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**Board Brief** summarizes the board meetings of Fraser Health. It is shared with Fraser Health agencies, services, divisions, government, media and other stakeholders to keep them informed about the activities of Fraser Health.

- Fraser Health Board Briefs are available on line at: [www.fraserhealth.ca](http://www.fraserhealth.ca) under About Us –Leadership – Board of Directors – Public Board meetings.
- Media Contact: Fraser Health Communications Media Pager: 604-450-7881.

## Summary of the February 15, 2017 Meeting

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Fraser Health is committed to holding open Board meetings within the communities they serve. The February 15, 2017 open Board meeting was held in the community of Mission at the Best Western Mission City Lodge which is located on the unceded territory of the Sto:lo Nation which includes the Scowlitz First Nation, Matsqui First Nation, Kwantlen First Nation and Leqa:mel First Nation.

### Board Panel Present:

Karen Matty (Chair), Michael Marchbank (President and CEO), Kareem Allam (Director), Markus Delves (Chair, Finance and Audit Committee), Tom Kim (Director), Deanie Kolybabi (Chair, Governance and Human Resources Committee). Regrets were received from John Bethel (Chair Quality Performance Committee), Michael Hillman (Vice Chair) and Barinder Rasode (Chair Digital Health Committee).

### **PRESENTATIONS/UPDATES**

#### **Mission Community Profile Presentation**

(The presentation is available on line at [www.fraserhealth.ca](http://www.fraserhealth.ca))

Presenters: Valerie Spurrell, Executive Director, Mission Memorial Hospital; Dr. Andrew Edelson, Site Medical Director, Mission Memorial Hospital; Irene Sheppard, Executive Director, Abbotsford and Mission Health Services.

Highlights of the presentation included:

- Overview of the population base in the City of Mission – 43,176 people, a 10% population growth is expected by 2024 and a 45% growth in our aging population (65+) by 2024.
- The *My Health My Community* self-reported survey results for Mission from 2013-2014 showed that the overall general health of residents was excellent to very good.
- We have a community based health care system with services that include:
  - Long Term Care Case Management
  - Home Care Nursing and Home Support Services
  - Community Rehabilitation and Social Work
  - Specialized Seniors Clinic
  - Older Adult Day Programs
  - Respite Care
  - Specialized Palliative Care Team
  - Residential Care and Assisted Living
  - Mental Health and Substance Use
  - Public and Environmental Health
- Community partnerships include:
  - Mission Division of Family Practice
    - Collaborative Services Committee
  - City of Mission
    - Community Wellness Committee

- Mission Community Services
  - Refugee Settlement
  - Volunteer Hub Partnership
- Community supports include:
  - Frail Seniors Initiative (Home First and Expanded Response)
  - Community Health Centre (Primary Care Centre for Collaboration)
- The Mission Campus of Care includes: 45 funded acute care beds, a 200 bed residential care building, 10 bed hospice and a Community Health Centre. Hospital services offered include: 24/7 emergency services, inpatient units, outpatient services, family practice, and diagnostic services.
- Each acute care site has a report card that indicates where we are doing well and where we need improvements. At Mission Memorial Hospital, we have one of the lowest average length of stays in Fraser Health, indicators for Care Sensitive Adverse Events are trending down, and CDI rates have come down due to focused efforts on hand hygiene and reducing clutter. The report card can be found on our website at [www.fraserhealth.ca](http://www.fraserhealth.ca).
- Mission Mental Health and Substance Services include:
  - A Psychiatric Liaison Nurse and Psychiatric Consultation in the Emergency Department
  - Assertive Community Treatment Team
  - Short Term Assessment and Treatment for Depression and Anxiety
  - Group Therapy Services
  - Case Management Services for clients with serious and persistent mental illness
  - Mental Health Services to Older Adults
  - Psychiatric Urgent Response clinic to support Family Physicians
  - Licensed Residential and Assisted Living Mental Health resources
  - Outpatient Addictions Counselling
  - Access to detox services through the Riverstone Home and Mobile Detox Program.
- Some of the investments at Mission Memorial Hospital include a new medication room and Pyxis machine, ceiling lift installations in inpatient units and the Emergency Department, Pleasant View Campus of Care (Mental Health and Substance Use), Community Health Centre Expansion, and The Residence in Mission (TRIM).
- The Mission Hospital Auxiliary was formed in 1920, they have 132 volunteers and in 2015 donated \$340,000 for equipment and renovations.
- Since 2000, the Fraser Valley Health Care Foundation has raised over \$4.1 million to help improve the care and well-being of the Mission Community. In 2016, \$288,806 was allocated to Mission for the purchase of scopes and related equipment.

This concluded the presentation. Comments and questions from the Board:

- The new TRIM facility is impressive. What types of conditions and complexities do you treat at TRIM? TRIM is designed to our modern standards and close to 70% of residents have moderate to advanced dementia. The building has been designed to accommodate these types of patients and the care staff are able to manage complex care patients.
- Your collaboration efforts with primary care are admirable. On the health status chart, residents of Mission have increased obesity rates yet lower rates of heart disease, can you explain this? In terms of obesity, this is correlated to high risk factors such as activity and nutrition. We are working closely with Health Community Partnerships to help address this.
- How is the Home First Program impacting this community? We don't have specific data yet, but we do know that we are exceeding our targets, partly because we have coped through this winter and have been able to get patients home with supports in place. As a region, through the Home First program, we target individuals that

would typically go into residential care. A high number of patients want to go home and we support a high number of them in the community.

The Board thanked the presenters and acknowledged the great work being done in the Community of Mission.

### **Update from the President & CEO, Michael Marchbank**

Thank you for coming to today's meeting. These meetings provide an opportunity for us to meet and hear from members of the community. It's a time for us to share with you our successes and opportunities.

#### Community Health Centre – The Shift

- The Centre opened in 2013 next to the hospital, and was the first of its kind in Fraser Health. It introduced the "hub" for health care services. It brought together public health, home health, mental health and substance use, a specialized senior's clinic and a diabetes clinic, with the goal of improving access to services.
- Innovative approach to caring for people in the community. Investing in community services is one way we are trying to ensure patients get the right level of care, in the right place, at the right time. This is essential to the work we are doing that we help people avoid being hospitalized, get them out of hospital more quickly, and support them more fully in the community and in their homes.
- Four years later, we are expanding services in the Centre, and moving closer to realizing our full vision. As part of our work to enhance this hub, we will soon incorporate a physician practice into the Centre and the Mission Division of Family Practice. This will include their Attachment Clinic to connect patients who don't have doctors to GPs in the community.
- To support this, we are investing again in Mission by making key renovations to the Centre such as adding clinic rooms and reorganizing some of the space to make the best use of it.
- The Centre is an important part of health care services in the community of Mission and the Fraser Valley, and will continue to evolve as time goes on.

#### Mission Memorial Hospital

- Over a year ago, we moved a 20-bed PATH unit to Mission Memorial Hospital from Abbotsford Regional Hospital. PATH stands for Patient Assessment and Transition to Home. The unit provides specialized support to patients who require complex discharge planning to return home.
- We looked at some of the patients we were caring for in Mission's medical unit and realized the staffing configuration of the PATH unit could better serve those patients, many of whom were complex discharges. This change brought added resources to the site, including allied health staff such as occupational therapists, home health staff, a quick response case manager and increased relief staff.
- This is a shared unit for both Abbotsford Regional and Mission Memorial, and brings these services closer to home for those living in Mission.

#### Overdose Public Health Emergency

- Across the province we have seen a dramatic increase in the number of overdoses that have occurred.
- We began working on our overdose strategy more than a year ago, and have been updating it as this public health emergency has unfolded.
- We have increased the number of treatment beds in our region and are on track to have 147 new substance use beds by the spring.

- We have created overdose prevention services, and are applying for supervised consumption services where the need is the greatest. As well, we have increased access to medications use to treat opioid addiction, such as suboxone.

This concluded the President and CEO's update. There were no questions.

## **BOARD COMMITTEE REPORTS**

The committees of the Board met on February 14, 2017. The Board Digital Health Committee is a new committee of this Board.

### **Quality Performance Committee**

The Quality Performance Committee officially consists of the following members: John Bethel (committee chair), Markus Delves, Deanie Kolybabi and Barinder Rasode. Given the importance of topics discussed, all members of the board regularly attend the meetings.

### Report Card Update

The Committee received the report card and reviewed the following indicators:

- Long Stay Patients Staying Over 30 Days
- Alternate Level of Care Days
- Emergency Patients Admitted to Hospital Within 10 hours
- Number of Admitted Patients Awaiting Inpatient Bed Placement (Including Emergency Admits)
- Ambulatory Care Sensitive Conditions Hospital Admissions Rate (age 75+)
- Emergency Patient Experience

The report card is available on our website at [www.fraserhealth.ca](http://www.fraserhealth.ca)

### Home First Update

The Committee received an update on the Home First Program. The program is an effective use of acute care capacity with early identification of patients who no longer require acute care and may likely require residential care, but have potential to return home for further assessment or to await placement.

### Fraser Health 2016 Patient Experience Summit

The Patient Experience Summit was held on December 2, 2016 at Central City. The theme of this year's Summit was Ignite, Innovate, Transform. The aim of the annual summit is to create a dynamic meeting place for all health care professionals and to advance knowledge and practices with respect to the patient experience. The first annual Dr. Jan Kornder award was given for outstanding achievement in quality and patient safety. This year's award was presented to a group of clinical nurse educators at Ridge Meadows Hospital for their inspiring video that promotes effective delivery of CPR.

### Patient Experience Plan

The Committee received an update on work that is being done in the Patient Experience portfolio.

### Patient Care Quality Office (PCQO) Activity Report: 2016/2017 - Quarter 3 Update.

The target of 85% for acknowledging, investigating and replying to complaints has been established by the Ministry of Health through Directives under the *PCQRB Act*. Internally, PCQO uses "Acknowledged" and "Replied" as measures of PCQO performance, and "Investigated" to measure response from designated leads (when escalation protocol has been initiated). Fraser Health exceeds those Ministry of Health targets and is achieving greater than 95% compliance with reporting timing.

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Patient Care Quality Review Board (PCORB): Fraser Health Response To Recommendations 2016/2017 - Quarter 3 Update

Fraser Health received seven reviews from the PCORB, resulting in three recommendations; four reviews required no further action by Fraser Health. There are currently ten reviews pending at the PCORB.

Aboriginal Health Program Update

In December 2011, the *Fraser Partnership Accord* was signed by the Fraser Salish Caucus and the Fraser Health Authority. It sets out a vision of “Blending the best of two worlds in health – modern medicine and ancestral teachings and ways.” One of the key commitments in the Partnership Accord is the establishment of the Aboriginal Health Steering Committee. The committee serves as a senior and influential forum for partnership, collaboration and joint efforts on Aboriginal health priorities, policies, budgets, programs and services in the Fraser region. The membership has evolved to include:

- Fraser Salish Regional Caucus: the three individuals appointed to the First Nations Health Council by the Fraser Region
- First Nations Health Authority (FNHA): Chief Executive Officer; Board of Directors Chairperson; the Vice President of Policy, Planning and Strategic Services; and Senior Medical Health Officer
- Fraser Health Authority: Chief Executive Officer; a Board of Director Representative; the Vice President of Population Health; and, Chief Medical Health Officer.

In July, 2014, the *Regional Health and Wellness Plan* outlined the priority areas of focus for the Fraser-Salish region. Subsequently, in 2015, four Joint Working Groups were formed between Fraser Health and First Nations Health Authority to collaborate on the development of work plans and key objectives for the five priority areas. Co-leads of each working group form the Aboriginal Health Operations Committee. The Aboriginal Health Operations Committees continues to work on these five priority areas.

1. Primary Health Care
2. Public Health
3. Mental Wellness & Substance Use
4. Information Management/Information Technology (IM/IT)
5. Cultural Safety

**Governance and Human Resources Committee**

The Governance and Human Resources committee officially consists of the following members: Deanie Kolybabi (committee chair), Michael Hillman and Tom Kim. Given the importance of topics discussed, all members of the board regularly attend the meetings.

Fraser Health Careers Website

The Committee received a report on updates that were recently made to our careers website. We have aligned the job search engine to highlight each community in Fraser Health, and added direct portals for hard to fill professions.

Accreditation

The Governance Standards were rated as 100% compliant at the Accreditation Canada survey visit in October 2016. Strengths highlighted:

- The current Board is engaged and committed to improving health outcomes for the populations served.
- The Governors are engaged and committed to improving care for the residents of Fraser Health.
- The Board is commended on its commitment to transparency and accountability.
- The Board is supportive of patient and family centred care.

### Organization By-Laws

The organization's by-laws were reviewed. There were no changes recommended.

### Report Card Update

These measures are collected monthly, quarterly and annually and include the following:

- Sick Time Rate
- Overtime Rate
- WorkSafe BC (WSBC) Claims Duration
- LTD Claims Rate
- Turnover Rate in First Year of Service

The report card is available on our website at [www.fraserhealth.ca](http://www.fraserhealth.ca)

### **Finance and Audit Committee**

The Finance and Audit Committee officially consists of the following members: Markus Delves (committee chair), John Bethel, Tom Kim, Barinder Rasode and Michael Hillman. Given the importance of topics discussed, all members of the board regularly attend the meetings.

The Finance and Audit Committee is in place to ensure that the financial resources of the Health Authority are spent appropriately, which in an organization this size is critically important, and to ensure the right financial controls are in place to safeguard our resources and assets. We also provide a means of direct access to the Board for both our internal and external auditors.

### Financial Reports

The Committee received the financial reports for Fraser Health for the period ended December 29<sup>th</sup>, 2016. We review our financial reports at every committee meeting and spend a lot of time discussing the details and the tracking against the annual budget. So far this year, Fraser Health has made some significant steps in improving hospital effectiveness and increasing resources in both primary and community care while working within the context of the annual budget. This has been reflected in a reduction in our average length of stay and an overall reduction in acute patient days. Maintaining a balanced budget is something our board is committed to and is in line with the BC Government's Taxpayer Accountability Principles.

### 2017/18 Budget Update

Management presented their 2017/18 budget update. The final budget will be completed in March and presented to the Board in April.

### Internal Audit Report

The Committee received a status update from our internal audit team which highlighted a report on a discharge planning and administrative processes.

### Key Facilities Projects

The Committee received an update on our key facilities projects. The most significant capital project that we are working on is the redevelopment of Royal Columbian Hospital. Last year, the Minister of Health announced the first phase of the redevelopment and planning for this project is well underway. Phase 1 includes the expansion of our Mental Health and Substance Use capacity including 45 new psychiatry beds (increasing our total to 75) and a new energy centre.

### Board Financial Policies

The Committee also reviewed the Board approved financial policies. The Committee agreed with minor updates that were made and recommended that the Board approve.

### **Digital Health Committee**

The Digital Health Committee officially consists of the following members: Barinder Rasode (committee chair), Michael Hillman, Tom Kim, and Deanie Kolybabi. This was the first meeting of this Committee.

### Terms of Reference

The newly formed Digital Health committee was approved by the Board at their meeting on December 13. The purpose of this committee is to advise the Board, at a strategic level, on Fraser Health Authority's plans, priorities, risks and achievements in advancing digital health technology. The terms of reference were reviewed and approved by the Committee.

The terms of reference will be posted on our website at [www.fraserhealth.ca](http://www.fraserhealth.ca).

### IMIT Current Planning Context

The new Digital Health Committee needs some background on the process and priorities for IMIT investment at Fraser Health in concert with the Board, Executive and the Ministry of Health priorities. These were reviewed at the meeting and include the following:

- FHA corporate planning framework,
- IMIT governance,
- IMIT project lifecycle components,
- IMIT annual funding guardrails,
- IMIT 2017/18 plan schedule,
- IMIT Planning Priority Principles
- Commitments to Ministry of Health cross sector strategies
- Fraser Health detailed operational plan priorities.

### Integrated Plan of Care / Patient Care System Implementation (PCS)

#### At Abbotsford Regional Hospital

The Committee received a summary of the implementation and next steps of the Integrated Plan of Care Project utilizing the MEDITECH Patient Care System (PCS) at Abbotsford Regional Hospital.

The Integrated Plan of Care Project at Abbotsford Regional Hospital has enabled acute care Nursing and Allied Health staff to electronically document and create integrated care plans in MEDITECH Patient Care System (PCS). The implementation has improved access to and exchange of information, reduced duplicate documentation and further supported inter-professional care planning.

### Virtual Care Strategy

The Committee received a summary of the Virtual Care work underway at Fraser Health.

A Virtual Care Strategy for Fraser Health was developed in the spring of 2016. Throughout the summer and autumn of that year, activities took place to implement the strategy. Partnerships have been built, explorations have taken place and tests of various approaches and opportunities to enable Virtual Care to transform practices within Fraser Health were launched. With the foundational work completed, proofs of concept trials are underway and next steps are planned.

### Fraser Health Hackathon

The Committee received an update on the outcomes of the recently held Fraser Health Hackathon and the implications for future digital health strategies.

Challenges in the Fraser Health region are being approached with new, technology-driven solutions after more than 80 developers, students, analysts, designers and physicians put their minds together during the Fraser Health Hackathon on January 21 & 22 at SFU Surrey Campus.

While all of the sixteen teams created outstanding work, the judging panel recognized three teams in particular for their efforts in creating solutions focused on the overdose crisis, clinical decision making, and supplementing a person's health record with information that could be of value to care providers.

This concluded the committee reports section and the business meeting.

The next Public Meeting of the Board will be on June 14, 2017 in the community of New Westminster.

### **QUESTION & ANSWER/PUBLIC PRESENTATION PERIOD**

In the spirit of its commitment to public accessibility, the Board of Fraser Health provides opportunities for the public to schedule presentations and to ask questions of the Board prior to the beginning of every open Board meeting.

#### Presentations:

The Board received a presentation from Ms. Susan Hitchman on Medical Assistance in Dying (MAiD).

#### Questions:

The following are questions that were addressed during the meeting:

Q: Q1: What is Fraser Health doing to provide seamless and integrated services for older adults along with community provided Better at Home services, i.e. services are coming from 2 sources, United Way and Fraser Health but are not being provided in a holistic manner? Q2: Are there plans to have detox beds available in Mission?

A: *Michael Marchbank responded.* Q1: You raise a good point. Irene Sheppard will connect with you after the meeting.

*Dr. Victoria Lee responded.* Q2: Regarding detox beds, there is a spectrum of Mental Health and Substance Use services that we offer. We can discuss this further following the meeting.

Q: What is Fraser Health doing to improve Mental Health and Substance Use services in the east, the area seems underfunded?

A: *Michael Marchbank responded.* We have been strategically investing in Fraser East and have been announcing new programs to create better community services.

Q: The number of doctors in our community. With the retirement of many of our family physicians, what steps are being taken to have more family doctors, and how are we dealing with the frustration of dealing with waits in walk-in clinics?



A: *Michael Marchbank responded.* The number of GPs retiring is an issue and there are a number of strategies underway. The second issue is to do with primary care renewal, we want to work with the physicians in Mission and we want to work with the bigger practices to wrap around our service to provide better scope of services. By linking our staff and the physicians we are able to increase the capacity of the GPs practice.

*Dr. Edelson further responded.* The recruitment of physicians is difficult and is bigger than Fraser Health. Primary Care and wrapping services around a family practice will allow us to provide more services. These are issues that the provincial government needs to address. Fraser Health does not have the responsibility of community physicians they are independent and report to the College of Physicians and Surgeons.

Q: Overmedicating of care residents without concern of residents well-being. What are the rules regarding overmedicating a resident just for behaviour management and changing that person's character of personality to fit into the agenda of the home?

A: *Irene Sheppard responded.* We have identified poly pharmacy as one of our major priorities and nationally, there is a focus on this issue. In Fraser Health, there is a focus on the use of antipsychotics, we have the Clear Program in place and have had good results. On our residential care report card, we have added an indicator for tracking the use of antipsychotics and those patients with more than 9 meds in care homes. We are raising awareness on this. We have tools for staff and are carrying out education in our care homes to support this. Focus on this issue will continue.

Q: Mission Community Nursing. What are the plans of Fraser Health to review Mission Community Nursing? There is a need for a specific review of the way the administration of this program is delivered to make it more client focused. I had 5 different surgeries, with a number of visits to the ER. Overall, I had a good experience, however the area of concern was Mission Community Nursing. There seem to be administrative challenges with the program. A lot of people in this town have concerns about this.

A: *Michael Marchbank responded.* Thank you for your comments. One of the best ways we learn is from our patients and their experience. We would like to hear about your concerns in detail. Irene Sheppard will connect with you after the meeting to discuss the specifics and she will then report back to the board.

Q: I am encouraged to hear about the services in Mission. Thank you for your hard work. There was a statement in the local paper that Fraser Health and BC Housing will be involved in the homelessness issue together. What would be Fraser Health's part of this process?

A: *Michael Marchbank responded.* We are undertaking significant efforts in Maple Ridge and other communities to integrate our services and improve our services. We are looking to partner with BC Housing and are in the discussion phase with them.

There were no further questions. The Q&A period was concluded.