

**Fraser
Health Authority**

**2020/21 – 2022/23
SERVICE PLAN**

August 2020



For more information on the Fraser Health Authority contact:

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Board Chair Accountability Statement



The 2020/21 – 2022/23 *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 August 21, 2020 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’s operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in black ink, which appears to be "Jim Sinclair". The signature is stylized and fluid.

James (Jim) Sinclair

Board Chair

September 9, 2020

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Organizational Overview

As one of five regional health authorities in British Columbia (B.C.), 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) and partnerships to support broader Indigenous population, including Metis Nation BC and Urban Indigenous populations are key to improving the health status of the First Nations communities in the region.

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 B.C. 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 at [Fraser Health 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 over 1.9 million people we serve in the Lower Mainland. These account for over one third of the population of B.C. We are the fastest growing Health Authority in the province and have doubled in population from 1988 to today. Between 2019 and 2023, the population is expected to increase by five percent to over two million people.

Fraser Health is home to nearly 23 percent of B.C.'s Indigenous peoples, with a population of 62,275 who identify as either First Nation, Métis, or Inuit. This is roughly 3.7 percent of the Fraser Health population.ⁱ There are 32 First Nations Communities and 5 Métis Chartered Communities in the region, located mostly along the Fraser River. In the Fraser region, 56 percent identify as First Nations, 40 percent as Métis and 0.3 percent as Inuit.

The geographic area of Fraser Health extends from Burnaby and Delta in the west to Hope in the east, and from the Canada/United States border north to Boston Bar. We are divided into three Health Service Delivery Areas. In 2019, Fraser South was the largest of these with 46 percent of the overall population at 881,638, Fraser North at 36 percent at 695,027, Fraser East at 17 percent at 330,268; for a total population at Fraser Health at 1,906,933.ⁱⁱ

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

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.

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.

Over 29,000 employees, 3,000 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's*](#) Quadruple Aim, which includes a focus on more effective health for key populations, enhanced patient experience, reducing the per capita cost 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 will be 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 seamless health care journey, free from worry of having to navigate the system for themselves.

Annually, Fraser Health sets strategic priorities to align with the Ministry Mandate ([*2020/2021 Mandate Letter*](#)) and optimize the organization's effectiveness in serving the region's population. Each priority has a set of objectives and key results to enable effective and visible strategic planning, performance management and reporting. The 2020/21 priorities are:

1. Patient Experience

- a. Lead in quality, access and flow
- b. Accelerate 'Virtual First'
- c. Drive primary and community care integration
- d. Improve access to scheduled surgeries and Magnetic Resonance Imaging (MRI)
- e. Innovate in design and delivery of priority capital projects

2. Healthy People

- a. Strengthen pandemic preparedness and response

- b. Increase immunization coverage
- c. Embed cultural safety and humility
- d. Expand mental health and substance use services

3. Provider Experience

- a. Support staff and medical staff safety and well-being
- b. Improve staff and medical staff engagement, accountability and leadership
- c. Recruit the best and develop future talent

4. Value for Money

- a. Achieve fiscal responsibility
- b. Invest strategically for a sustainable future

Strategic Direction and Alignment with Government Priorities

The Government of B.C. remains focused on its three strategic priorities: making life more affordable, delivering better services, and investing in a sustainable economy. Health Authorities are essential to achieving these priorities by providing quality, cost-effective services to B.C. families and businesses.

Additionally, where appropriate, the operations of health authorities will contribute to:

- Implementation of the [*Declaration on the Rights of Indigenous Peoples Act*](#) and the Truth and Reconciliation Commission Calls to Action, demonstrating support for true and lasting reconciliation; and
- Putting B.C. on the path to a cleaner, better future – with a low carbon economy that creates opportunities while protecting our clean air, land and water as described in the CleanBC plan.

By adopting the Gender-Based Analysis Plus (GBA+) lens and health authorities will ensure that equity is reflected in their budgets, policies and programs.

The strategic direction for Fraser Health is received from the guiding principles of the Government including those detailed in the Minister's [*2020/21 Mandate Letter*](#) from the Ministry.

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 2020/21 fiscal year. The strategic priority directions also align with the priorities in the [*Ministry of Health 2020/21-2022/23 Service Plan*](#).

Achieving Fraser Health's strategic vision requires close collaboration with other Health Authorities, physicians and healthcare providers, unions, patients, Indigenous peoples, the Ministries of Health and Mental Health and Addictions, and other stakeholders. Priorities will align with Government's commitment to true, lasting reconciliation with Indigenous people of B.C. by moving towards fully adopting and implementing the [*Declaration on the Rights of Indigenous Peoples Act*](#) which represents a crucial step towards reconciliation. The principles that have been built into Fraser Health's approach ensure decisions made reflect the priorities and values of government and their shareholders – the citizens of B.C.

Fraser Health is aligned with 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"> • A primary care model that provides comprehensive, coordinated and integrated team-based care (Objective 1.1) • Improved health outcomes and reduced hospitalizations for seniors through effective community services (Objective 1.2) • Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services (Objective 1.3) • Timely access to appropriate surgical services, medical imaging services and gastrointestinal endoscopies (Objective 1.4) <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) • Continued improvement of hospital and diagnostic services (Objective 2.2)
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)

Strategic Context

This service plan builds on and reinforces the steps that Fraser Health has been taking to increase our overall capacity with a focus on increasing capacity for care in the community.

When determining Fraser Health’s direction, rising demand for services is one of the most significant challenges that the organization faces. Demand for health care continues to increase in the region due to a growing and aging population, and a rising burden of illness from chronic diseases, mental illness and cancer.

These pressures are compounded by the need to maintain and improve the health system’s infrastructure (i.e. buildings, equipment and information technology) and by advances in technology and pharmaceuticals that are driving new costly procedures and treatments.

With current economic pressures and the current COVID-19 pandemic, it is even more important for the health system to find new and innovative ways to serve the people of B.C. 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 innovative system approaches, including expansion of virtual health options which have been a significant contributor to the COVID-19 pandemic response.

COVID-19 is now an established human pathogen which is likely to circulate in the population for some time. We expect periods of increased COVID-19 transmission in communities in B.C. These periods are likely to affect different communities in B.C. at different times. Additionally, although vaccine development efforts continue, if and when a COVID-19 vaccine will be widely available is not known. Fraser Health will continue to adapt its plans to respond to this pandemic appropriately.

Over the past several years, Fraser Health has continued to make progress in improving services across a range of areas. Achieving all targets requires system-wide change to increase community capacity. The increased capacity will enable us to reduce avoidable hospital admissions and support patients to transition home with community supports more quickly when they are ready. Our focus for 2020/21 will be on:

- Continuing to implement a multi-year primary health-care strategy, which is focused on providing improved access to care across the Fraser Health region by connecting patients to care providers in an integrated team-based environment that includes a number of urgent and primary care centers (UPCCs), primary care clinics, and community health centers, and by improving specialized services in the community to better meet the needs of our population.
- Continuing to improve timely access for surgical services in the Fraser Health region through the B.C. Surgical Renewal Plan that is bringing program improvements, active wait list management, and targeted funding, with a goal of gradually reducing wait times.
- Continuing to deliver on a renewed commitment to improved utilization of objective research to inform health care policy through implementation of the Research, Evaluation and Knowledge Management Strategy.
- Health Sector Workforce and Beneficiary Services continues to require ongoing focus on growing or sustaining the health workforce to meet the demands outlined in this service plan.
- Working in collaboration with First Nations Health Council, and FNHA to support community-driven, Nation-based approaches addressing the social determinants of mental health and wellness.
- One of the key priorities for Fraser Health is to continue our efforts to prevent community transmission of COVID-19 in all of our health sector services, communities and facilities. To that end we have put in a Vice President, Pandemic Response, whose primary responsibility is to ensure these ongoing efforts and planning for a potential second wave are in place. Additionally, a Regional Emergency Operations Centre has been established with key senior roles from across the health system.

Further to the [*Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.*](#) and the [*Declaration on the Rights of Indigenous Peoples Act*](#), the Indigenous Health program at Fraser Health has initiated constructive partnerships with multiple external stakeholders including but not limited to the B.C. Health Authorities, FNHA, B.C. Patient and Safety Quality Council, Métis Nation of B.C., 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 continuing to embed cultural safety and cultural humility training throughout the organization. Fraser Health is committed to shared decision-making with Indigenous Peoples in service planning and delivery activities, including the

Health Authority's Indigenous Health Plan and implementing priority actions to support the achievement of measures, goals and objectives articulated in: the [Tripartite First Nations Health Plan](#), [B.C. Tripartite Framework Agreement on First Nation Health Governance](#), [Métis Nation Relationship Accord II](#), Ministry of Health-FNHA Letter of Mutual Accountability, First Nations' Regional Health and Wellness Plans and Regional Partnership Accords. Fraser Health is also creating a tool to measure the impact of Indigenous training and experiential learning opportunities on providing culturally safe care.

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.

Goals, Objectives, Strategies and Performance Measures

Fraser Health works in collaboration with the Ministry to meet the expectations set out in the [2020/2021 Mandate Letter](#). In addition, Fraser Health refines its annual priorities to best support its goals, strategies and optimize its performance to provide quality and safe health care for the province.

The Ministry of Health 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 services.

Goal 3: Deliver an innovative and sustainable public 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 B.C. to put patients at the center, which will drive policy, accountability, service design and delivery in the coming years.

The following performance plan outlines how Fraser Health will uphold these commitments, and continue to track progress on key mandate letter commitments and other emerging government priorities.

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

Aligned with the Ministry's vision and direction, we continue to shift 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 continue to build on the work from previous years to build a stronger network of team-based services serving members of our community.

Each Fraser Health community continues to redesign their services based on the province-wide vision for an integrated team-based approach that brings together and coordinates local primary and community care providers, and services and programs to make it easier for people to access care, receive follow-up and connect to other services they may need. System redesign is informed using research evidence in policy, planning and practice. Investments continue to be made in community-based programs to increase access to primary care, UPCCs, establishing primary care networks in partnership with local physicians, investing in Nurse Practitioners and Allied Health Providers within Primary Care Division teams, and adding specialized community services for vulnerable populations like seniors, individuals living with mental health and substance use issues, and other adults who have complex care needs. Team-based care in the community is at the heart of our system.

Efforts will continue to focus on improving Surgical and Diagnostic wait times by making best use of resources and effective information management. This will include providing more surgeries in areas with long wait times, with an ongoing focus on hip and knee surgeries, but also increasing all other scheduled surgeries. Early in 2020, a COVID-19 surgical restart was required to meet the needs of the most urgent and emergent surgical cases, in addition to continue to actively review and prioritize the longest wait times.

Objective 1.1: A primary care model that provides comprehensive, coordinated and integrated team-based care

Fraser Health is engaging in a collaborative process with physicians and healthcare providers, administrators, policy makers and other partners across B.C.'s health system to continue to identify and implement improvements to primary and community care. Numerous practice and service delivery innovations and initiatives are in progress 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 key to better care for all of our residents, particularly those who are experiencing the most vulnerabilities and complex care needs.

Key Strategies:

- Prioritize team-based primary and community care through focusing on integrated team-based care in primary care networks, UPCCs, full service primary care clinics, community health centers, and First Nations-led primary health care projects. Fraser Health will align and integrate community-based services to support this strategy, focusing on a patient experience that is timely and well coordinated across healthcare providers.
- Continue to improve access to comprehensive, culturally appropriate primary care services based on patient and community population needs, including care for patients with chronic illnesses, complex medical needs and frailty, as well as Indigenous peoples and communities.
- Continue to work and collaborate with Divisions of Family Practice, the Nurses and Nurse Practitioners of B.C., the Midwives Association of BC, community health centers, non-profit agencies and Health Unions, patients and families to advance primary care services.

- Continue to work and collaborate with FNHA, Métis Nation B.C., and other Indigenous partners to support the integration of Indigenous primary health care services.
- Leverage provincial, national and international research activities that support the implementation of primary and community care transformation.
- Work to expand access to team-based maternity services, including low risk maternity care
- Collaborate with PHSA to continue to improve clinical chronic pain management services for people living with chronic pain.

Performance Measure	2016/17 Baseline ²	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
1.1 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and over ¹	3,716	3,391	2,937	3,106	3,071	3,035

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

² P.E.O.P.L.E 2019. Note that the baseline and targets for this performance measure may not reflect what was reported in previous service plans as this performance measure incorporates provincial population estimates (P.E.O.P.L.E.) that are updated annually by BC Stats.

Linking Performance Measures to Objectives:

This performance measure tracks the number of people 75 years of age and older with select chronic disease 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 continues to be committed to collaboratively working with the Ministry and other partners to strengthen community-based health care networks. As part of a larger initiative to provide community-based health care and support services, Fraser Health is working in partnership with physicians and other care providers to provide more services in the community and at home to help seniors with chronic disease to remain as healthy as possible. Clients will receive more timely access to needed services through increased partnerships between community services, specialized services, physician practices, and acute care services.

Reductions in hospital admission rates for seniors are an indication of improved access to community care for patients over 75 years.

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

Fraser Health continues to strengthen 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. The COVID-19 pandemic has fast-tracked the integration of technology into care delivery.

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 continuing to enhance the continuum of care for seniors to ensure increase access for frail elderly is coordinated between 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:

- Continue to develop and enhance community-based services across Fraser Health for seniors to improve accessibility, quality and continuity and enable seniors to remain in their communities longer.
- Plans are underway to ensure learnings are used to continue to expand care options and support alternate methods of care delivery and efficient information sharing.
- Improve and strengthen long-term care services to ensure seniors receive dignified, safe and high-quality care with a focus on achieving an average of 3.36 direct care hours per resident day across the health authority.
- Improve infection and prevention control measures in assisted living and residential services.
- 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.
- Optimize the home support service delivery model to enhance client experience, quality, and capacity to support seniors and complex-medically frail clients to live well in the community
- Increase community caregiver access and supports, including Day Programs for Older Adults and the expansion of virtual day programs to increase virtual care options, also as an ongoing management tool for COVID-19 community transmission prevention.
- Enhance Assisted Living (AL) to support changing client needs with the addition of a clinical nurse educator with a specific focus this year on Covid-19 related prevention and outbreak management, add capacity (4 units) for clients who meet AL criteria and are at risk of homelessness; and add care hours at 3-4 sites for high acuity tenants.

Performance Measure	2016/17 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
1.2a Average direct care hours per resident day across the health authority ¹	3.05	3.24	3.28	3.36	3.36	3.36

¹Data Source: Ministry of Health (health authority specific metrics are pending)

Linking Performance Measures to Objectives:

This new performance measure identifies the average direct care hours per resident day across all long-term care facilities in the health authority and reflects the government's commitment and efforts

to improve and strengthen the quality of service and provide the best day-to-day assistance to seniors living in long-term care facilities.

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
1.2b Potentially inappropriate use of antipsychotics in long-term care ¹	22.8%	21.4%	21.5%	19.0%	18.0%	17.0%

¹Data Source: Canadian Institute for Health Information

Linking Performance Measures to Objectives:

This performance measure 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 care hours per resident day will help ensure that individuals receive high-quality service that meets their specific needs when long-term care is required.

Improved behavior management in long-term care facilities ensures the residents receive appropriate care for dementia such that safety and quality of care is met.

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

Work is underway to improve coordinated care for patients requiring mental health and substance use (MHSU) services for patients with moderate to complex mental health or addiction conditions. These community services include actions to address the ongoing opioid overdose public health emergency/fentanyl poisoning crisis. For 2020/21, Fraser Health will continue to build on specialized services to continue to improve coordination of services to this patient population.

Key Strategies:

- Specialized services for patients needing mental health and/or substance use care will integrate and coordinate all services for this patient population including community-based professional services and supports, community caregiver supports, and longer-term residential treatment services.

- Improve access and care coordination across specialized services through interdisciplinary team-based care to better meet the needs of patients and their families. These teams will ensure clinical and communication pathways are functional between specialized services and programs such as acute care, emergency departments and primary care.
- Continue to work with the Government of B.C., the First Nations Health Council, and the FNHA to establish and implement community-driven, Nation-based demonstration centers through a new approach to investing in mental health and wellness services for First Nations.
- Continue to focus on public health initiatives to prevent MHSU issues, and improve public health and community supports for those experiencing MHSU challenges.
- Continue to support the Ministry of Mental Health and Addictions to implement the mental health and addictions strategy, to include a focus on improving access and quality, early prevention, including early childhood social and emotional development, and child and youth mental health services.
- Work in partnership with the Ministry of Mental Health and Addictions to support the continuing response to the opioid overdose public health emergency.

Performance Measure	2016/17 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years or older ¹	13.5%	13.6%	13.9%	12.5%	12.5%	12.4%

¹Data Source: Discharge Abstract Database

Linking Performance Measures to Objectives:

Specialized services 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 hospital readmissions for this patient group.

Discussion:

The MHSU program has established a team of 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 has established an Urgent Care Response Centre (UCRC) in Surrey to provide central access for adults with MHSU concerns, including those with opioid use disorder.

In addition, Fraser Health plans to provide community in-reach services into acute care to collaborate on patient care and transition plans. This will help with review of the profile of patients who are readmitted to acute to identify factors contributing to readmission and address 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 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 1.4: Provide timely access to appropriate surgical procedures, medical imaging services and gastrointestinal endoscopies.

Key Strategies:

Preparing B.C.'s health-care system for COVID-19 meant making the difficult decision to postpone all non-urgent scheduled surgeries on March 16, 2020. This action was a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure health-care capacity if needed. On May 18, 2020 Fraser Health resumed these surgeries.

These postponements have resulted in a significant setback in the previous gains made in increasing patients' access to surgery and reducing the time they had to wait. To keep up with new demands for surgery and complete the surgeries lost to COVID-19, the Ministry launched its commitment to surgical renewal. Every effort will be made by Fraser Health to achieve the goals of surgical renewal. Fraser Health will work with the Ministry to develop plans that achieve the following five goals of renewal:

1. Focusing on patients by calling all patients to confirm that they are willing to come for surgery and by prioritizing patients whose surgeries must occur in less than four weeks; patients who have had their surgery postponed; patients who have waited more than twice their targeted wait time; and patients whose surgeries can safely be conducted as day procedures or outside of the main operating room.
2. Increasing surgeries through generating efficiencies, extending hours, operating on weekends, optimizing operations over the summer, opening new or unused operating rooms, and, increasing capacity at contracted private surgical clinics that agree to follow the Canada Health Act and not extra bill patients.
3. Increasing essential personnel through focused recruitment, additional training, and evaluation and implementation of new models of care.
4. Adding more resources; and
5. Reporting on the progress of these efforts. The Ministry will work with Fraser Health to monitor and report regularly on the progress made as strategies are implemented.

It is recognized that this will be challenging work and requires Fraser Health to adapt to learnings from COVID and to implement new ways of delivering our surgical programs. This work is also highly vulnerable to future resurgences of COVID-19 that are expected this fall/winter that will again impact hospitals and surgeries performed.

In addition, Fraser Health will continue to focus on ensuring patients have timely access to high quality, appropriate and culturally safe to medical imaging and gastrointestinal endoscopy services by:

- Expediting capacity and service enhancements to address postponed services during the initial COVID-19 response; and

- Reducing wait times by optimizing existing resources, streamlining business process, and actively monitoring and managing waitlists, and reducing inappropriate / unnecessary procedures.

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 to achieve better outcomes. 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 robust disease and injury prevention, health protection and health promotion agenda can make progress in improving the overall health of the population. Most cases of communicable diseases, a large proportion of significant chronic diseases (e.g. cancer, diabetes, cardiovascular disease) and of injuries can be prevented. Working with the Ministry and other partners, Fraser Health will continue to advocate for upstream interventions that strengthen people and communities' capacity to stay healthy, and to reduce the risk of disease. As an example, 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.

Ongoing response to the COVID-19 pandemic is important to ensuring our populations are healthy. Fraser Health is committed to ensuring our communities continue to receive outstanding population and public health and infection prevention and control support.

Key Strategies:

- Review and address the unintended consequences of COVID-19 particularly for vulnerable populations.
- Participate in the refresh of the Guiding Framework, and continue to implement and report on by working in partnership with the Ministry, physicians, nurses, midwives, allied health professionals 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 ([B.C.'s Guiding Framework for Public Health](#)).
- Work with physicians and other partners to ensure long-term health promotion, and illness and injury prevention services, including screening as identified in the Lifetime Prevention Schedule, are delivered across the Fraser Health area.
- Continue to support true and lasting reconciliation with Indigenous peoples by 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](#).

- Work with partner ministries, health authorities, B.C. Centre for Disease Control and FNHA, to address health protection as outlined in the [2020/2021 Mandate Letter](#) to work with the Ministry of Health to develop business processes for drinking water and food safety, and government commitments for climate change adaptation and preparedness to protect public health.
- Implement an organization-wide and program specific approach to cultural safety to strengthen the organization's capacity to design, deliver and evaluate services to Indigenous peoples.
- Enhance Aboriginal Health team-based primary care services in partnership with FNHA, Primary Care Networks, and community agencies to increase access and attachment to primary care for Indigenous Peoples.
- Expand partnerships to leverage Indigenous health strategies in program planning, policy development, human resources and staff education.
- Collaborate with community partners and physicians to deliver health care, as appropriate, via Virtual Health, especially to help offer safe health services as the COVID-19 pandemic evolves.

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
2.1 Percent of communities that have completed healthy living strategic plans ¹	85%	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:

This performance measure focuses on the proportion of the 161 communities in B.C. 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 the 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 risk factors for chronic diseases and injury.

Discussion:

Eighty-five percent of municipalities in Fraser Health have had a healthy living strategic plan since 2017/18. The target for the next years is to reach 90%. Population and public health continues to work with and support the three remaining municipalities towards developing a healthy living strategic plan.

We continue to monitor the COVID-19 pandemic and are collecting data to update processes and procedures on an ongoing basis.

Objective 2.2: Continued improvement of hospital and diagnostic services

Fraser Health is committed on enhancing Patient Experience through providing patient-centred care and patient safety throughout hospital and community services.

Key Strategies:

- Population and Public Health to continue to work collaboratively with Infection Prevention and Control to improve the health of the population and reduce the risk of infections across the healthcare system.
- Continue to improve the delivery of hospital-based services through Fraser Health targeted program and service delivery improvement initiatives.
- Continue to provide high-quality, culturally safe hospital services that meet the needs of the population.
- Improve efficiencies and workflow to optimize infection, prevention and control processes for COVID-19, meet ministry volume targets, and demonstrate the value of central intake for outpatient MRI referrals.
- Implement cross-sector provincial planning and coordination of services based on the Ministry of Health's approved three-year plan for pathology and laboratory medicine, and the same for diagnostic imaging services.
- Work collaboratively with the Ministry's Pharmaceutical Services Division and PHSA to ensure patients have timely access to high-quality, appropriate and cost-effective pharmaceutical therapies and services. Continue to prioritize patient access and flow through the health care system with evidence-based tools and guidelines developed to support patient care and discharge planning. These tools support the efficient flow of patients through the system to ensure timely and optimal patient care.

Performance Measure	2017/18 Baseline	2018/19 Actual	2019/20 Actual (Q2)	2020/21 Target	2021/22 Target	2022/23 Target
2.2 Rate of new <i>C. difficile</i> cases associated with reporting facilities per 10,000 inpatient days ¹	3.4	3.0	3.6	3.1	3.0	2.9

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

Linking Performance Measures to Objectives:

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 healthcare providers. In the future, adjustments to the out-year targets may be necessary based on regular monitoring of performance in this area.

Discussion:

Fraser Health actively monitors and reports CDI rates by carrying out surveillance and providing 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 daily 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 healthcare-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 healthcare providers are monitored across Fraser Health to support IPC best practices.

Fraser Health monitors several other quality and patient safety indicators to ensure patient care is maintained. In addition, this year, COVID-19 surveillance and diligent management is an additional priority.

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 to improve organizational capacity and performance that enables service delivery across the health system.

Objective 3.1: Effective health sector resources and approaches to funding

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.

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, increase access to services and increase health care efficiency. Fraser Health approaches this through strong clinical engagement and leadership. For the current COVID-19 Pandemic, technology-enabled communication between health providers and clients proved to be essential in continued care.

Key Strategies:

- Support an engaged, skilled, and healthy workforce in a safe, stable and respectful work environment that provides patient-centred, team-based, culturally safe and appropriate care through integrated health human resource planning, clinical leadership, recruitment, career development, and management. Ensure that Indigenous priorities are incorporated in The Provincial Health Workforce Planning process.
- Ensure effective engagement and relationships between Fraser Health and physicians practicing both in Fraser Health facilities and programs as well as in regional communities.
- Improve measures and policies to protect the health and safety of health care workers and implement the National Standard for Psychological Health & Safety.

- Continue to modernize the health system using digital services, information management and technology while ensuring effective coordination and management of budgets, timelines and outcomes.
- Work with the Ministry of Health and Provincial Health Services Authority to develop a Health Sector Digital and IMIT Investment Strategy and Roadmap for 2021/22-2030/31.
- In recognition of increase in cybersecurity attacks, improve security posture and ensure protection of patient and employee information through cybersecurity preparedness.
- Continue to improve productivity and quality of health services by fostering a culture of innovation that values and implements new ideas through Fraser Health targeted program and service delivery improvement initiatives.
- Undertake research initiatives that support improved clinical care, service delivery, novel treatments, and continuous quality improvement.

Performance Measure	2016 Baseline	2018 Actual	2019 Actual	2020 Target	2021 Target	2022 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours ¹	3.9	4.4	4.8	<3.9	<3.9	<3.9

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

Linking Performance Measures to Objectives:

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. Out-year targets may be adjusted in the future to better reflect progress on this measure.

Discussion:

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

Fraser Health has 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 work with sites with high overtime, workload and/or sick time to develop mitigation strategies.

Resource Summary

(\$ millions; to the first decimal)	2019/20 Actual	2020/21 Budget	2021/22 Plan	2022/23 Plan
OPERATING SUMMARY				
Provincial Government Sources	3,916.5	4,158.0	4,285.9	4,323.7
Non-Provincial Government Sources	173.7	141.8	140.5	140.4
Total Revenue	4,090.2	4,299.8	4,426.4	4,464.1
Acute Care	2,340.8	2,380.0	2,429.5	2,503.0
Long-Term Care	652.4	757.3	800.2	745.3
Community Care	401.5	447.5	464.1	474.8
Mental Health & Substance Use	299.7	318.8	324.0	323.6
Population Health and Wellness	106.3	104.5	106.7	108.7
Corporate	288.7	291.7	301.9	308.7
Total Expenditures	4,089.4	4,299.8	4,426.4	4,464.1
Surplus (Deficit)	0.8	-	-	-
CAPITAL SUMMARY				
Funded by Provincial Government	159.9	304.5	400.9	633.5
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	88.1	230.4	44.6	25.9
Total Capital Expenditures	248.0	534.9	445.5	659.4

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Major Capital Projects

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Royal Columbian Redevelopment Phase 2/3	2026	32	1,204	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.</p> <p>Phase 2: open for occupancy April 2025 Phase 3: (Renovations/Upgrades) complete December 2026</p> <p>For more information, please see the website at: RCH Phase 2/3</p>				
Burnaby Hospital Redevelopment Phase 1	2025	2	577	577
<p>The project will create a new 78-bed inpatient tower and new energy centre and will renovate and expand the existing support facilities building. The project will include relocated inpatient and outpatient services, additional operating rooms, new medical device reprocessing department, new pharmacy, additional parking, expanded support services, and expanded emergency department. The north and west wings and the Cascade building will be demolished. The new tower is scheduled for completion in 2023 and the expansion of the support facilities building is scheduled for completion in 2025.</p>				
Royal Columbian Redevelopment Phase 1	2020	219	40	259
<p>Phase 1 of the Royal Columbian Hospital (RCH) redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold MHSU building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies,</p>				

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30%, and eliminate the current risk of power systems failure with a post-disaster building. 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 completed in spring 2020 with patients moved in August 2020. The capital cost of the project is estimated at \$259 million.</p> <p>For more information, please see the website at: RCH Redevelopment Phase 1</p>				
Peace Arch Hospital Renewal	2022	25	59	84
<p>The Peace Arch Hospital Renewal project will improve patient experience and outcomes by providing new and larger operating rooms and expanding pre/post patient care and clinical support spaces. A new medical device reprocessing department will be relocated below the Emergency Department (ED), allowing for improved access to sterilized surgical equipment. The existing ED will be renovated and expanded to accommodate increased treatment spaces and a new mental health unit. Construction started in December 2018, with completion of the new build addition, encompassing medical device reprocessing, ED and perioperative suite, scheduled for Fall 2021. Renovations to the existing ED to accommodate the new mental health unit are targeted for Summer 2022.</p> <p>For more information, please see the website at: PAH Renewal Project</p>				
Langley Memorial Hospital Emergency Department Expansion	2021	22	17	39
<p>The expansion of the Langley Memorial Hospital Emergency Department (ED) to provide for an appropriately sized and designed department, and increases the number of treatment spaces by 18, including a new isolation room and an additional trauma bay. The project will include a separate pediatric waiting area and a secure, separate mental health and substance use treatment area. Construction started January 2019 with completion targeted for Spring 2021.</p> <p>For more information, please see the website at: LMH ED expansion</p>				
Eagle Ridge Hospital Emergency Department Expansion	2022	9	29	38

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>This project will enhance Eagle Ridge Hospital by renovating and expanding the current Emergency Department (ED) to 39 patient positions from the current 19, including 4 new isolation rooms and 2 new trauma bays. The footprint of the new ED will be increased to 2,026 square meters from 714 square meters.. The project also includes relocation of Rehabilitation Services (inpatient and outpatient treatment space), Diagnostic Cardiology and Health Information Services to allow for expansion space for the ED.</p> <p>Phase 1 relocations construction started March 2019 and completed in June 2020.</p> <p>Phase 2 ED renovation and expansion construction started in December 2019 and is projected to complete in March 2022.</p>				

Significant IT Projects

There are no significant **final funding approved** IT projects.

Appendix A: Health Authority Contact Information

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or, contact:

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Endnotes

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.