

BOARD BRIEF

This **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 under About Us –Leadership Board of Directors Public Board meetings.
- Media Contact: Fraser Health Communications Media Pager: 604-450-7881.

Summary of the June 14, 2017 Meeting

Fraser Health is committed to holding open Board meetings within the communities they serve. The June 14, 2017 open Board meeting was held in the community of New Westminster at the Anvil Centre which is located on the unceded territory of the Qayqayt (pronounced Kee-Kite) First Nation.

Board Panel Present:

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

PRESENTATIONS/UPDATES

New Westminster Community Health Services

(The presentation is available on line at www.fraserhealth.ca)

Presenters: Darlene MacKinnon, Executive Director, Royal Columbian Hospital; Dr. Winston Gittens, Site Medical Director, Royal Columbian Hospital; Lisa Zetes-Zanatta, Executive Director, New Westminster and Tri-Cities Community Health Services.

Highlights of the presentation included:

- Overview of the population of New Westminster:
 Population: 70,996 people (2014); 11% population growth is expected by 2024, 53% growth in our aging population (65+ years old) by 2024. A number of residents from the Tri-Cities area and lower mainland also utilize the services of the Royal Columbian Hospital.
- The My Health My Community self-reported survey results report that generally the overall health of residents is very good however that obesity, heart disease and high blood pressure are prevalent. Diabetes is another chronic disease that is standing out that we need do more work with in this community.
- We have a community based health care system with services that include:
 - Home Care Nursing
 - Home Support Services
 - Transitional Care
 - Specialized Palliative Care Team
 - Residential Care
 - Long Term Care Case Management
 - Rapid response services
- Community Partnerships include:
 - Fraser Northwest Division of Family Practice Collaborative Services Committee Unified Clinical Information Network

- Primary Care Nursing Model
 In and Out of Hospital Care Management Function Redesign
- Safety Net Clinic
- Chronic Pain Management Service
- The RCH Campus of Care includes:
 - 24/7 Emergency Services
 - Level 1 Trauma with neurology, vascular and cardiac services. We are the only site in Fraser Health that provides stroke services.
 - Critical Care
 - General and internal medicine
 - General and specialized surgery
 - Level 1 & 2 obstetrics
 - Neonatal intensive care (NICU)
 - Adult psychiatry
 - Outpatient services
 - Diagnostics services
- Each acute care site has a report card that indicates where we are doing well and where
 we need improvements. At RCH, in-hospital sepsis and standardized mortality are two
 areas we are focusing on. We are above the benchmark for non-emergency surgeries
 completed within 26 weeks. The average length of stay is approximately 7.5 days,
 Fraser Health overall is 8 days. The report card can be found on our website at
 www.fraserhealth.ca.
- New Westminster Mental Health and Substance Services include:
 - Assertive Community Treatment Team (ACT)
 - Integrated Transition Care Team (for patients discharged from inpatient psychiatric units)
 - Short Term Assessment and Treatment for depression and anxiety
 - Group Therapy Services
 - Case Management services for clients with serious and persistent mental illness
 - Short-term assessment and treatment for older adults with psychiatric issues
 - Rapid Access to Psychiatric Consultation
 - Community Rehabilitation services
 - Residential and Assisted Living Mental Health resources
 - Outpatient Addictions Counselling Services
- There are over 350 volunteers that provide approximately 38,000 hours of service per year we are grateful for our volunteers and the important work that they do for our patients. The Auxiliary raised over \$100,000 last fiscal year to purchase new equipment for the hospital.
- The RCH Foundation is working with donors to make a substantial multi-million contribution in support of the hospital's redevelopment. This includes a \$9.1 million fundraising goal for mental health redevelopment. The Foundation also recently funded a \$3.3 million upgrade to the cardiac catheterization lab the busiest in the province.

This concluded the presentation.

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

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.

Royal Columbian Hospital Redevelopment

The New Westminster community has seen tremendous growth and development in the past few years. This local growth, along with population increases that we've seen right across our region made it clear that we needed to redevelop Royal Columbian Hospital to meet these growing demands for health care.

We are pleased that Phase 1 is well underway and includes a new 75-bed mental health and substance use wellness centre with new and expanded outpatient clinics, our first older adult psychiatric unit, and a psychiatric high acuity unit.

And in April, we were happy to announce Phase 2 and 3 will be moving forward bringing the total cost of the project to \$1.35 billion. Phase two includes a new acute care tower and Phase 3 expands areas of the existing campus. This is excellent news for patient care.

When the redevelopment is completed in 2026, it will increase our capacity at the hospital by 50 percent, provide a new and larger Emergency Department and increase the number of surgeries we are able to provide to our patients.

This redevelopment won't only benefit our patients, but it will also benefit the local economy here. We have more than 4,000 employees working in New West and we pay over \$50 million to local vendors each year to support our work in the community. With this redevelopment we'll add 2,400 more doctors and staff to our organization and also increase our business with local vendors.

While this is great news for your community, this project is also vitally important to all British Columbians needing high-acuity care. Royal Columbian Hospital is one of only two Level 1 accredited adult trauma centres where we provide expert care to the province's most seriously ill and injured patients. It's also the only hospital in B.C. that offers trauma, cardiac care, neurosurgery, high-risk obstetrics, neonatal intensive care, and acute mental health care all at one site. Royal Columbian Hospital's redevelopment will ensure we continue to deliver exceptional patient-centred care to the province's most critically ill and medically complex patients for generations to come.

<u>Overdose</u>

While we work toward preparing our hospitals to meet our future health care needs, Fraser Health teams are also working incredibly hard to address the overdose crisis unfolding in our communities right now. On May 26th, New Westminster police issued an urgent warning about a lethal strain of drugs circulating in the city. The department said that one young woman had died after ingesting the drugs and another was in critical condition.

These teens were young and vibrant members of the community who were victims of what is often wrongly labeled a "big city" problem.

The overdose problem shows no signs of abating. According to recent data from the BC Coroner, overdose deaths in British Columbia are expected to exceed last year's total of 1,388 lives lost as a result of drug overdoses.

The majority of people overdosing are men between the ages of 30 and 49. But our youth are also falling victim to overdoses. And, like the two young women here in New West, 70 percent of people who are overdosing are doing so inside behind closed doors, not out in the street. We are working intensively with our community partners to share information on the public health emergency and ensure that people who use drugs know where they can access help, free Naloxone kits, and support.

We want to stress to all of you, and to your families and communities, that "drugs don't discriminate." We're dedicated to spreading this message and sharing important information and education through public forums, by working directly with school districts, and by creating social media awareness campaigns, to prevent more of our youth and community residents from succumbing to overdoses. With this in mind, last year we launched overdose prevention services and this month, in collaboration with our community partners, we opened our first supervised consumption site and will be opening a second site this week. Both are located in Surrey. We chose this community based on a careful analysis of data that showed us where we've seen the most overdoses.

While it is easy to point the finger at fentanyl, the deadly substance at the root of many of these overdose deaths, the larger societal issues that drive people to addiction are more complex. And, as we saw with the recent teen death, this is not simply an issue related to fentanyl, as the teen who died was consuming methamphetamine.

So I am making a personal call for us all to show compassion toward people who are struggling with drug use. They are valuable members of our society. They are our brothers and sisters, friends and colleagues. They are people and they deserve to be treated as such, both by our health care system and by our community.

Conclusion

Central to all of the work that we do – whether it's redeveloping a hospital to better care for British Columbians or trying to manage an overdose public health emergency – is our staff and doctors. They are the ones tasked with caring for our population with dedication, creativity, and compassion. None of it is possible without them and their efforts to enhance the services we offer in the community. These efforts will help us provide the best possible care to each person, in the right place.

I also want to acknowledge our Foundation partner and the many volunteers that keep our hospital and community thriving.

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

BOARD COMMITTEE REPORTS

The committees of the Board met on April 11 and June 13, 2017.

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 at their April 11 and June 13 meetings. The report card is available on our website at www.fraserhealth.ca

NSQIP Update

The committee received an update on NSQIP which stands for National Surgical Quality Improvement Program:

- On March 15, Fraser Health hosted a NSQIP workshop "Not So Sweet: Glucose Control to Improve Patient Outcomes" Approximately 25 physicians from 13 specialties, and more than 90 nurses and Allied Health staff attended.
- With regard to ongoing NSQIP work, all Fraser Health surgical sites use NSQIP to drive quality improvement (QI) and reduce postoperative complications by focusing on preventing Surgical Site Infections (SSIs), Urinary Tract Infections (UTIs), and

postoperative pneumonia. Initiatives include Enhanced Recovery after Surgery (ERAS) and the Comprehensive Unit-based Safety Program (CUSP). The Semi Annual Report covering July 1, 2015 to June 30, 2016 and smoothed, Risk Adjusted Odds Ratio Reports and non-risk adjusted % postsurgical complications covering December 1, 2014 to December 31, 2016 show overall gains in improvements in reducing postoperative complications.

<u>Patient Care Quality Office (PCQO) Activity Report: 2016/2017: Quarter 4 & Fiscal Year End Summary</u>

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).

Over same period last year, complaints in Q4 increased 18% (i.e. 2015-2016: 484, 2016-2017: 572), and total records overall in Q4 increased 25% (i.e. 2015-2016: 699, 2016-2017: 874). We also track compliments through our Communications department.

<u>Patient Care Quality Review Board (PCQRB): Fraser Health Response To Recommendations-</u>2016/2017: Quarter 4 Update & Fiscal Year End Summary

In 2016/2017, Quarter 4, Fraser Health received four reviews from the PCQRB, resulting in six recommendations; one review required no further action by Fraser Health. For Fiscal Year 2016/2017, Fraser Health received 23 reviews, resulting in 16 recommendations. Of the 23 reviews in 2016/2017, 11 reviews resulted in no recommendations to Fraser Health. Compared to Fiscal Year 2015/2016, Fraser Health received 35 reviews and 37 recommendations. This represents a 34% decrease in the number of reviews, and a 56% decrease in the number of recommendations.

Population and Public Health Quality And Performance Priorities

The Committee received a status update a status update of Population & Public Health Program's (PPH) quality work plan from 2016/17.

To position PPH to achieve our renewal vision of being a global leader in PPH and address the urgent nature of the overdose response effectively, PPH re-focused its efforts in 2016/17 on PPH renewal and the overdose response. We have redirected internal resources to support the overdose emergency. While work will continue in our programs to reach the targets for the PPH indicators, progress will be slowed down and we do not expect to reach targets for the 2-year-old immunization and pre-natal registration indicators for 2016/17.

Indicator Progress Updates: <u>Key for Status</u>: green – meeting target; red – not meeting target; grey – not yet able to assess status

Indicator	FY 2016/17 Target	Fiscal Quarter (FQ)4 FY 2016/17 Results	FY 2016/17 Results	Status
Initial response times to complaints in Health Protection programs	85% (Fixed Annual)	99.3%	99.03%	
Percentage of Prenatal Registration	75% (Fixed Annual)	71.7%	71.7%	
Two-Year-Old Immunization Rate	80% (2016/17)	78.8%	76.5%	
Life Expectancy Disparity	7 years (2020-2024)	8.6 years (2011-2015)	N/A	

Smoking Cessation: Considerable progress continues to be made to advance Smoke-Free implementation at our acute and residential care and assisted living sites. Clinical Smoking Cessation Support and Nicotine Withdrawal Management training is underway across Fraser Health. In partnership with QuitNow, three Mental Health Exchanges focus groups were held in January/February to determine the barriers in addressing tobacco use in MHSU.

Acute care sites are in the process of establishing Smoke-Free working groups to advance their site towards becoming Smoke-Free. The tobacco working group has developed a number of resources to support sites and has been focussing their efforts on nicotine management withdrawal and smoking cessation tools for staff to use in helping their patients abstain from tobacco use during admission.

Overdose Public Health Emergency: Fraser Health has a multi-faceted strategy to address the overdose public health emergency. An important strategy that has received some attention recently is supervised consumption services, which reduce the transmission of disease, reduce fatal overdoses and provide opportunities to connect people to treatment and other health care services.

SafePoint opened on June 8 and provides supervised consumption services daily from 7 a.m. to 1 a.m. We will also open our second site, Quibble Creek on June 15, which will provide supervised consumption services to clients of the centre between 7 a.m. and 7 p.m., seven days a week.

These sites will reverse overdoses and will connect people to treatment services in an area that has seen one of the highest overdose rates during the public health emergency. Both sites have been integrated into existing health services including firstline treatment – suboxone or methadone. We are also rapidly expanding community-based firstline treatment services across our region.

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.

Report Card Update

The Committee received the report card at their April 11 and June 13 meetings. The report card is available on our website at www.fraserhealth.ca

Culture and Engagement

The Engagement Radicals network officially emerged in June 2014. The network now boasts a membership of 430+ employees, physicians, and volunteers that have stepped forward to integrate and support engaging conversations and actions into their teams and environments.

This network spans across Fraser Health's 13 communities and services. The network is designed upon a peer-to-peer model where information, actions and success stories from peers and the Engagement Team are compiled and disseminated as resources for all members. Engagement Radicals are connected to each other via monthly newsletters, monthly webinars, annual Engagement Summits, quarterly face-to-face sessions, and other educational offerings.

In October 2015, the Board received an update about the Engagement Radicals. Since then, key highlights include:

- Hosting 2 successful Engagement Summit conferences.

- An additional 130+ ERads have joined.
- An increased confidence and perception from ERads that they believe their roles are impacting teams, Fraser Health and patient care.

Looking Forward Report

The employee demographic information forms a foundation for all employee forecasts. Demographics such as turnover, retirements and average age are part of the needs assessment of Fraser Health's Leadership Continuity and Workforce Planning initiative.

The Committee received the "Looking Forward" report which summarizes key employee demographic information and includes projections of gains and losses for the largest employee group, Registered Nurses. A full report is produced each two years, with a shorter update report produced on the alternative years. The 2017 report is the full report. The report provides information on employees by job classification/occupation. Key demographics include the numbers and percentage of employees holding full time and part-time status, the average age, rate and number of employees leaving Fraser Health due to retirement and turnover. The employee demographic information forms a foundation for all forecasts of needs and supports Leadership Continuity/Succession Planning. The employee demographic information is presented on a calendar year basis for consistency with health sector reporting for difficult to fill vacancy reports.

Healthy Workplace Indicators Report

In 2006, Workplace Health published the first annual "Healthy Workplace Profile" reports for Fraser Health leadership using data from the 2005 calendar year. This current report, using data from the 2016 year, represents the on-going effort to provide Fraser Health leadership with data to facilitate evidence-based decision-making to improve the health of our workers and workplaces.

"Healthy Workplace Indicator Reports" are now available utilizing real-time data for Fraser Health Executive, Executive Directors, Directors and Managers profiling the performance of the portfolios for which they are directly responsible. These reports represent our ongoing effort to collect and publish these data in a cohesive, integrated fashion at relevant levels within Fraser Health. The goal of these reports is to support Fraser Health leaders and decision-makers in the development and implementation of evidence-based initiatives for the purpose of managing and enhancing the health of their staff and workplace environments.

Finance and Audit Committee

The Finance and Audit Committee officially consists of the following members: Markus Delves (committee chair), Kareem Allam, 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.

Audited Financial Statements

The Committee reviewed the audited financial statements for the year ended March 31, 2017. We are pleased to report that the year ended with a small surplus of \$1 million which attains the goal of a balanced budget. Maintaining a balanced budget is something our

Board is committed to and is in line with the BC Government's Taxpayer Accountability Principles. Further, the audit report from the PwC was unqualified.

The audited financial statements will be posted on our website after June 30.

External Audit

The Committee then received a report from PwC on the procedures they performed and their findings from the audit. PwC found no material issues during the audit and that there were no unadjusted differences for the year.

The Committee approved the re-appointment of PwC as the external auditors for the current fiscal year.

Internal Audit Status Update

The Committee received a status update from our internal audit team which highlighted a report on a 3rd party clinical service program provider and a report on compensation practices for excluded staff. Our internal audit lead also presented the internal audit annual report for 2016/2017 which the Committee reviewed.

Financial Reports

The Committee received the financial reports for Fraser Health for the period ended April 20, 2017. 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.

Management presented an updated 2017/18 to 2019/20 Draft Financial Plan. Fraser Health is required to have a balanced budget within the context of funding allocated from the Ministry of Health. The Committee recommended that the Board approve the plan as presented.

Statement of Financial Information

The Committee reviewed and approved the first portion of the Statement of Financial Information which will be posted on our website after September 30th.

Key Facilities Projects

An update on our key facilities projects was received. 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 & Substance Use capacity including 45 new psychiatry beds (increasing our total to 75) and a new energy centre. Work is well underway on the Mental Health and Energy Centre construction as well as the interim heliport.

Digital Health Committee

The Digital Health Committee officially consists of the following members: Barinder Rasode (committee chair), Michael Hillman, Tom Kim, and Deanie Kolybabi. Given the importance of topics discussed, all members of the board regularly attend the meetings.

Committee Work Plan

The Committee approved their work plan which is a living document that identifies items for discussion or decision for the upcoming year.

Mobile Meditech for Physicians

Physician access to clinical information within the Meditech health care information system operating at all hospitals, owned/operated residential care facilities and hospices is vital for timely decision making and progress information on patient care.

On October 23, 2016 Fraser Health went LIVE with the pilot phase of Physician Meditech Mobile Rounding (MMR.) This new service allows for physicians to view their patients' information on their mobile device anytime, anywhere through a secured FH mobile platform. The pilot included 14 physicians of various disciplines and locations throughout the authority. The pilot has proven extremely successful. Meditech Mobile Rounding was offered authority-wide beginning December 1, 2016.

Clinical Systems Health Information Exchange

Fraser Health has focused on consolidating clinical information systems to achieve a consolidated patient record and best value for money. This has been achieved by focusing on core vendors, notably Meditech, Civica Paris and Intrahealth Profile.

Fraser Health has implemented an in-house health information exchange solution that provides easy access to information within and between internal information systems (initially Meditech and Civica Paris), and provincial systems (initially the Provincial Laboratory Information System).

Fraser Health will continue to work actively with community providers to enhance the data that is available to community providers in support of clinical decision making and continuity of care – supporting the Primary and Community Care initiative.

Community Health Care Workers Mobilization

Fraser Health has an internal work force of approximately 750 active Community Health Workers (CHWs) across Fraser Health owned and operated services to support the Home Health program towards Fraser Health's philosophy "Home is Best". They deliver appropriate client care in the client's home with the additional support of LPNs, RNs and Schedulers who provide coordination, education, supervision and support.

Community Health Care Workers need mobilization to be effective in their work. A project is underway to implement a Mobile application to increase health service capacity and optimizes existing capacity.

Patient Engagement Using Digital Technologies

Meaningful patient engagement is foundational in improving population health, improved patient experience, and the implementation of new models of care (notably in primary and community care).

Technology can transform the ways in which patients can be engaged and empowered in their health journey, from providing health information in readily consumable format, to supporting partnerships working between patients and health care providers.

Fraser Health struck a Technology Enabled Patient Engagement Council, comprised of patient advisors, clinical leaders, and health informatics professionals to develop a strategy and roadmap for Technology Enabled Patient Engagement. The vision that emerged from the strategy development recognizes technology as transformational in driving three key commitments: better patient care experience through self-service, better health outcomes for key populations through self-enablement, and reduced costs.

To realize the vision set forth, a dedicated steering committee will be established, to be guided directly by the Health Informatics Strategy Council who will hold the vision and plan for this work.

Meditech Clinical Information System Disaster Recovery

The Committee requested information regarding the Meditech Clinical Information System disaster recovery approach should a significant outage of service occur that impacts the operation of the Meditech system.

A disaster recovery solution supports the ability to recover all files, data, programming and software functionality, as close to the point of service interruption as possible, without corruption and with minimal system "downtime". To the end user, disaster recovery services are designed to be relatively seamless.

Cybersecurity Response Report

The Committee received a report on how Fraser Health responded to the recent "WannaCry" ransomware cyber-security threat which started on Friday, May 12 and targeted computers or other devices running Microsoft Windows affecting many hospitals in the UK and worldwide.

On becoming aware of the worldwide infection on Friday May 12, BC Clinical and Support Services (BCCSS) and the BC health authorities declared a Priority One incident and moved to their IMIT emergency operations centres. None of our devices were affected by this cyber-security threat.

Digital Internet Platform

The public website (fraserhealth.ca) last had a significant redevelopment in 2007 – almost 10 years ago. Our vision is to develop a website that sets the bar for British Columbia and Canada and takes full advantage of new and emerging technologies and new models in electronic delivery of health information.

In November 2016, we issued a Statement of Work (SOW) for the redevelopment of the fraserhealth.ca website and its related digital channels. The SOW was built on an extensive 18 months investigation of the business and technical priorities for the redevelopment of the website in consultation from stakeholders across the organization, as well as patients, families and the general public. This redevelopment will build the foundation for future development through the creation of a sustainable, fluid and scalable platform that can accommodate current and future technology advancements which will support our patients, clients and staff.

This concluded the committee reports section and the business meeting.

The next Public Meeting of the Board will be on October 18, 2017 in the community of Maple Ridge.

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.

Questions:

The following are questions received that were addressed during the meeting:

is DISGUSTING!

- Q: I am a home care worker in Surrey. A client was in need of an advocate to speak on their behalf. After researching the ways I could be of assistance I went in the direction of taking the advice of the Fraser Health website and made what I thought was to be a confidential report. After speaking with an employee of Fraser Health my employer was contacted, given my name and the rest has been anything but any assistance to the person in need of a voice. I was removed from caring for the client. There are no avenues to advocate for a client. I would like this addressed.
- A: Karen Matty responded.

 We understand that a full review has been undertaken in this case and cannot comment further. Please connect with Lisa Zetes-Zanatta, Executive Director of Home Health Services following the meeting.
- Q: This question was submitted via the public board meeting feedback line.

 To Fraser "Lack Of" Health. That's wonderful that you are having a meeting but likely only seniors could come. It is in New Westminster which takes probably close to an hour from way out here in Chilliwack and there is likely no parking, unless you pay \$5.00 per hour. Those who are working cannot come at that time of day during the week and most elderly people hate to drive into Vancouver area as the traffic is terrible. Then we must submit our questions for pre-approval. Do you really want the public feedback? It doesn't appear that you do as you know it will be very negative. My questions are:
 - 1/ Where are the Doctors? Many people have no GP and can wait years for a specialist. Some of the ones we are getting have inferior training. One complaint per 10 minute appointment is totally unrealistic. My 95 year old Father had a checkup and the Doctor never even took off my Dad's clothes. He had a large skin cancer on his arm that the Doctor never noticed.
 - 2/ The Wait(Weight) List for surgery is often years long. You could die waiting for surgery but maybe that's the idea.
 - 3/ Why must we go in to the Doctor everytime for a presciption refil? Often I must wait 2 weeks for an appointment. They want to get paid is the answer.
 - 4/ Why not have more Walk-In Clinics an have them open later? First you phone for a Doctors Appointment but if you cannot wait 2 weeks, you phone the Walk-In Clinic and if they are not open you resort to the Emergency at the Hospital. I met a friend yesterday whose 100 year old Father waited for 5 hours to see a Doctor in Emergency and 4 more to be actually diagnosed and sent home. That
 - If I was rich I would have nothing done here but go to the USA or some other country like Thailand. Our "Health? Careless System" is a joke but no one is laughing!
- A: Karen Matty responded. Fraser Health's public board meetings rotate throughout the 16 communities in our region and we do visit each community during the rotation cycle. We normally meet 3 or 4 times per year. We welcome feedback from the public, either in person at the meeting or online via our website.

There is a shortage of General Practitioners (GPs) in the province. Health authorities are not responsible for recruiting GPs or regulating the number of walk in clinics. Any GP with a license to practice medicine in the province may set up an office, including a walk in clinic, in any community of their choice. Fraser Health works collaboratively with the various Divisions of Family Practice in the communities that we serve on initiatives, projects or programs to address specific areas of primary care.

- Q: This question was submitted via the public board meeting feedback line.

 I would like to know if the Langley Memorial Hospital Asbestos situation is under control and how much money was won in the class action lawsuit against the Asbestos manufacturer?
- A: Karen Matty responded. There are no class action lawsuits involving corporate purchasers of asbestos that we are aware of. To our knowledge, all asbestos-related class actions are personal injury related.
 - In terms of asbestos mitigation and removal at LMH, the facility is safe and no one is at risk from asbestos. A carefully crafted initiative is under way to remove the asbestos at LMH. It is a multi-year project that will take 2-4 years.
- Q: To what degree and how do you think that naturopathic medicine can/will be brought into the planning process? We have 200 students and would like to integrate them into the hospital. We invite Fraser Health to have a conversation with us.
- A: *Michael Marchbank responded.* Naturopathic medicine does play an important part in a patient's care. We have begun to integrate different kinds of medicine into care, particularly traditional Chinese medicine and First Nations medicine. We have to determine how this fits into the community and what is the best place for these interactions to occur.
- Q: How do you go about finding the right home for your loved one? Especially if they are healthy and very active, but have dementia. How do you find a home that really cares about your loved one's well-being and not just drug them?
- A: *Michael Marchbank responded.* Fraser Health has made investments to reduce the number of drugs that are used in care facilities. We are the leader in the province in moving in this direction which has been noted by the Seniors Advocate group. Vivian Giglio, Vice President Regional Hospitals and Communities can follow up with you after the meeting if you would like more information.
- Q: Surrey has opened two supervised consumption sites. Public concern if there will be a move with SIS coming? Prescription heroin, heroin assisted treatment is being advocated. Will Fraser Health accept, consider or reject this idea?
- A: Dr. Victoria Lee, Vice President Population and Public Health and Chief Medical Health Officer will follow up with the member of the public following the meeting.

Several members in the audience attended to voice their concerns about the water issue in the City of White Rock. A number of questions were also submitted via the public board meeting feedback line that have been summarized and are included in this section.

- Q: There is a great deal of angst in the community as we are not getting answers from the City. We want a public forum where qualified health professionals can address our concerns. Can you direct your staff to set up a public forum with the City of White Rock? As you issue the license to the water utility, you have the power to amend the City of White Rock's operating permit. Will you please direct your staff to set up this forum?
- A: *Michael Marchbank responded.* We need to consider your request and obtain legal advice before we can answer.

Dr. Victoria Lee further added. In terms of concerns about the water discolouration, we have asked the City of White Rock to provide us with more information about the notification process to residents. Dr. Lee further clarified Fraser Health's role which is regulatory. Ongoing testing and results for bacteria and metals in the system are in compliance with the Canadian Drinking Water Guidelines set out by Health Canada. The exception being increased levels of manganese, which is currently an aesthetic objective limit.

- Q: Question around medical issues related to the water. Concerned about certain cancers and what steps have been taken to address this? This is a health risk.
- A: *Michael Marchbank responded.* We will need to take this away and have this looked at provincially.
- Q: We need to get an independent commission to study this. You are getting figures and tests after the water has been treated but not getting the figures from the source at the tap. The member of the public presented samples of the water and residue scraped from the inside of the pipes.

Mr. Saad Jasim, Utilities Manager, City of White Rock addressed the audience. He reviewed the history of the management of the water utility which was privately operated prior to the City taking over in 2015. The City is in the process of building a new water treatment plant and has been awarded a grant from the government to fund this new project.

Mr. Jasim further explained how the City came to use chlorine rather than chloramine and that due to public outcry from the residents the City was forced to use chlorine. The City did what the public wanted and as a result, there is now a problem because the chemicals reacted which caused the water to change colour. The Council has since voted to treat the water with chloramine as a result of complaints. Ongoing flushing of the system continues and the City is doing what it can and staff are working around the clock to respond to issues as these arise. Residents are being informed door to door as well the information is on the City's website. It is going to take time to clean the system.

Below is the summary of questions that were submitted via the public board meeting feedback line and the response:

- Q: Role of Fraser Health as regulator and awareness of the FH Board.
- A: Fraser Health's mandate is a regulatory responsibility to ensure that the City meets its legislated requirements under the Drinking Water Protection Act and Regulation and its Terms and Conditions on its Operating Permit. Testing and results have been in compliance with the Act, Regulations and the Terms and Conditions of the Permit.
- Q: Concerns about discoloration of the water.
- A: Fraser Health is aware of the complaints of 'dirty' water. Based on the results of the water testing, that meet the requirements for testing for such a system, the water is bacteriologically and chemically safe to drink. There are ongoing efforts to improve the aesthetic quality of the water, including the change in secondary disinfection processes (already occurred with change to monochloramination), flushing programs, and planning of additional measures for the system to address arsenic and manganese.

- Q: Questions about the need for secondary disinfection.
- A: Secondary disinfection is a necessary safety component of any large water system to ensure prevention of bacteriological contamination through the distribution system. Bacteriological testing alone is insufficient as test results may take days to indicate the presence of bacteria in the system. Fraser Health had approved the use of either chlorination or chloramination as acceptable methods of secondary disinfection. Testing and results of chloramination and associated testing for by-products of chloramination are also within acceptable limits for the system.
- Q: Corrosion Control.
- A: The need for corrosion control systems in drinking water systems is based on the quality of the water and the nature of the distribution system in particular, the presence of lead in the distribution system and the pH of the water. Testing and results for lead in the water are within acceptable limits for the system.
- Q: Cause of the utility's problems.
- A: In broad terms, there are two main areas of the White Rock system that needed upgrading:
 - The infrastructure and lack of secondary disinfection
 - The presence of naturally-occurring arsenic and manganese in some of the wells in the system.

A number of infrastructure upgrades have and continue to be implemented along with the addition of secondary disinfection to address the issue of infrastructure and disinfection, and as part of the Total Water Quality Management plan. Fraser Health is satisfied with the upgrades so far and has amended the Operating Permit to reflect that secondary disinfection has now been implemented.

Plans are underway, and funding has been secured, to address the naturally-occurring arsenic and manganese, and Fraser Health is satisfied with these plans to date. Until the presence of arsenic and manganese is fully addressed, the utility will likely continue to experience issues with 'dirty' water causing concern for consumers. As above, there is no health concern with this discoloration.

- Q: Concern for health risks.
- A: The immediate concerns for health risks associated with bacteriological contamination of the system have been addressed by infrastructure upgrades and addition of secondary disinfection.

Naturally occurring arsenic levels have not substantively changed, and remain at or below the Canadian Drinking Water Guideline Maximum Allowable Concentration. In keeping with the principle of 'as low as reasonably achievable', future implementation of additional treatment systems will lower the arsenic levels in the system.

Elevated levels of manganese remain, and are the main source of water discoloration in the system. Levels of manganese are currently associated with an aesthetic objective in the Canadian guidelines. Testing for other metals including lead and iron are well below Guideline levels.

- Q: Actions that residents of White Rock can take.
- A: Residents of White Rock are encouraged to be aware of the system upgrades that are happening. In particular, the system is currently undergoing a flushing program and residents in affected areas need to be aware that flushing is occurring and to take steps as advised by the City to avoid disruptions, loss of pressure, or discoloration of the water. Water concerns should be directed to the City.

The Q&A period was closed at 12:00 pm.