

Fraser Health Authority

**2014/15 – 2016/17
SERVICE PLAN**

June 2014



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Message from the Interim Board Chair and Accountability Statement



On behalf of the Board of Directors and employees of the Fraser Health, I am pleased to submit our service plan for fiscal years 2014/15 to 2016/17. This plan was prepared under the Board's direction in accordance with the *Health Authorities Act* and the *Performance Reporting Principles for the British Columbia Public Sector*. The plan is consistent with Government's strategic priorities and strategic plan, and the Ministry of Health's goals, objectives and strategies. In the preparation we have taken into account all significant assumptions and policy decisions of the Ministry of Health and specifically incorporating the advice emanating from the Strategic and Operational Review commissioned by the Minister of Health in October 2013.

Set out in the pages that follow are the actions needed to deliver quality care and services to meet the needs of Fraser Health residents while managing within our budget. This service plan is aligned with and complementary to the Fraser Health's recently release *Strategic and Operational Plan 2014/15 – 2016/17* which provides a detailed analysis of the operating context of Fraser Health and sets out the priority areas of focus for our organization in the years ahead to achieve meaningful improvements in population and patient outcomes. These priorities are the basis on which Fraser Health Service and Budget Plans are developed.

We will be increasing our efforts and focus in pursuit of B.C. Health System Goals to: Support the health and wellbeing of British Columbians, Deliver a system of responsive and effective health care services across British Columbia, and Ensure value for money.

In 2014/15, Fraser Health has budgeted for total revenues of \$3.3 billion, primarily through contributions from the Ministry of Health. Fraser Health is committed to a balanced budget throughout the three-year cycle of this plan. Summary information on the budget plan is included in this document and more detailed information is available in the *Strategic and Operational Plan*. The budget will be focussed on meeting the needs of the population and supporting the highest priority actions outlined in this plan.

On behalf of our board and of Fraser Health as a whole, we look forward to working very closely with Government and partners as together we seek ways to meet the needs of those who live in Fraser Health in a responsible, responsive and sustainable manner.

Chair's Signature

Wynne Powell
Interim Board Chair
June 2014

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Organizational Overview

As one of five regional health authorities in British Columbia, Fraser Health Authority (FH) organizes and operates a 'system for health' and delivers prevention, hospital, residential, community-based and primary health care services. Fraser Health's legal authority is specified by the *Health Authorities Act*. Fraser Health partners with the two non-geographic health authorities (Provincial Health Services Authority and the First Nations Health Authority) on service delivery that transcends the geographic boundaries of Fraser Health.

The Ministry of Health appoints nine directors to the board to govern Fraser Health. Its governance approach is guided and assessed by *Best Practice Guidelines* and *Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations*. The board provides oversight to ensure Fraser Health fulfills its vision and purpose and operates in accordance with its values.

Central to the vision and mission of Fraser Health is the optimization of the health status of its residents. Enjoying good health and a high quality of life throughout the course of one's lifetime is a consequence of many factors, including access to quality education, meaningful employment, supportive family and friends, community environments and making healthy lifestyle choices. Serving this mission are over 22,000 staff members, over 2,500 physicians and 6,500 volunteers working in partnership in very diverse work settings from hospitals, to mental health centers, public health units and services in ambulatory clinics and in homes.

In the fall of 2013, the Minister of Health directed that a strategic and operational review be undertaken of Fraser Health for the purposes of creating a Strategic and Operational Plan to be approved by the Minister. The regulation set out in Ministerial Order number M282 specified that the board must conduct a review with assistance of a review panel. In section 4.2 subsection, A through H, of the regulation, the panel was to examine a range of matters including the population health needs, service delivery utilization and quality, as well as organization, leadership and governance. The review panel examined data and documents and conducted interviews of a broad range of internal and external stakeholders. The review panel produced working papers that included recommendations and areas for consideration.

Fraser Health's recently released *Strategic and Operational Plan 2014/15 – 2016/17* provides data, analysis and findings from the review and sets out strategic and operational priorities arising from the recommendations of the review panel.

Strategic Context

The health system is a complex network of interdisciplinary teams of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high-performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the B.C. health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings, equipment and information technology). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of B.C.

Population and Patient Health Needs

Fraser Health serves approximately 1.70 million people in the Lower Mainland, accounting for just over one third of the total provincial population. Its geographical area runs west to east from Burnaby to Hope and south to north from the Canada/U.S. border to Boston Bar. It is the fastest growing health authority in British Columbia and has almost doubled in population since 1986. Between 2014 and 2019, the population is expected to increase by approximately 163,000 people to 1.86 million, or by approximately 10 per cent overall, with some communities growing at even faster rates.¹

Fraser Health is divided into three Health Service Delivery Areas (HSDAs). As of 2012, Fraser Health South was the largest HSDA, with 738,107 people, or 45 per cent of the Fraser Health total. Fraser Health North is the second largest, with 623,357 people (38 per cent). Fraser Health East is less than half the size of either of the other two HSDAs, with 288,598 people (17 per cent).

The communities in Fraser Health are very diverse. Fraser Health has large Asian, Indo-Canadian, Korean, and Filipino populations. The region is home to the majority of B.C.'s South Asian population, with South Asians comprising 15 per cent per cent of Fraser Health's entire population (compared to three per cent for the rest of B.C.). The South Asian community is also growing rapidly, contributing close to half of the region's population growth between 2001 and 2011. Fraser Health also has approximately 52,000 Aboriginal peoples, with 32 First Nations Bands in the region. The following subsections describe some key population needs in Fraser Health.

¹ BC STATS, B.C. Ministry of Technology, Innovation and Citizens' Services, P.E.O.P.L.E. 2013 projections

Staying Healthy

Population health indicators show Fraser Health residents are, on balance, as physically healthy as their counterparts in similar age and gender cohorts across the province. Life expectancy profiles are suggestive of a slightly healthier population on average. When compared to the provincial population, fewer Fraser Health residents perceive themselves to be in a poor or fair state of mental health and only a small portion of the population perceives itself to be in “quite a lot” of life stress. The social dimension of health, which addresses the complex interactions among people, their personal characteristics and the environment, is harder to describe than the physical and mental dimensions, as it often refers to the capacity to establish and maintain social bonds and to interact successfully with others and the broader community. The sense of community belonging reported in the *Canadian Community Health Survey* for Fraser Health is close to provincial norms.²

Using the most measured and accepted indicator of health status, life expectancy, Fraser Health is the second healthiest region in British Columbia at present, with a life expectancy of 82.3 years, compared to the provincial life expectancy of 82.0 years for both genders combined. Over the past decade, Fraser Health life expectancy gained 2.2 years; this is consistent with the provincial gain. Only the residents of Vancouver Coastal Health live longer: 83.7 years at present and 80.3 years 10 years ago.³

Fraser Health’s standardized mortality ratio for all causes is somewhat better than B.C.’s average, the second best rate among the geographic-based authorities. Of the major causes of death, circulatory diseases and respiratory diseases have slightly higher (poorer) standardized mortality ratios, while the cancer ratio is better than for B.C. Cerebrovascular disease (stroke) and diseases of the digestive system have lower (better) than average standard mortality ratios. All of the external causes of death (accidents, suicides, drug-induced deaths, etc.) are better than B.C.’s average rate. These standardized ratios for the time period 2007 to 2011 have all improved relative to the provincial ratio since the 2004 to 2008 time interval. Fraser Health’s potential years of life lost before age 75 (PYLL) rate is 0.93, the second best behind Vancouver Coastal Health. Amongst the health authorities, Interior Health, Northern Health and Island Health all have higher than average PYLL rates. The infant death rate is also the second best in the province, behind Interior Health.⁴ In 2012/13, over 200,000 people in Fraser Health did not use any health services, with a further 580,000 people only experiencing minor, episodic health needs. Helping people stay healthy contributes to overall quality of life and significantly decreases the overall demand on the health system.⁵

Special Populations

First Nations are an important population served through Fraser Health. Fraser Health is home to approximately 52,000 Aboriginal peoples (2011). There are 32 bands, with the majority of individuals living in urban settings. Approximately three per cent of Fraser Health residents self-reported as Aboriginal in the last census.⁶ At that time, Fraser Health was home to 19.4 per cent of the total

² Canadian Community Health Survey 2012/13

³ Vital Statistics and Health Status Indicators, Annual Report 2011, British Columbia Vital Statistics Agency

⁴ Ibid

⁵ Health System Matrix 5.0, Health Sector Planning and Innovation Division, Ministry of Health

⁶ Census 2006, Aboriginal Profiles, Health Authority Summary Tables, BC Stats

provincial Aboriginal population; however, as a proportion of the total population, Fraser Health had the second lowest percentage of Aboriginal people in the province, behind Northern Health (17.5 per cent), Interior Health (6.7 per cent) and Island Health (5.8 per cent). At the HSDA level, the Aboriginal population in Fraser Health East accounted for 5.7 per cent of the total, compared to 2.1 per cent of Fraser Health South and 1.9 per cent of Fraser Health North.

In 2010, Fraser Health compiled a profile of Aboriginal people in the region in collaboration with Aboriginal leaders and the broader Aboriginal community. The profile has guided planning and service delivery in the region, and can be viewed at:

http://fraserhealth.ca/media/Aboriginal%20Profile_2010.pdf.

In Fraser Health, a significant portion of the population is of South Asian descent. Countries of origin include: Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. As mentioned earlier, the South Asian population comprises approximately 15 per cent of the population of Fraser Health. Over the past decade, more than 90 per cent of the growth in the South Asian population of British Columbia occurred in Fraser Health. This group faces particular health challenges, including a diabetes prevalence rate estimated to be twice as high as that of the general population, earlier onset of diabetes, higher rates of cardiovascular disease, and a dialysis rate over one and a half times that of the general population.

There are also a number of socio-demographic, cultural and religious, economic and structural barriers for this group. Some barriers may include literacy and health literacy rates in their own language and English; difficulty accessing care due to transportation and translation; less knowledge regarding disease, risk factors and self-management; and some reluctance to change dietary habits due to custom and religious values attached to food.

A Rising Burden of Chronic Disease and Disability

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis, asthma and some cancers. People with chronic conditions represent approximately 44 per cent of the B.C. population and consume approximately 69 per cent of the combined physician payment, PharmaCare and acute care budgets.⁷ Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years in British Columbia⁸ and be a significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use. B.C. continues to experience success in implementing strategies which have prevented or delayed chronic disease and which Fraser Health needs to build on and accelerate for the years ahead.

⁷ B.C. Ministry of Health, Health System Matrix Version 5.0 May 2014

⁸ B.C. Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health Charter: a collaborative approach (2007), Ministry of Health

In 2012/13, data show that in Fraser Health 475,000 people experienced a low complex chronic condition, 136,000 experienced a medium complex condition, 68,000 experienced a high complex chronic disease, and 23,000 people accessed mental health and addiction services. An analysis of disease prevalence rates shows Fraser Health generally has modestly higher prevalence rates for selected chronic conditions than B.C. averages.⁹

Detailed Local Health Area analysis is available on Fraser Health's web site at: http://www.FraserHealth.ca/about_us/reports/. These community-by-community reports provide comparisons of a very broad range of population health indicators, highlighting trends and important differences between communities.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but have also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the number of CT exams increase by approximately 120 per cent and the number of MRI exams increase by almost 430 per cent in the province between 2003/04 and 2013/14.¹⁰ In addition, new surgical techniques and equipment have contributed to expanded use of joint replacement procedures. In B.C. the number of hip replacements has increased by 96 percent and the number of knee replacements by 154 percent over the past decade.¹¹ Importantly, not all technologies and pharmaceuticals deliver the promised value and we need to choose more wisely to avoid non-value added investments and to ensure optimal use of the technologies already in place.

Health Human Resources

Forecasting the need for the Fraser Health workforce provides the basis for the creation of recruitment, retention and workforce development initiatives. Service growth and an aging workforce continue to have the biggest impact on our workforce projections and our ability to maintain an adequate supply and mix of health professionals and providers. When coupled with the needs of the emerging, younger workforce, it is evident a multi-pronged strategy is critical to ensure system sustainability and an engaged, skilled, well managed and healthy workforce.

While ensuring that we have the required number of qualified healthcare providers entering the workforce is important, it is equally important that we retain the people we already have. Through building and maintaining healthy, supportive workplaces that enhance working and learning conditions, we have the opportunity to both attract and retain the workforce we need to provide high quality services. We also need to continue focusing on ensuring our care delivery models are fully utilizing the skill sets of our professionals, including creating and supporting inter-professional care teams.

⁹ B.C. Ministry of Health, Health System Matrix Version 5.0 May 2014

¹⁰ OASIS/HAMIS, Priority Projects Branch, B.C. Ministry of Health as of June 19, 2014

¹¹ Surgical Wait Times, Adult – Priority Areas, B.C. Ministry of Health, retrieved June 19, 2014, from: <http://www.health.gov.bc.ca/swt/faces/PriorityAreas.jsp>

The future work environment will be built around interdisciplinary, collaborative teams of health professionals and providers. Workflow models that identify best practice regarding staff utilization and new disciplines and positions are being considered to deal with population-based changes and service across a continuum of care.

Health System Infrastructure

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update and maintain health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

Information management and technology infrastructure enables timely, efficient and secure exchange of patient, client and resident clinical information which is essential to supporting seamless care across the entire health care delivery system. Health care information technology must integrate person-centric information across the continuum of care in order to optimize the quality of care and service. Information management is also critical to supporting an efficient and effective workplace where performance improvement occurs at the organizational, care delivery system or population health perspective. Continuous investment in information management processes, data management, and information technology infrastructure is required to sustain and grow the information assets of Fraser Health.

Goals, Objectives, Strategies and Performance Measures

This plan reflects actions Fraser Health will take to support system wide goals, priorities and strategies of the Ministry of Health as set out in *Setting Priorities for the B.C. Health System*. In addition, this plan sets out the actions Fraser Health will pursue to achieve these goals and specifically incorporates the recommendations arising from the Strategic and Operational Review.

The service plan of the Ministry of Health articulates three goals for the health system as follows:

1. Support the health and wellbeing of British Columbians.
2. Deliver a system of responsive and effective health care services across British Columbia.
3. Ensure value for money.

Underlying these goals is the principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which will drive policy, accountability, service design and delivery in the coming years.

Fraser Health's *Strategic and Operational Plan 2014/15 – 2016/17* identifies ten linked priority areas of action for the health authority:

1. Capacity for care across all sectors
2. Quality and Safety
3. Prevention and promotion
4. Accountability
5. Staff and physicians
6. Patient centeredness
7. Governance
8. Operational Organization and Management
9. Lower Mainland collaboration
10. Budget accountability

These priority areas are set within the Goals and Strategies of this service plan.

Goal 1: Support the health and wellbeing of British Columbians.

People living in British Columbia and in Fraser Health are among the healthiest people in the world. Providing choices and supports for people to invest in their health will protect this excellent health status for the majority of residents while also helping those who do not enjoy good health, or who are at risk of diminishing health from factors such as poor diet, obesity, physical inactivity, injuries, tobacco use and problematic substance use. In collaboration with the Ministry of Health and its government and non-governmental partners, Fraser Health will promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health.

Objective 1.1: Implement targeted and effective primary prevention and health promotion.

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs. Evidence suggests that, over time, a primary prevention and health promotion agenda can make progress in improving the overall health of the population, preventing or delaying the onset of chronic conditions and improving the overall quality of life.

Strategies

- **Priority Area: *Prevention and Promotion***
 - Work in partnership with the Ministry of Health and other partners to build and deliver the next phase of Healthy Families BC, the provincial chronic disease and injury prevention plan, that focuses on providing evidence-based programs, services and interventions to address major risk and protective factors across the life cycle.
 - Work in partnership with the Ministry and other partners to update and continue to implement *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* to ensure alignment with the plan's focus on prevention and supporting mental well-being.
 - Improve health outcomes and wellbeing for Aboriginal individuals by working with Fraser Health communities, the new First Nations Health Authority, the new health plan and respecting the commitments outlined in the British Columbia Tripartite Framework Agreement. Fraser Health is collaborating with partners to offer training on youth suicide prevention, intervention and supporting healthy living activities to encourage positive behavioural change.
 - Work in partnership with the Division of Surrey/North Delta to improve the health of the South Asian community through the South Asian Health Centre. This work will help Fraser Health to better understand and manage chronic conditions and offer targeted education on healthy eating and encouraging positive behavioural change.
 - Support Community efforts on comprehensive healthy living plans to support healthy living through planning, policy, built environments and other mechanisms.

Performance Measure 1: Healthy Communities

| Performance Measure | 2011/12 Baseline | 2014/15 Target | 2015/16 Target | 2016/17 Target |
|---|---------------------|-------------------|-------------------|-------------------|
| Percent of communities that have completed healthy living strategic plans | 40% | 45% | 50% | 70% |

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.

Discussion

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions across communities will help to decrease the number of residents who develop chronic diseases. Fraser Health continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

Fraser Health is committed to providing the best possible quality of care and service, which means the care people receive responds to their needs and will lead to the best health outcomes. Fraser Health must proactively address the increasing needs of the population due to aging, a rising burden of illness from chronic disease and an increased prevalence of frailty by providing integrated care in the community. Managing care in the community effectively will reduce demands on emergency departments, acute care hospitals and residential care. Innovation in care processes, roles, policies and practices will be key to significant continuous improvement.

Objective 2.1: Strengthen commitments to patient-centered care.

In order to deliver more responsive and effective health care services, Fraser Health needs to become a more patient and family centred organization. This requires leadership and a commitment to change the organization's culture to view patients and families as equal members of the care team with the right to participate in decisions affecting the planning, delivery and evaluation of care. Fraser Health defines Patient Care as: "The patient and family is at the heart of every decision: empowered to be equal partners in their care, valuing their needs, preferences and cultural beliefs". Every patient will be treated with respect, caring, trust and dignity, have access to information, participate in their care, and collaborate as a true member of the healthcare team.

Fraser Health will strive to hardwire patient centred care into its health service delivery systems, board and executive management decision making to improve the patient experience and achieve improved population and patient outcomes. Over the coming three years as the Board moves forward with its plan it will ensure that it systematically examines the patient experience when redesigning services and will promote shared values around creating a quality patient experience through recognition, respect, empathy, compassion and dignity.

Strategies

- **Priority Area: Patient Centeredness**
 - Identify and implement ways to incorporate patients into all Fraser Health work, including Patient Advisory groups to draw their insights and advice in Fraser Health continuous improvement efforts throughout the system.
 - Partner with PHSA to develop a framework to create culturally safe environments building on existing work within Fraser Health.
 - Strengthen Fraser Health methods and processes for gathering insights about care experiences through real time surveys, interviews and patient focus groups.
 - Improve Fraser Health response to concerns by patients about their care through appropriately translated materials.
 - Increase information flow and personal access to health data to empower patients to be full partners in actively managing their health concerns.

Objective 2.2: Strengthen the system of primary and community care built around inter-professional teams, processes and functions to better prevent and manage chronic conditions.

The roles of family physicians, nurse practitioners, primary and community care professionals and support staff are central to supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective inter-professional teams and healthy partnerships between care providers and health care administrators will facilitate better care for all British Columbians, and particularly those who are more vulnerable.

Strategies

- **Priority Area: *Capacity for care across all sectors***
 - Work in partnership with the Divisions of Family Practice to implement a system of inter-professional health teams at the community level, improving access to primary health care with a strong focus on populations and individuals with high health and support needs: people with chronic diseases, mental illnesses and substance use, people with significant disabilities and the frail senior population.
 - Support the GP4ME Attachment work within Fraser Health's ten Divisions of Family Practice and General Practice Services Committee (GPSC) so that Fraser Health residents who want a family physician can access one.
 - Work with the Divisions of Family Practice and community medical specialists to implement and/or reinforce targeted chronic-disease patient pathways and improved care planning.
 - Improve access to addictions treatment, including creating an additional 30 addictions spaces by 2017.
 - Invest in community based resources to respond to needs in home care, assisted living and residential care. Specifically, incrementally increase the age adjusted use of home support hour hours particularly in Fraser Health South and Fraser Health North.
 - Rebalance and maximize acute and community Mental Health and Substance Use capacity through key strategies such as increasing assertive outreach capacity for high users of acute care and early intervention and crisis response services for youth and young adults.
 - Work in partnership with the Ministry to continue implementing the Provincial End-of-Life Care Action Plan, including the availability of hospice spaces.

Performance Measure 2: Managing Chronic Disease in the Community

| Performance Measure | 2009/10 Baseline | 2014/15 Target | 2015/16 Target | 2016/17 Target |
|--|---------------------|-------------------|-------------------|-------------------|
| Number of people with a chronic disease admitted to hospital per 100,000 people aged less than 75 years (Ambulatory Care Sensitive Conditions admissions rate) | 234 | 234 | 221 | 200 |

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health

Discussion

This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of family physicians and other health care providers to manage their disease in order to maintain their functioning and reduce complications that would require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which helps to maintain quality of life for people with chronic conditions, and help to control the costs of health care. As part of a larger initiative to strengthen community-based health care and support services, family doctors, home health care providers and other health care professionals are working together to provide better care in the community and at home to help people with chronic disease remain as healthy as possible.

The target in 2014/15 has been changed from what was published in the 2012/13 service plan. The rate of improvement has been slower than anticipated. Fraser Health continues to monitor the rates on this measure across the region and to implement programs to improve care for people with chronic conditions.

Performance Measure 3: Home Health Care and Support for Seniors

| Performance Measure | 2013/14 Baseline | 2014/15 Target | 2015/16 Target | 2016/17 Target |
|--|---------------------|-------------------|-------------------|-------------------|
| Rate of people aged 75+ receiving long term home health care and support, per 1,000 people | 77 | 79 | 82 | 85 |

Data Source: P.E.O.P.L.E. 2013 population estimates, BC Stats; Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.

Discussion

This performance measure tracks the rate of seniors (aged 75+ years) who receive long term home health care services such as case management, personal care, assisted living and adult day services. While the majority of seniors experience healthy aging at home, there is a growing need for community care options to support people who need ongoing supports to manage daily living tasks. This support helps people manage chronic disease and frailty and may prevent falls or other incidents that potentially can result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, Fraser Health is expanding home health care services and ensuring that seniors at higher risk are made a priority in the provision of care. This focus, combined with the use of technology to aid in monitoring wellbeing, can significantly improve quality of life and other health outcomes for seniors.

Objective 2.3: Strengthened interface between primary and specialist care and treatment.

In a high functioning health system, patients with conditions requiring specialist services experience seamless and timely access to the services they need. A priority area for further improvement is the ability of family physicians to facilitate timely access to specialist levels of care for their patients when needed.

Strategies

- Collaborate with the Divisions of Family Practice and the Ministry to implement process changes for ensuring timely access to medical and surgical specialty consultation in communities across Fraser Health.
- Utilize patient focused funding initiatives and delivery models to improve access and outcomes in medical and surgical services.

Objective 2.4: Provide timely access to quality diagnostics.

Access to evidence-informed diagnostic services is critical to seamless and timely care. As demand for diagnostic imaging and laboratory testing rises, continuous improvement in both quality and cost are important elements of a sustainable strategy for the health system.

Strategies

- Continue to work with Lower Mainland health authorities and the Ministry to strengthen diagnostic imaging as an integrated provincial system, enhancing access to appropriate services such as MRI and CT exams through evidence-informed ordering guidelines and improved coordination to reduce unnecessary duplicate testing.
- Complete the implementation of voice to text technology, dramatically improving the timelines of diagnostic imaging electronic results report availability.

- Complete the implementation of Fraser Health wide electronic report delivery, dramatically improving diagnostic imaging electronic report timelines.
- Work with Lower Mainland health authorities and the Ministry to strengthen laboratory services, including continuous improvement to quality, coordinate investments in new technology and optimize value for money.

Objective 2.5: Renewed role of hospital in the regional health care continuum.

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for Fraser Health's growing population of frail seniors, and Fraser Health must ensure those services are delivered appropriately for those patients. There is a need and opportunity to better link the acute care system to the regional and community systems, improve provincial coordination, and ultimately improve the quality of acute care services delivered to B.C. patients.

Strategies

- Implement strategies and best practices to improve patient flow starting with reducing demand in emergency departments, transitions through the acute care sector and transitions into the community.
- Strengthen the accountability structures and relationships at Fraser Health hospital sites with Fraser Health teams, programs and physicians to identify opportunities to improve patient flow and manage resources.
- Strengthen infection prevention and control with the implementation of hand hygiene, best practice infection prevention and outbreak management protocols and antimicrobial stewardship.
- Implement action plans to address quality and safety across all acute care sites and programs, including addressing nursing sensitive adverse event rates, especially hospital acquired pneumonia and urinary tract infections.
- Reduce the actual length of stay in Fraser Health hospitals to the expected length of stay as calculated by Canadian Institute for Health Information.
- Improve access and reduce wait times for scheduled surgery, CT and MRI, and admission to an inpatient bed from the emergency department.

Performance Measure 4: Access to Surgery

| Performance Measure | 2013/14 Baseline | 2014/15 Target | 2015/16 Target | 2016/17 Target |
|---|---------------------|-------------------|-------------------|-------------------|
| Per cent of non-emergency surgeries completed within 26 weeks | 89% | 92% | 93% | 95% |

Data Source: Surgical Wait Times Production (SWTP), Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.

Notes:

1. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed. The day the booking form is received at the hospital is NOT counted.
2. Periods when the patient is unavailable (e.g., travelling) are excluded from the total wait time.

Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding combined with continuous effort to foster innovation and efficiency in British Columbia's hospitals will improve the timeliness of patients' access to an expanding range of surgical procedures. Strategies include working with surgical specialists and general practitioners at the community level to better coordinate access to timely surgical consultations, referral and treatment. This performance measure tracks the proportion of non-emergency surgeries completed within 26 weeks, although many surgeries are completed in a much shorter time frame.

Other measures reflective of hospital quality that will be track closely include: Nurse sensitive adverse events; National Surgical Quality Improvement Program indicators; C. difficile rates for inpatient care; hospital acquired Methicillin Resistant Staphylococcus (MRSA); hospital standardized mortality rates (HSMR); pulmonary thromboembolism rates; hand hygiene compliance; and patient experience.

Objective 2.6: Increased access to an appropriate continuum of residential care services.

The populations requiring residential and assisted living care have varied health and social care needs; these include dementia, cognitive behavioural disorders, acquired brain injury and multiple chronic conditions requiring long term respiratory and/or nutritional supports. The complexity of care has increased appropriately shifting long term and stable conditions to a residential setting outside of a hospital setting. A key priority of the health care system is to work with partners to ensure the right mix of services for frail seniors and others that best meet the needs of patients.

Strategies

- Work in partnership with the Ministry to develop and implement residential care models and quality standards for patients with dementia and younger populations with special needs such as chronic severe mental illness.

- Work with the Seniors Advocate to improve the home and community care system to better address the needs of B.C.'s seniors who require these services, including strengthening protections from abuse and neglect.
- Work in partnership with the Ministry to expand home support and technology for home health monitoring services to help seniors stay at home longer.
- Develop plans to increase capacity for specialized populations such as the medically complex and peritoneal dialysis.
- Incrementally increase access to residential care and speciality residential beds per 1,000 population 75+ rate over the coming three years in order to improve access to care and to meet the provincial guideline of 75 beds per 1000.

Goal 3: Ensure value for money.

To ensure value for money in the health system, Fraser Health must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only *what* services and initiatives are focused on but also *how* they are implemented. In the coming years, Fraser Health, the Ministry and other health organizations will collaborate on the effective implementation and management of a shared, consistent strategic plan for the health system with built-in accountability and attention to factors needed for success: change management capacity, ongoing quality improvement, effective leadership and an engaged workforce, information management systems and technologies, physical infrastructure and prudent budget management.

Objective 3.1: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. A continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective will improve both patient care and value for money in the health system.

Strategies

- In partnership with Lower Mainland health authorities and with the Ministry, deliver an accessible, responsive, evidence-informed, sustainable pharmaceutical management and delivery program.
- Implement opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.
- Continue to implement strategies to ensure optimal drug safety throughout Lower Mainland health authorities.
- Implement a Utilization Management Program to reduce the inappropriate and unnecessary use of services and resources in all Fraser Health clinical and clinical support areas.

Objective 3.2: Align workforce, infrastructure, information management and technology resources to achieve patient and service outcomes.

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients. Ensuring the health system has sufficient numbers and the right mix of health professionals is key to providing the services that will meet British Columbians' needs now and in the future. Health care providers must also be appropriately supported by leadership, information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Strategies

- **Priority Area: Staff and Physicians**
 - Work in partnership with the Ministry of Health to develop and implement an integrated provincial workforce strategy to ensure British Columbia has the required supply of health care providers, their skills are being used effectively and the health care workforce is engaged, skilled, healthy and well-led.
 - Recruit, retain and enable B.C.'s Nurse Practitioners to practice to their full scope.
 - Explore with physicians and staff strategies that foster an improvement culture, teamwork and communication at the unit and site level to address the significant quality issues identified in the Strategic and Operational Review.
 - Improve staff engagement and human resource management, and monitor and manage overtime, sick time, productive hours of care per patient and staff safety.
 - Continue to partner with PHSA to offer the Indigenous Cultural Competency training program, and also further develop diversity educational modules to promote patient centred care.

- **Priority Area: Information Management & Technology**
 - Continue investing in information management and technology solution bundled into three areas:
 - Integration of person centric information across the continuum of care to optimize the quality of care and service delivery including a focus on strengthening and standardizing core clinical information processes.
 - Support and enable the efficient and effective workplace to provide systems and information for improvement at the organizational, health system, and population health level.
 - IT Infrastructure - sustain and grow technology infrastructure to support integrated and Province wide IM/IT solutions
 - Build Fraser Health's business analytics capabilities to support population health strategies, organizational performance and quality improvement.

Performance Measure 5: Nursing Overtime

| Performance Measure | 2010/11 Baseline | 2014/15 Target | 2015/16 Target | 2016/17 Target |
|---|------------------|----------------|----------------|----------------|
| Nursing overtime hours as a percent of productive nursing hours | 3.8% | ≤3.3% | ≤3.3% | ≤3.3% |

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator of the overall health of a workplace and is defined as authorized services performed by an employee in excess of the normal daily or weekly full shift hours. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g., labour) and indirect (e.g., unengaged staff) costs to the health system, it also helps promote both patient and caregiver safety. Overtime may result from temporary high volumes, permanent growth or inefficient staffing practices.

The targets for the three years are set at the same level to reflect the importance of maintaining nursing overtime at a low rate. To accomplish this, Fraser Health is implementing a coordinated and targeted campaign to reduce overtime levels by suspending pre-booking of overtime shifts, as well as implementing a manager review process for all short call overtime. Individualized targets for all clinical units with regular reporting in each fiscal period have been implemented. Other strategies dedicated to decreasing the Fraser Health overtime rate include the introduction of a “fatigue” policy, limiting the number of consecutive hours and shifts staff can work, along with robust manager and scheduler education sessions. Particular success was achieved through the development of an overtime framework and creation of an Overtime Assistance Team (OAT).

Objective 3.3: Drive budget management, efficiency, collaboration and quality improvement to ensure sustainability of the publicly funded health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcome. A focus on budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable for the citizens of British Columbia.

Strategies

- **Priority Areas:** *Accountability, Lower Mainland Collaboration, Governance and Operational Organization and Management, Budget Accountability*
 - Pursue opportunities for board governance improvements outlined in the Strategic and Operational Review, including strengthening the depth and breadth of quality of care materials that come to the Board and Senior Executive Team to ensure a fuller picture of quality across both programs and sites.
 - Review the program management model and ensure managers and care givers are provided with the tools to enable seamless and effective patient care and services.
 - Continue to drive clinical quality improvement throughout the health system, including:
 - Strengthening infection control practices throughout the system.
 - Strengthening medication safety for all patients, clients and residents.
 - Participating in National Surgical Quality Improvement Program (NSQIP) initiatives to improve patient outcomes.
 - Engage in collaborative planning with other Lower Mainland health authorities on select clinical services to achieve improved quality and patient outcomes, and continue consolidation of corporate, clinical support, purchasing and administrative functions to achieve savings and quality improvements across the province.
 - Further incorporate quality improvement strategies such as Lean Design principles across the health system to eliminate waste, improve services to patients and improve the quality, productivity and efficiency of health care processes.
 - Develop and strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.
 - Continue to develop performance monitoring tools, management and reporting practices to assist clinical and management decision making and optimize health expenditures.

Resource Summary

| (\$ millions) | 2013/14 Actual | 2014/15 Budget | 2015/16 Plan | 2016/17 Plan |
|---|------------------|------------------|------------------|------------------|
| OPERATING SUMMARY | | | | |
| Provincial Government Sources | 2,977.806 | 3,119.589 | 3,167.791 | 3,205.628 |
| Non-Provincial Government Sources | 139.739 | 133.980 | 132.535 | 132.635 |
| Total Revenue: | 3,117.545 | 3,253.569 | 3,300.326 | 3,338.263 |
| Acute Care | 1,781.069 | 1,883.175 | 1,871.495 | 1,856.338 |
| HCC – Residential | 535.891 | 547.697 | 564.372 | 589.923 |
| HCC – Community | 280.139 | 289.533 | 309.500 | 318.805 |
| Mental Health & Substance Use | 218.142 | 225.901 | 234.372 | 235.152 |
| Population Health & Wellness | 77.878 | 80.159 | 81.206 | 81.091 |
| Corporate | 193.121 | 227.104 | 239.381 | 256.954 |
| Total Expenditures: | 3,095.907 | 3,253.569 | 3,290.326 | 3,338.263 |
| Surplus (Deficit) | 27.249 | - | - | - |
| CAPITAL SUMMARY | | | | |
| Funded by Provincial Government | 120.753 | 61.380 | 38.201 | 33.663 |
| Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources | 71.099 | 76.922 | 2.143 | - |
| Total Capital Spending | 191.852 | 138.302 | 40.344 | 33.663 |

Capital Project Summary

Following is a list of Fraser Health Authority approved capital projects over \$2 million in total capital cost:

| Community Name | Facility Location (as applicable) | Project Name | Total Capital Cost (in millions) |
|-------------------------------|-----------------------------------|---|----------------------------------|
| Facility Projects | | | |
| Surrey | Surrey Memorial Hospital Site | SMH Site Redevelopment Phase 1A | 486.4 |
| Surrey | Surrey Memorial Hospital Site | SMH North Parkade Replacement | 29.4 |
| Surrey | Surrey Memorial Hospital Site | SMH Code Compliance Sprinkler Upgrade | 4.9 |
| White Rock | Peace Arch Hospital | PAH Electrical Upgrade | 5.6 |
| Langley | Langley Memorial Hospital Site | LMH Maternity Unit Expansion | 6.5 |
| Langley | Langley Memorial Hospital Site | LMH Electrical Upgrade Phase 2 | 5.0 |
| Burnaby | Burnaby Hospital Site | BUH Generator Replacement | 3.7 |
| Burnaby | Burnaby Hospital Site | BUH ED Supertrack | 2.7 |
| Burnaby | Burnaby Hospital Site | BUH Ambulatory/GI Unit Renovation | 2.3 |
| New Westminster | Queens Park Care Centre | QPCC Electrical Upgrade | 2.3 |
| New Westminster | Royal Columbian Hospital Site | RCH Emergency Mental Health Substance Use Space | 2.0 |
| New Westminster | Royal Columbian Hospital Site | RCH Emergency Trauma Room | 3.4 |
| Information Management | | | |
| Various FHA | Various FHA | PARIS Phase II | 2.2 |
| Various FHA | Various FHA | Physician Care Manager Phase 1 | 4.7 |
| Various FHA | Various FHA | Closed Loop Medication System | 2.1 |
| Various FHA | Various FHA | Scanning/Archiving & FOD Extension | 2.3 |
| Various FHA | Various FHA | Meditech V5.66 Upgrade | 2.2 |
| Various FHA | Various FHA | Network Infrastructure | 2.9 |

Excluded from the above table are those equipment and information technology plans that are grouped together in a single project in WebCAPS, but comprised of numerous under \$2.0 million items.

Approved Capital Projects Over \$2 million currently underway include:

Surrey Memorial Hospital Critical Care Tower

The \$512-million Surrey Memorial Hospital redevelopment and expansion project includes a new emergency department that opened in October 2013, and a critical care tower, neonatal intensive care unit and additional inpatient beds that opened in June 2014. The new emergency department is five times larger than the previous emergency department and includes specialized units for mental health, geriatric care, a separate children’s emergency area, an enhanced minor treatment unit and an improved area for acute patients. The project also included additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent.

For more information on the Surrey Memorial Hospital Critical Care Tower, please see the website at www.fraserhealth.ca/about_us/building_for_better_health/surrey_memorial_hospital.

Royal Columbian Hospital Redevelopment

The government of B.C. is proceeding with the business case for the first phase in the redevelopment of Royal Columbian Hospital. Final scope, cost, and schedule will be determined as part of the business case planning. Following approval of the business case, procurement for construction of the first phase of the project will commence.

For more information about the Royal Columbian Hospital Redevelopment, please see the website at http://www.fraserhealth.ca/about_us/building_for_better_health/royal_columbian_hospital/.

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