



## **BOARD OF DIRECTORS PUBLIC MEETING**

### **MINUTES**

**April 16, 2019, 7:00 – 9:00 p.m.**

**BCIT – Burnaby Campus**

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<b><u>Board</u></b>	<b><u>Staff</u></b>	<b><u>Recording Secretary</u></b>
Jim Sinclair (JS) Chair	Dr. Victoria Lee (VL)	Liana Kirby (LK)
Margi Blamey (MB)	Gregor McWalter (GM)	
Willie Charlie (WC) - regrets	Cameron Brine (CB)	<u>Guests</u>
Manpreet Grewal (MG)	Linda Dempster (LD)	Sheila Finamore
Inderjeet Hundal (IH)	Dr. Martin Lavoie (VL)	Dr. Aamir Bharmal
Jessie Lehail (JL)	Laurie Leith (LL)	
Opreet Kang (OK)	Brenda Liggett (BL)	
Tom Kim (TK)	Dr. Roy Morton (RM)	
Joanne Mills (JM)	Naseem Nuraney (NN)	
Harry Sadhra (HS)	David Thompson (DT)	

### Welcome

The Board Chair welcomed members of the public to the April 16, 2019 Public Board meeting.

The Board Chair summarized the process for the public Board meeting, acknowledging that we are conducting our business today on the unceded, shared territories of the Squamish (**SKWA-mish**), Musqueam (**MUSS-quee-um**) and Tsleil-Waututh (**tSLAY-wah-tooth**) First Nations.”

Members of the Board and Dr. Victoria Lee, President and CEO introduced themselves.

Sheila Finamore, Executive Director, Burnaby Health Services and Burnaby Hospital and Dr. Aamir Bharmal, Medical Health Officer, Fraser Health were introduced.

### **3.0 PRESENTATIONS/REPORTS**

#### **3.1 Burnaby Community Profile**

The Board received a presentation on Health Services in the Burnaby Community from Sheila Finamore, Executive Director, Burnaby Memorial Hospital, and Dr. Aamir Bharmal, Medical Health Officer, Fraser Health.

Highlights of the presentation included:

**The Community we serve:** Residents and patients from Burnaby and neighbouring communities. The Population of Burnaby is 234,433 (2017). An aging population (65+ years old) will be 52,044 by 2027. 63.5 per cent of Burnaby residents identify as visible minorities, 50 percent of Burnaby’s total population are immigrants and there were 1,300 births at Burnaby Hospital (2018).

**Who we are:** Burnaby Hospital supports 83, 998 emergency department visits and 13, 933 individuals require inpatient care per year. Burnaby Community home support provided almost 494,000 care hours (2018). We currently support 3,174 Burnaby residents with Mental Health and Substance Use services and Residential Care and assisted living provide homes to 1,608 individuals.

**What we’re proud of:** Our Team! Physicians, staff and volunteers working together to create a culture of care, quality and community, Urgent and Primary Care Centre in Burnaby, Burnaby Hospital was awarded “Meritorious” status by the National Surgical Quality Improvement Program, Primary Care Network development for Burnaby, and Burnaby Health Services and Burnaby Hospital achieved “Accredited with Commendation” status.

**Our areas of focus:** Capital Investments, relocating services within Burnaby Hospital, shuttle services from/to Burnaby Hospital to sky train stations, easier access to services for our vulnerable population, mental health and substance use, opioid crisis response, and improving surgical wait times.

**Primary and Community Care:** Our support for primary and community care strengthened by the New Canadian Clinic, Home Health: Home First, Residential Care Optimization, Primary Care Networks, Specialized Community Services Outreach Team for Seniors and community Home Health Services redesign.

**Healthier Community Partnership:** Partnership between the city, school board, parks and recreation, health authority and the Division of Family Practice in Burnaby. With a collective Action approach to promote healthy living there has been a community overdose response and Walk30 Burnaby/New West Challenge.

**Patient-Centered Care:** Patient representation included in a variety of committees for Burnaby Health Services and Burnaby Hospital, patient bedside whiteboards are supporting patient and family engagement in goals of care and Fraser Health patient experience survey is being collected and reviewed in 22 units and departments.

**Burnaby Investments:** Burnaby Hospital: Mental Health and Substance Use (Emergency), New Admitting/Registration, Health Records, Community Outpatient Services and Main Entrance and upgrades to the hospital parking. Community: Updates to the Fellburn Care Centre, Hip and Knee Replacement Centre of Excellence and increased care hours in residential care.

**Our Partnerships include:** Burnaby Hospital Foundation, Volunteer Resources, Hospital Auxiliary, Division of Family Practice, Healthier Community Partnerships and Burnaby Hospital Medical Staff Association.

**Q:** Please elaborate on the substance abuse mental health emergency referred to in your presentation.

**A:** Currently Burnaby does not have a separated zone for patients presenting with Mental Health and Substance Use disorder. The goal is to provide a designated space for this population and that is the project we are currently embarking on.

**Q:** With Seniors staying at home longer, are there statistic for those who get discharged and come back readmitted?

**A:** Return rates have not increased. We can probably do a better job of sharing the stories of people that are staying in their homes longer. Sheila Finamore offered to share more specific information if contact information is provided.

**Q:** Noted burn out and workload issues for front line staff. Programs are rolled out and staffing is short. Will you look at anything to correct this?

**A:** When we change the way people work it challenges them to work differently. Our goal is for people to not work harder and faster but to work differently.

**Q:** A retired Fraser Health employee who now provides private therapy in homes asked if the Primary Care Model will dissolve the Burnaby Home Health department. Is it still a central referral number?

**A:** For the last year and half we have been undergoing home health redesign changing how services are delivered through the Home Health Office. Teams are now organized in geographical areas creating familiarity and continuity with family physicians. They have team leads, primary and community care nurses, and allied health teams. The investment that will come with primary care hubs allows us to create another 37 positions in that area. Single point of access is the goal.

### **3.2 President and CEO Report**

Jim Sinclair introduced Dr. Victoria Lee.

The President and CEO thanked everyone for coming.

An update on primary and community care, seniors, mental health and substance use, involving patients, capital projects, MRI and surgical expansion, and electronic health record – Meditech expansion was provided.

#### **Highlights:**

##### **Primary and Community Care**

Recent announcements for the Northwest region of Fraser Health covering Tri-Cities, Anmore, Belcarra Burnaby and New Westminster in terms of primary care networks.

##### **Seniors**

Seniors across the region are benefiting from a \$24 million investment to enhance staffing in residential care facilities as a part of a three-year plan to provide more care time. This investment impacts 67 residential care homes throughout Fraser Health, nine of which are right here in Burnaby.

Additionally, we are making the transition to in-house home support services improving coordination and ensuring effective and efficient care.

The provincial government has made deliberate investments for measles immunization catch up as well as bolstering what we are doing in schools.

##### **Mental Health and Substance Use**

Fraser Health has responded to the opioid overdose crisis with a redesigned and centralized Substance Use Access Team providing coordination of services. This change has led to a 23 per cent increase in referrals to treatment and a 35 per cent decrease in emergency department visits by individuals using these services.

Fraser Health has provided Opioid Agonist Therapy to 1,763 individuals since January 2017 and has successfully transitioned them to ongoing treatment. 83 per cent of individuals connected to treatment have been successful after 3 months.

##### **Patient-centered care**

Each hospital currently has units utilizing a nine-question, real-time survey that has received feedback from more than 3,100 individuals since April 2018 and we use this real-time feedback to make frontline improvements. Among those surveyed, 97 per cent felt they were treated with courtesy and respect “always” or “very often.”

##### **MRI Expansion**

We will be adding 5 new MRI machines in the upcoming years doubling our capacity to carry out 95,500 MRI scans a year, a 50 per cent increase. The total number of MRI machines is increasing from 7 to 12 expanding the hours and reducing wait times.

##### **Surgical Expansion**

We perform an average of 244 surgeries every day across the region. In Burnaby, we pioneered a central intake system that increased the number of hip and knee replacement surgeries by almost 33 per cent this year. We also increased colonoscopies by 17 per cent; endoscopies by 5 per cent; and dental surgeries by more than 10 per cent in 2018/19.

##### **Meditech Expansion**

Clinical information systems is important in healthcare connecting the dots with the clinical information that is in our community to our acute ensuring increased effectiveness, efficiency as well as quality and safety of care we provide.

**Fraser Health Family**

Staff, physicians and volunteers, Foundations, Auxiliary and volunteers were acknowledged.

**PUBLIC PRESENTATION/QUESTION AND ANSWER PERIOD  
OF FRASER HEALTH PUBLIC BOARD MEETING  
April 16, 2019**

**PRESENTATIONS**

The Public Board meeting provides a forum for members of the public to make presentations to the Board. One group made application in advance to present to the Board.

**QUESTION AND ANSWER PERIOD**

Members of the public were provided an opportunity to ask questions of the Board in writing and verbally.

Q: Please clarify that we are receiving 5 new MRI machines in addition to what we have already received and will we continue with the same capacity or will we cut back?

A: MRI machines have been purchased for Abbotsford and Surrey, Ridge Meadows Hospital and Langley also opening in the future. The ideal model is 24/7 wherever possible and bring more capacity into our region. This is an area we will continue to work on.

Q: When patients are admitted through Emergency that are not in their own community, do you work towards getting them back to their community? Is there transferring between facilities?

A: The transfer of patients is dependent on the facility. For example, transfer between Abbotsford and Mission is frequent and there is a seamless mechanism in place for this to take place. In other settings it varies with regional work looking at occupancy of beds and movement of patients.

Q: What are we doing about the tsunami of Alzheimer's coming with the baby boomer generation?

A: We have developed a plan to increase residential care beds. We know we will have more demand and it is a challenge we face. We are putting people in residential beds regularly. The trend is for people to spend less time in residential and long term care and more time at home resulting in length of stay going down.

Q: The Geriatric Assessment Team wait list is over a year. Respite beds are not adequate. There are not enough occupational therapists to come in to the home and not enough physiotherapists in the community to keep people mobile in their homes. There is supports in the community but not enough.

A: We are proactive with UBC to increase placements for occupational therapists and physiotherapists. It is an important area that we need to work on. We have a lot of proactive work to do to support people in the community using technology and innovation.

Mr. Richard Mayo attended the last Public Board meeting and requested answers to the following 4 questions.

Q: Will you investigate access to service providers at the Madison?

A: After the last meeting, licensing met with you, visited the site and talked with you about those issues. If they haven't done so, the Board will follow-up.

Q: What are my mother's rights to receive visitors of her choosing? Someone who formally worked there is not allowed on site to work with my mother.

A: We will follow-up and get back to you.

Q: Requesting someone to spend 30 minutes to meet with Mr. Mayo at the Madison.

Q: Will regulations be posted at the facilities and posted on the website.

A: We will speak with Dr. Martin Lavoie and discuss this issue.

Q: Is the Board thinking about amalgamation of Health Authorities and discussing what should be regionalized?

A: Amalgamation of health authorities is a provincial decision not a board decision. There is regular communication and cooperation between health authorities with several joint committees such as mental health. Amalgamation of the health authorities will not take place in the foreseeable future.

Q: There are different standards across health authorities with more hours available in Vancouver in comparison to Surrey.

A: We are opening urgent primary care clinics with one opening now and another 2 or 3 in the next year. Our goal is to open them 12 hours a day, 7 days a week. We have challenges, our demand is going to grow and how we meet that demand is critical.

Q: Thank you for the free bus service. Translink is not responding to needs of the public. There is talk of possible extension of the skytrain. Can the Board influence the decision of extending rapid transit to Hospitals?

A: In terms of the sky train, it makes perfect sense for a sky train to pass a Hospital.

Q: As a front line staff member I don't think there is enough conversation with front line staff to be able to contribute to decisions that get made that impact our work directly. We would like to be more involved in some of the conversations and decision making.

A: The goal of the health authority is that people work in teams and those teams are involved from beginning to end, not just at the end. The wealth of knowledge people have that do this work every day is profound but we also have to recognize that there has been a traditional system where those people have not been heard that often. The mandate letter from government tells us to specifically improve our relations with the people who do the work. Thank you for your comments.

Q: Who is responsible for parking fees in front of the hospital?

A: Charging fees for parking has been a practice in hospital care for a long time. We collect \$11 million dollars a year which goes toward taking care of people. There has been discussion around changing this and the policy now is that new hospitals will not have paid parking. In Surrey, the City has announced 2 hours of free parking around the hospital. This Board will not be making changes to the fees for parking however we want to make sure everyone understands there is opportunity for people who have hardship and cannot afford to pay. There are pamphlets in the hospitals and we have asked for signs to go up explaining the process for claiming hardship. We as a Board are thinking of ways to make this better and the Government is reviewing this. In the meantime, people who need relief will know about how to claim for hardship.

Q: Please ensure you have input from front line workers and involve them in decision making.

A: Your comments are heard and appreciated. Thank you.

Appreciation was expressed for all the comments this evening and the public was thanked for being present.