failure with a post-disaster building.</p> <p>The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The preferred design-build proponent was selected in December 2016. Construction started in early 2017 and is expected to be complete</p>				

Major Capital Projects (more than \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2019 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>spring 2020 with patients scheduled to move in April 2020. The capital cost of the project is estimated at \$259 million. The RCH Foundation is contributing \$9 million with the balance provide by the Province.</p> <p>Phase 1: open for occupancy April 2020.</p> <p>For more information, please see the website at: RCH Redevelopment Phase 1</p>				
Peace Arch Hospital Expansion Project	2021	8	76	84
<p>The project at Peace Arch Hospital in White Rock will improve patient experience and outcomes by providing new and larger operating rooms (as well as related support spaces) and will expand the existing emergency department (ED). The surgical suite will also benefit from the relocation and expansion of the medical device reprocessing department, allowing for improved access to sterilized surgical equipment. Construction started January 2019 and expansion is scheduled to open to patients in early 2022.</p> <p>For more information, please see the website at: PAH Renewal Project</p>				
Langley Memorial Hospital ED Expansion	2020	3	36	39
<p>This project will redevelop the Langley Memorial Hospital 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, the proposal includes a replacement of the existing ED in a new single storey ED 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. Construction started January 2019.</p> <p>For more information, please see the website at: LMH ED expansion</p>				
Eagle Ridge Hospital (ERH) ED Expansion	2021	1	27	28
<p>This project will enhance ERH by renovating and expanding the current 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 ERH 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>Phase 1 relocation construction started March 2019 and is projected to complete in May 2020.</p>				

ⁱ Source: First Nations Health Authority Regional Snapshot, Fraser Salish Region April 2019

ⁱⁱ British Columbia STATS, British Columbia Ministry of Technology, Innovation and Citizens' Services, P.E.O.P.L.E. projections, 2018.