

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 October 18, 2017 Meeting

Fraser Health is committed to holding open board meetings within the communities they serve. The October 18, 2017 open board meeting was held in the communities of Maple Ridge/Pitt Meadows at the Meadow Gardens Golf Course which is located on the unceded territories of the Katzie and Kwantlen First Nations.

Mr. Sinclair introduced the members of the board and staff that were present. He acknowledged the former board chair, Ms. Karen Matty, and board directors, Ms. Barinder Rasode and Mr. Michael Hillman for their contributions to health care.

Board Panel Present:

Jim Sinclair (Chair), Michael Marchbank (President and CEO), Kareem Allam (Director), John Bethel (Chair, Quality Performance Committee), Markus Delves (Chair, Finance and Audit Committee), Tom Kim (Director), Deanie Kolybabi (Chair, Governance and Human Resources Committee). Regrets were received from Willie Charlie (Director) and Opreet Kang (Director).

PRESENTATIONS/UPDATES

Maple Ridge/Pitt Meadows Community Health Services

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

Presenters: Lisa Zetes-Zanatta, interim Executive Director, Ridge Meadows Hospital, Maple Ridge/Pitt Meadows Health Services, and Dr. Amyeen Hassanali, Site Medical Director, Ridge Meadows Hospital.

Highlights of the presentation included:

- Overview of the combined population of Maple Ridge and Pitt Meadows: Population: 103,381 people (2016), 15% population growth is expected by 2024, 50% growth in the aging population (65+ years old) by 2024.
- The *My Health My Community* self-reported survey results report that generally the overall health of residents is very good however that high blood pressure is prevalent in both communities.
- 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:
 - Ridge Meadows Division of Family Practice
 - Collaborative Services Committee*
 - Rapid Response Nurse Initiative*

- Patient Health Hub Steering Committee*
 - Eldercare Committee
 - Maple Ridge Shelter Committee
 - Community Action Initiative
 - Physician Recruitment and Retention – Red Carpet Program
 - Maple Ridge Opioid Working Group
 - Find a Doctor Website – Doc to Doc Complex Care*
- The Ridge Meadows Campus of Care includes:
 - 159 funded acute care beds
 - 24/7 Emergency Services
 - Critical Care
 - General and Internal Medicine
 - General Surgery
 - Level 1 Obstetrics
 - Adult Psychiatry
 - Outpatient Services
 - Diagnostic Services
- Each acute care site has a report card that indicates where we are doing well and where we need improvements. The report card can be found on our website at www.fraserhealth.ca.
- Maple Ridge and Pitt Meadows Mental Health and Substance Use Services include:
 - Ridge Meadows Hospital
 - Emergency Department (Psychiatric Liaison Nurses, Psychiatrist Consultation)
 - Psychiatric Inpatient Unit
 - Psychiatric Consultation Services
 - Psychiatric Outpatient Services
 - Partnership with the Division of Family Practice
 - Rapid Access to Psychiatric Consultation services to be implemented as part of the Adult Mental Health Shared Care Project
 - Chronic Pain Project
 - Patient Medical Home Project
 - Youth Wellness Centre
 - Community Mental Health and Substance use Services
 - Mental Health and Psychiatric Assessment
 - Individual counselling and group therapy
 - Case management and outreach
 - Psychosocial Rehabilitation
 - Specialized services for older adults
 - Residential and Assisted Living Mental Health resources
 - Intensive Case Management Team (Raincity Housing)
 - Outpatient Substance Use Counselling (Alouette Addictions Services)
 - Opioid Agonist Therapy (Alouette Addictions Services)
- There are over 500 volunteers that provide approximately 37,000 hours of service per year – we are grateful for our volunteers and the important work that they do for our patients.
- The Ridge Meadows Hospital Foundation has raised over \$25 million to purchase equipment and high priority needs for Ridge Meadows Hospital, fund programs in the community that encourage healthy living, and provide research and educational opportunities for medical staff.

This concluded the presentation.

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 also a time for us to share with you our successes and opportunities.

Overdose Response

While there are many areas in health care that capture our attention each day, we are aligned with the provincial government in making the overdose crisis a pressing priority.

The year alone we've seen almost 4,000 suspected overdoses present at our emergency departments and of these, 300 presented at Ridge Meadows Hospital. What is often labeled a "big city" problem has reached and become deeply entrenched in our communities.

And the overdose problem shows no signs of abating. According to recent data from the BC Coroners Service, 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 19 and 59, and 70 percent of people who are overdosing are doing so inside behind closed doors, not out in the street.

Prevention and Harm Reduction

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.

Though the majority of people overdosing are adult males, no one is immune. 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, and by creating public awareness campaigns, to prevent more of our youth and community residents from succumbing to overdoses.

We continue to look for new ways to share this message and support people at risk at all ages.

Most recently, we hosted a workshop with participants representing provincial trade associations, technical schools and employers in an effort to better support men between the ages of 19 and 59 who are overdosing.

In Maple Ridge, we're supporting School District 42 and the Community Overdose Response Committee in helping to distribute overdose prevention and health promotion messaging throughout the community.

We've worked with a number of community organizations to provide training and distribution of hundreds of Take Home Naloxone Kits and access to harm reduction supplies. And, we also opened overdose prevention sites in four communities, including Maple Ridge, to ensure health care professionals are nearby to administer naloxone if a person consumes substances and overdoses.

Treatment

While prevention, education and harm reduction services play a crucial role, when someone is ready to seek treatment, we want to ensure they have access to it.

In July we opened an Opioid Agonist Treatment Clinic in Maple Ridge to improve access to first line treatment for opioid addiction. This treatment involves providing medications like Suboxone and Methadone, and since opening we have served 170 clients.

We have also increased access to treatment by opening 147 new substance use treatment beds throughout our region.

People wishing to seek treatment can also access outpatient substance use services, home and mobile detox, and daytox.

Intensive Case Management (ICM)

After careful assessment of this area's population and its needs, we partnered with BC Housing to establish an Intensive Case Management team in Maple Ridge.

This team supports people with severe substance use disorders who face complex challenges related to health, housing, and poverty, and who face barriers in accessing existing health and social services.

Since establishing in March, the ICM team immediately assumed responsibility to support the 40 individuals that had been staying at the Raincity temporary shelter, helping them to find housing and connecting them to social and health, mental health and substance use treatment and services. This month the team started accepting new referrals while continuing to support existing clients.

No one group or person can solve this problem. It truly takes everyone: municipal and provincial governments, police and fire departments, schools, community groups and health authorities.

And, while it is easy to point the finger at fentanyl, the deadly substance at the root of many of these overdose deaths, the large societal issues that drive people to addictions are more complex. We need to show compassion toward people who are struggling with drug use.

Conclusion

Central to all of the work that we do – whether it's in the hospital, in the community or trying to manage an overdose public health emergency – is our staff, physicians and volunteers. None of this work is possible without their efforts and dedication.

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

BOARD COMMITTEE REPORTS

The committees of the board met on August 29 and October 17, 2017.

Quality Performance Committee

The Quality Performance Committee is chaired by John Bethel. Given the importance of topics discussed, all members of the board regularly attend the meetings. The committee received the following reports:

Report Card Update

The committee received the report card at their August 29 and October 17 meetings. The report card is available on our website at www.fraserhealth.ca

Patient Care Quality Office Q1 - 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).

Over same period last year, complaints in Q1 increased 0.4% (i.e. 2016-2017: 510, 2017-2018: 515), and total records overall in Q1 increased 10% (i.e. 2016-2017: 691, 2017-2018: 762).

We also track compliments. Compliments received at PCQO (28) and separately by Communications (77) totaled 106 from April to June 2017. A few examples of compliments received at PCQO in Q1 for above-noted sites:

- From the time father was admitted at RCH, he received the absolute best care family could ever have asked for from everyone (nursing and physician ER, 6S, 5S, Rehab, Dietitians, Housekeeping). Nurses regularly asked family how they were doing and if they were okay.

- Patient appreciative of care at ARH SDC: instructions provided were clear and concise; all staff caring and professional, staff took time to explain everything, cleanliness of hospital excellent.

- Patient shared compliments for SMD ED: very good reception, quick service, wonderful triage nurse, doctor who was very nice, pleasant, understanding and patient – care by whole ED team was wonderful. Hears negative things about SMH in news, but has always had great experience.

- Patient noting new and improved set up of CGH ER, colour coding system works very well, staff seems happier, relaxed, now working as team; care fantastic, treated with respect and dignity.

Patient Care Quality Review Board Q1 – Update

In 2017/2018, Quarter 1, Fraser Health received five reviews from the PCQRB. None of the reviews had recommendations and therefore required no further action by Fraser Health. There are currently 19 reviews pending at the PCQRB.

Infection Prevention and Control Annual Report 2016-17

The committee received the Infection Prevention and Control annual report. The report is published on our website at www.fraserhealth.ca.

Accreditation Update

The date of the next Accreditation Canada onsite survey visit has been set for Sunday 21 October to Friday 26 October 2018.

The 2018 Accreditation Canada survey is the second and final visit in the current four year cycle. The results will be combined with the 2016 survey results to calculate our overall accreditation award.

Accreditation Standards Being Assessed:

| Acute & Community Services (as applicable) |
|---|
| Ambulatory Care |
| Cancer Care |
| Critical Care |
| Emergency Department |
| Inpatient (formerly Medicine) |
| Long Term Care |
| Home Care |
| Primary Care |
| Medication Management |

| Regional Programs | |
|-------------------|--|
| Palliative Care | Hospice, Palliative Care & EOL |
| Renal | Ambulatory Care |
| Rehab/ABI | Rehabilitation Ambulatory Care |
| MHSU | Mental Health Community Mental Health |
| Pharmacy | Medication Management |

National Surgical Quality Improvement Program Update

All Fraser Health surgical sites use data from the National Surgical Quality Improvement Program (NSQIP) to drive quality improvement (QI) and reduce postoperative complications by focusing on preventing Surgical Site Infections (SSIs), post-operative Urinary Tract Infections (UTIs), and pneumonia. The committee received the semi-annual report at their meeting on October 17.

Public Health Quality and Performance Priorities

In keeping with Fraser Health’s Report Card measures along with the Ministry of Health’s priorities, the committee received an update of Population & Public Health Program’s (PPH) quality work plan from 2017/18.

To address the urgent nature of the overdose response effectively, PPH re-focused its efforts on PPH renewal and the overdose response since the 2016/17 fiscal year.

Indicator Progress Updates:

Table 1: Status of Select Population and Public Health Indicators, Fiscal Year (FY) 2016/17

| Indicator | FY 2016/17 Target | Fiscal Quarter (FQ)1 FY 2017/18 Results | FY 2016/17 Results | Status |
|--|---|---|--------------------|--------|
| Initial response times to complaints in Health Protection programs | 85% within specified time frame for risk level (Fixed Annual) | 99.3% | 99.03% | Green |
| Percentage of Prenatal Registration | 75% (Fixed Annual) | 68.4% | 71.7% | Red |
| Two-Year-Old Immunization Rate | 80% (2016/17) | 77.6% | 76.5% | Red |
| Life Expectancy Disparity between Local Health Areas (LHAs) | 7 years (2020-2024) | 8.6 years (2011-2015) | N/A | Grey |

Key for Status: green – meeting target; red – not meeting target; grey – not yet able to assess status

Two-Year-Old Immunization Rate:

In Fiscal Quarter (FQ) 1 of Fiscal Year (FY) 2017/18 (April to June 2017), 77.6% of 2-year-olds were up-to-date with their immunizations. This rate was 1.1 percentage points higher than the overall rate for 2016/17 (April 2016 to March 2017), which reported a rate of 76.5%. At 77.6%, the FQ1 2017/18 rate is the second highest rate ever reported by quarter in Fraser Health (FH), just behind FQ4 2016/17 (January to March 2017), which reported a

rate of 78.8%. However, the FQ1 2017/18 is still 2.4 percentage points below the 2016/17 target of 80%.

Percentage of Prenatal Registration:

A key mechanism to access at-risk or vulnerable pregnant women is through our Best Beginnings prenatal registration program. Since 2013, we have been encouraging electronic registration through the Fraser Health web site (www.bestbeginnings.com). The site is mobile-enabled since fall 2016 to facilitate easier registration.

In FQ1 2017/18 (April to June 2017), 68.4% of women who gave birth in FH hospitals were registered with the Best Beginnings program during their pregnancy. This is the lowest rate since July 2014. The prenatal registration rate for FQ1 2017/18 was 6.6 percentage points below the overall 2016/17 target of 75.0% and 3.3% points below the overall 2016/17 rate.

Initial Response Times to Complaints in Health Protection Programs:

One measure of Health Protection efficiency is timely response to complaints. This indicator measures response time to public complaint follow up in six Health Protection areas (Food Safety, Recreational Water Safety, Personal Service Establishments, Community Sanitation, Drinking Water, and Community Care Facilities Licensing). Program targets for complaint response time ensure health hazards in the community are identified and mitigated quickly, thereby reducing the potential for public exposure to adverse physical, chemical, or biological conditions. The response time targets are dependent on risk level, and range from 1-3 days.

The rate of Responding to Public Complaints within Targets (RPCWT) increased from 99% in FY2016/17 (January to March, 2017) to 99.3% in FQ 1, 2017/18 (April to June 2017). The FQ1 2016/17 RPCWT was evidently above the fixed annual target of 85%. As such, we requested to raise the annual target to 95%.

Life Expectancy (LE) Disparity:

This new indicator is intended to monitor the difference in Life Expectancy (LE) across Lower Mainland Health Authorities (LHA) in the Fraser Health region. The goal is to minimize the difference between the LHAs with the lowest and highest LE. In the Fraser Health region, the difference in LE between the LHAs with the lowest and highest LE increased by 46%, from 5.2 years in 1987-91 to 7.6 years in 2010-14. During 2010-2014, the estimated LE was highest in Burnaby at 84.2 years and lowest in Hope at 76.5 years. In 2011-2015, Burnaby and Hope remained the areas within the FH with the highest and lowest life expectancies, with Burnaby at 84.5 years and Hope at 75.9 years. Overall, the LE disparity increased by almost one year, from an average of 7.7 years in 2010-2014 to 8.6 years in 2011-2015. The overall increase was driven by both a slight increase (3.5 months) in the average LE in Burnaby, and a decrease (6 months) in the average LE in Hope. The Fraser Health target is to reduce the difference in LE from the 7.6 years in 2010-14 to 7.0 years by the end of 2019.

Prevalence of Tobacco Use:

According to the Canadian Community Health Survey (2014), 12.1% of people aged 12 or older (177,200 people) in the Fraser Health region in 2013/14 were classified as current smokers, down from 16.8% in 2007/08 and much lower than the 16.2% provincial average. From the My Health My Community survey (2015), smoking rates (daily or occasional) in the Fraser Health region range from a high of 22% in Hope to a low of 3% in Port Moody. For this indicator, we are aiming to reduce the prevalence of tobacco use by 4 percentage points by 2023 through two key strategies for this new indicator: 1) tobacco enforcement, and 2) smoke-free Fraser Health sites.

After the introduction of new legislation in September 2016 and completion of the educational campaign in March 2017, the Enforcement Program has been using a progressive enforcement approach to ensure compliance with the new legislation. Tobacco Enforcement Officers (TEOs) continue to monitor sales to minors and retail signage, as per legislative requirements. In first quarter, the enforcement program conducted 221 routine inspections and 201 checks for sales to minors. The program is short one Tobacco Control Officer and we are looking forward to a full complement of staff by September 2017.

In addition to the inspectional/enforcement activities, the Tobacco Coordinators are currently conducting walkabouts at four FH hospitals in partnership with security and site leadership to remind any smokers encountered of the Smoke-Free Policy. The goal of these walkabouts is to see a decrease in reported incidences of smoking as reported by Integrated Protection Services, and to engage site leaders in the implementation of the Smoke-Free policy. Walkabouts will be conducted until December, with a final report to be completed by the end of the fiscal year.

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-person clinical leader train-the-trainer sessions have been completed at all acute care sites. A two-part Course Catalogue Registration System webinar is now available for those unable to attend an in-person training session.

Acute care sites are continuing to establish 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. The next phase of work is the development of a site implementation toolkit will be launched in October.

Research Ethics Board Annual Report

The oversight of the ethical conduct of research in the Fraser Health Authority is the responsibility of the Fraser Health Research Ethics Board (FHREB). The committee received the board's annual report.

The Fraser Health Authority, through its policies on "Research" and "The Ethical Conduct of Research and Other Studies Involving Human Subjects" complies with the most current version of Canada's "Tri-council Policy Statement: Ethical Conduct for Research Involving Humans" (TCPS2). The TCPS sets national standards for the oversight of research which are executed by the FHREB. Adherence to the TCPS is also a requirement of national and provincial research funding agencies which fund research in Fraser Health. In order to meet the requirements of the Tri-Council Policy, the FHREB has an obligation to submit an annual report to the Fraser Health Board of Directors.

In addition to the above requirement, the FHREB complies with Health Canada regulations and guidelines concerning the ethical review of clinical drug, device and natural health product trials and with United States (US) legislation governing the ethical review of studies funded by US government agencies and/or regulated by the US Food and Drug Administration. The FHREB ensures that any other Canadian and provincial legislation such as the B. Freedom of Information and Protection of Privacy Act, that is applicable to the conduct of research by a public body, is adhered to by Fraser Health Authority researchers.

The annual report is posted on our website at www.fraserhealth.ca.

Governance and Human Resources Committee

The Governance and Human Resources committee is chaired by Deanie Kolybabi. Given the importance of topics discussed, all members of the board regularly attend the meetings. The committee received the following reports:

Report Card Update

The committee received the report card at their October 17 meeting. The report card is posted on our website at www.fraserhealth.ca

New Hire and Exit Surveys

The committee received the results of the surveys on new hires and those leaving the organization.

For the New Hire Survey, after three (3) months in the job, new hires to Fraser Health are asked to provide information on their experiences in joining Fraser Health. Numerous studies have confirmed the importance of new employees feeling they are welcomed.

The top 3 reasons to work for Fraser Health were driven by:

- Reputation (30%),
- Location (20%),
- Practicum or clinical rotation that took place at Fraser Health (16%).

When an employee provides notice to leave Fraser Health a change in status form triggers an invitation to participate in an Exit Survey. The employee is ensured confidentiality of the information they provide. Names are only provided where the employee asks for follow-up.

The dominant reason given for employees leaving Fraser Health was retirement (50%) followed by relocation (16%) and accepting employment with another BC Health Employer (13%). For those that indicated they left to join another BC health employer a series of questions ask about the work experience at Fraser Health. Questions cover areas such as relationships with peers, colleagues, supervisor/manager as well as opportunities for growth and development.

Board 2018 Meeting Calendar

The committee approved the board meeting calendar for the 2018 calendar year.

Board Education and Development

The board commits to education/development days twice per year. On December 8, the board will be participating in a training program for the Governance of Quality and Safety. This will be a joint session with other lower mainland health authority boards. The program was developed by the BC Patient Safety and Quality Council. This program specifically targets health authority boards and was developed at the request of the Ministry of Health.

Health and Human Resource (HHR) Planning Update

Accurate HHR planning is critical to the efficient operation of the health system and health authorities.

The Ministry of Health has a vision to produce an integrated, provincial, rolling three-year health workforce plan. This information can be used for policy development, priority setting, budgeting, educational directives, etc. HHR plans must be based on an accurate understanding of the population and patient health needs which drive the strategic imperatives for the health system and health authorities.

This year, the HHR planning process was coupled with the Detailed Operational Action Plans which identify any service delivery changes (aligned with the health system strategic priorities) which have a net impact on the health workforce needs.

One of the results of the HHR planning process is the identification of high priority professions across Fraser Health. Some of the criteria utilized to identify the high priority professions include # of current vacancies, # of pending retirements, difficulty to fill, service delivery changes, growth projections, population needs, criticality of role, future skill mix models, low supply, low graduating numbers, etc.

Finance and Audit Committee

The Finance and Audit Committee is chaired by Markus Delves. 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. The committee received the following reports:

Fraser Health 2016/17 Audit

The external auditors, PwC, presented their plan for the 2016/17 audit of Fraser Health. The committee reviewed the plan and recommended that the board approve the plan.

Financial Reports

The financial reports for periods ending July 13 and September 7, 2017 were received. We review our financial reports at every committee meeting and spend significant time discussing the details of the finances and tracking the progress against the annual budget. Maintaining a balanced budget is something our board is committed to and is in line with the BC Government's Taxpayer Accountability Principles.

Financial Plan – 2017/18 to 2019/20

Management presented an update of the 2017/18 to 2019/20 Financial Plan updated to reflect new funding information from the Ministry of Health. Fraser Health is required to have a balanced budget within the context of funding allocated from the Ministry of Health.

Internal Audit

The committee received a status update from our internal audit team which highlighted reports on physician billing, procurement of consultants and management of construction.

Statement of Financial Information

The committee reviewed and approved the second portion of the Statement of Financial Information which will be posted on our website after October 31, 2017.

Residential Care Physical Facility Plan

Management presented the Residential Care Physical Facility Plan: Budget for Older Adult Residential Care – 2017/18 to 2022/23 which highlighted the growth in demand for residential care beds in our communities. The committee recommended that the board approve the plan.

Key Facilities Projects

The committee received an update on key facilities projects. The most significant capital project that we are working on is the redevelopment of Royal Columbian Hospital. Phase 1, which 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, is well underway with construction proceeding on the new Mental Health building, Energy Centre and Heliport.

Digital Health Committee

The Digital Health Committee is chaired by Tom Kim. Given the importance of topics discussed, all members of the board regularly attend the meetings.

Technology Enabled Patient Engagement – Phrazer Pilot Update

Digital technologies offer an opportunity to engage patients and their families or care givers to more effectively deliver health services and to inform patients so they can take more ownership of their care and their health. Fraser Health Clinical Quality and Patient Safety and Health Informatics seek to achieve a positive healthcare experience for patients and families, where patients are engaged in a way that pairs with their language, culture, gender, age, level of literacy, and background.

Phrazer is a handheld device that allows patients to interact with their healthcare team in their own language. It harmonizes the healthcare delivery experience for patients by allowing patients to answer questions and provide information on their healthcare status in their own language. This device provides the opportunity for patients, families and healthcare providers to connect seamlessly.

Clinical Quality and Patient Safety and Burnaby Hospital Leadership recently completed a pilot at the Burnaby site in the endoscopy department. The pilot began in October 2016 and concluded in April 2017. We are continuing to explore this new technology.

Health Information Exchange Across The Lower Mainland

The committee received an update on consolidating clinical information systems. 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.

To integrate information between these systems, 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).

This integrated information provides strong clinical value, for example when reviewing a comprehensive view of the patient during assessment, managing patient transition to home, preparing for a patient home visit, and discharge planning. The availability of information across the lower mainland is particularly important because patients cross over between Fraser Health locations and other Lower Mainland Health Authority locations to receive care.

Fraser Health is working closely with the Provincial Health Services Authority (providing IMIT services for Vancouver Coastal Health, Providence health Care, and PHSA - VPP) to integrate information between Fraser Health and the 'CareConnect' system, to form a single health authority view for the lower mainland.

IMIT Projects Go-Live / Completions Since January 2016

Health Care Informatics (HCI) and Corporate IMIT Services (CIMITS) portfolios are responsible for the design, development, implementation, uptake, and sustainment of informatics and transformation systems and solutions supporting Fraser Health (FH) clinical programs and support services. In collaboration with our FH clinical programs, as well as our system and service partners, the HCI and CIMITS teams play a management,

consultative, and participatory role in developing and implementing informatics and information technology solutions to support quality care and organizational performance.

The committee received an update on information on project go-live and completion dates over the past 18 months. This is an indicator of successful delivery and progress on IMIT initiatives to support the organization's priorities and ensure a resilient and responsive IMIT enablement.

This concluded the committee reports section and the business meeting.

The next public meeting of the board will be on February 7, 2018 in the community of White Rock.

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 that were submitted via the public board meeting feedback line:

Q: I am a care aide working for the private vendor that currently has the Surrey contract for Fraser Health Home Care. This will be my second time asking, why my name was disclosed by Fraser Health, after advocating for a client. This is not what the guardianship act states.

A: We understand that a full review has been undertaken in this case and it would be inappropriate to comment further.

Q: The University of Waterloo 2017 report on Tobacco Use in Canada reports 46% of 15 to 18 year olds buy tobacco directly from retailers and that this age group is the main social source of tobacco for those younger than age 15. Fraser Health spends about \$260,000 per year enforcing tobacco sales regulations. Clearly this is insufficient funding to ensure retailers fully comply with tobacco regulations, however, why are precious health care dollars being spent on tobacco sales regulation audit?

Why doesn't Fraser Health lobby the provincial government to introduce an annual licence fee for tobacco retailers so the retailers who profit from tobacco sales pay for the cost of audits to check their compliance with sales regulation? The annual fee of \$1000 would generate about \$6 million today. And if \$1000 is not enough it - increase it to support sufficient audits.

A: Fraser Health supports investments in upstream, population based initiatives such as tobacco control. In the past, the Regional Directors of Health Protection have recommended to the provincial government that a license fee be instituted for all tobacco retailers. We will raise this issue for discussion again through the Provincial Regional Directors Council.

In BC, tobacco sales to minors is regulated under the Tobacco and Vapour Products Control Act (TVPCA) and Regulation (TVPCR). Fraser Health employs Tobacco Enforcement Officers (TEOs) to ensure retailer compliance with the provisions of the legislation. For sales to minors, this includes:

- conducting decoy purchase checks with minor test shoppers,
- conducting inspections to ensure the required signage is present and the advertising and display restrictions prescribed in the legislation are met,
- investigating complaints regarding violations of the legislation, and
- taking enforcement actions to ensure full compliance with the legislation.

Fraser Health currently regulates 1180 tobacco and vapour retailers.

Fraser Health supports the continued use of health authority resources to administer the tobacco legislation for the following reasons:

- TEOs are designated as enforcement officers by the Minister under the TVPCA. This grants them powers of entry, the right to seize items for evidence if there is a contravention, and requires persons not to obstruct the officer in the course of their duties. TEOs have enforcement options in legislation that are unavailable to persons not designated as enforcement officers. This includes the ability to issue violation fines pursuant to the Offence Act and to bring forward information for an administrative hearing.
- In the 2017/2018 fiscal year 87.5% of retailers complied with the sales to minor legislation. Continued regular inspections and audits by our TEOs are critical in ensuring consistent high retailer compliance and achieving our compliance target of 95%.
- TEOs are best positioned to carry out audits of retailers as we have a comprehensive orientation and training program. We also align with other Health Authorities and Provincial processes, ensuring a consistently applied enforcement program.
- Tobacco cessation in youth requires a multi-pronged approach. In addition to auditing for sales to minors, our TEOs leverage relationships with school districts, municipal by-law staff and health authority staff to collectively reduce youth smoking rates.

The Provincial tobacco legislation was amended in 2016. Significant changes included the prohibition of smoking on school grounds and health board property, as well as designating vapour products as age-restricted substances. The Ministry of Health has provided Fraser Health with an additional \$245,000 annualized funding to support the administration and enforcement of the amended legislation. With this additional funding, Fraser Health now receives \$409,000 annually from the Ministry to carry out tobacco enforcement activities.

Any determination around licensing is the purview of the provincial government.

Q: Every year, I have been asking why Chilliwack does not have a Hemo-Dialysis unit. I know we have plus 25-50 persons that need to travel 3 times a week from Chilliwack or farther East to go to Abbotsford for dialysis. Will there be a plan to put in a Dialysis unit in Chilliwack?

A: At present, there are no plans to open a dialysis unit in Chilliwack. The Fraser Health Renal Program closely monitors demand for dialysis services and matches it to capacity. Dialysis services are located in close proximity to regional hospitals to provide advanced care support should it be required. The Renal Program regularly evaluates the services it provides and will continue to explore options for service delivery in other Fraser Health communities.

The following are questions that came forward during the meeting:

Q: Do the communities of Pitt Meadows/Maple Ridge have a 'care advocate' position to help residents who have experienced a serious illness and need help restructuring their entire life? My neighbour is currently at GF Strong, she had her arms and legs amputated and needs help for herself and her family to move them through this change in their lives.

A: *Michael Marchbank responded.* Thank you for your question and for advocating for your neighbour. With the complexity of some patients, we need to look at how we will do some of this work. In the meantime, please connect with Lisa Zetes-Zannata who will be able to help with immediate and short term issues, and going into the future.

Q: This question is related to the water in White Rock. Given Health Canada warnings about manganese due to health impacts on children, why hasn't Fraser Health imposed communication requirements through the drinking water officer who works for Fraser Health?

A: *Dr. Victoria Lee responded.* Fraser Health does follow Health Canada guidelines around water and currently White Rock is meeting those standards. Providing healthy drinking water is important to us and we have worked with the City of White Rock on this.

Q: Water in White Rock. I am here to follow up on White Rock water matters that have not been addressed. I sent a letter to the board and the CEO outlining the issues with the water and how the City of White Rock is dealing with our issues.

A: *Michael Marchbank responded.* Fraser Health does have a public health function, and does have a legal responsibility to ensure requirements are met for safe drinking water - we do this and take this seriously. We cannot however control the City and decisions of the Council - this is not within our purview. On our website at www.fraserhealth.ca the standards that Health Canada sets are posted, we are fulfilling our statutory duties and responsibilities.

Several HEU members were in the audience to voice their concerns regarding bargaining of the contract for contracted housekeeping and retail food service workers. Three members stepped forward with the following comments:

Q1: We are doing some of the hardest work in the hospitals. Our work is not valued. Our work is not respected. We are not respected. We are treated like second class workers. We need benefits and job security. Some of us need to work 2 jobs to make ends meet. We are often working short staffed, asked to do too much, not enough time to do our work, often safety is not followed. We should be treated with the same respect as other health care workers. We ask that you work with Sodexho to bargain a fair agreement.

Q2: I work with Sodexho. The workload we face is out of control. There is no way to keep up. Many of us don't go home to relax after our shift is done, many of us go to our second jobs. We are pushing hard for a fair wage. Workers need to be able to take pride in their work, to be able to provide basic human needs for themselves and their families. Nothing will change as long as Sodexho continues to treat us this way. We ask that you ask Sodexho to settle on a fair wage for all of us.

Q3: I am a care aide and am speaking out on behalf of these workers. Dietary staff work hard every day. Their work is repetitive - lifting, pushing. The housekeepers are at the beck and call of all health care staff. Despite the challenging work, they have pride in the work they do day in and day out. They do hard, exhausting work and need to be appreciated and valued for their work. They need fair wages and benefits. They need a fair deal.

A: *Jim Sinclair responded.* On behalf of the board and myself, we have full respect for the work that you do. We have an interest in ensuring that you get that fair collective agreement. Thank you for coming here today and thank you to all of you for the work that you do every day, you are a part of the team.

As there were no further questions or comments, the Q&A period was closed at 11:30 am.