

# **Fraser Health Authority**

## **2015/16 – 2017/18 Service Plan**

**June, 2015**



For more information on the  
Fraser Health Authority  
see Contact Information on Page 17.

**FRASER HEALTH AUTHORITY**

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## Accountability Statement



The *Fraser Health Authority 2015/16-2017/18 Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act/Society Act (PHSA)* and the *Performance Reporting Principles for the British Columbia Public Sector*. The plan is consistent with government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported.

The performance measures presented are consistent with the Ministry of Health's mandate and goals, and the focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of the Fraser Health Authority operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in black ink, appearing to read "K. Matty".

Karen Matty  
Board Chair

June 30, 2015

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## Organizational Overview

As one of five regional health authorities in British Columbia, Fraser Health organizes and operates a system for health and delivers public health, 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 (Ministry) 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. Additional board accountability and governance practice information is available at [www.fraserhealth.ca/about-us/leadership/board-of-directors](http://www.fraserhealth.ca/about-us/leadership/board-of-directors).

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 centres, public health units and services in ambulatory clinics and in homes. Fraser Health's purpose and services are further detailed at [www.fraserhealth.ca](http://www.fraserhealth.ca).

Availability of performance based information is key to increasing accountability at the hospital, clinical service, program and organizational levels. In September 2014, Fraser Health began the regular production and release of Health Care Report Cards which include organization and site based measures. Since the initial release, awareness and use of the Report Cards have steadily increased at the hospital, program, public, governance and operational levels. The performance information they contain is informing decisions and driving improvement in focused areas across the organization. *Our Health Care Report Cards* are available at [www.fraserhealth.ca/about-us/transparency/reportcard](http://www.fraserhealth.ca/about-us/transparency/reportcard).

# Strategic Direction and Context

## Strategic Direction

In February 2014, the Ministry released [Setting Priorities for the B.C. Health System](#) that identified goals, priorities and enabling strategies for the health system. The Ministry also framed efforts to improve health care in terms of the triple aim (Institute for Health Improvement) of improving the health of populations, improving the patient and provider experience of care and reducing the per capita cost of health by focusing on quality and the efficiency of care delivery.

[Taxpayer Accountability Principles](#) were included with the 2014/15 Government Letter of Expectations Addendum for Fraser Health, and address efficiency, accountability, appropriate compensation, service, respect and integrity. The principles are built into Fraser Health's ongoing business to ensure decisions made reflect the priorities and values of government and their shareholders – the citizens of B.C.

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 is to deliver a high-performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

## Strategic Context

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.

Fraser Health has made meaningful progress in improving services across a range of areas over the past several years, however some service areas continue to fall short of targets and require significant effort in collaboration with the Ministry and other system partners to identify and implement sustainable solutions. These areas include access to family physicians and primary care in many communities, providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions, proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community, emergency department congestion in some large hospitals, long wait times for some specialists, diagnostic imaging, and elective surgeries, stress on access to inpatient beds in some hospitals and responding to the changing needs of patients in residential care in terms of dementia.

# 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*.

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

1. Support the health and well-being 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 and objectives is the principle of patient and family 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.

## **Goal 1: Support the health and well-being of British Columbians.**

People living in British Columbia and in Fraser Health are among the healthiest people in the world. Providing choices and creating supportive environments for positive health outcomes at the individual, community and population levels will help keep this excellent health status. Helping those who face greater barriers to health to have an equal chance at better health will further improve the overall health status and thereby reduce health system demand. In collaboration with the Ministry of Health and its government and non-governmental partners and through policies, programs and decisions Fraser Health will prevent disease, protect health and promote wellness.

### **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**

- Work in partnership with the Ministry of Health and other partners to continue implementation of [Promote, Protect, Prevent: Our Health Begins Here. B.C.'s Guiding Framework for Public Health](#), the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.
- Work in partnership with the Ministry of Health and community partners to build and deliver on [Healthy Families B.C. Policy Framework](#).
- In partnership with the Ministry of Health and other partners, implement key health plans (e.g., provincial chronic disease and injury prevention plan, [Healthy Minds](#), [Healthy People](#)) and targeted plans for those who may experience greater barriers to

good health (e.g., Aboriginal Peoples, homeless, seniors) with a focus on evidence-based programs, services and interventions to address major risk and protective factors across the life cycle.

**Performance Measure: Healthy Communities**

Performance Measure	2011/12 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
1. Per cent of communities that have completed healthy living strategic plans	40%	60%	65%	75%

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

**Discussion**

This performance measure focuses on the proportion of the 20 communities in Fraser Health that have developed and are implementing joint healthy living strategic plans in partnership with their health authorities. Community efforts to support healthy living through joint planning, policy, and collaborative action are critical to improving the quality of life of individuals where they live, work, learn and play. Sustained community level actions will decrease risk factors and promote protective factors for chronic diseases and injury.

**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 demand 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-centred 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 describes patient-centred 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, care, trust and dignity, have access to information, participate in their care and collaborate as a true member of the health care team.



Fraser Health is striving to embed patient-centred care into its health service delivery systems. Board and executive management decisions are focused on improving the patient experience and achieving improved population and patient outcomes. Over the coming three years, the board will ensure that it systematically examines the patient experience when redesigning services and that it promotes shared values around creating a quality patient experience through recognition, respect, empathy, compassion and dignity.

### Strategies

- Identify and implement ways to incorporate patients into all Fraser Health work including Patient Advisory groups to draw their insights and advice into continuous improvement efforts throughout the system.
- Partner with Provincial Health Services Authority 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 responses 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 interprofessional 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

- 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.
- Work in partnership with the Ministry to continue implementing the [Provincial End-of-Life Care Action Plan](#), including the availability of hospice spaces.
- Rebalance and maximize acute and community Mental Health and Substance Use capacity through key investments such as increasing assertive outreach capacity for high users of acute care and early intervention and crisis response services for youth and young adults. New services are being developed as well, and include partnering with a non-profit provider on an intensive case management team for individuals with a substance dependence issue and utilizing a 'Housing First' approach. As well, a Child and Adolescent Stabilization Unit is being developed and will become a regional resource in 2017. Access to addictions treatment will be improved through the creation of additional 30 addictions spaces by 2017.
- Focus on developing and implementing chronic disease management and prevention strategies.
- Develop opportunities such as polypharmacy in residential care, where pharmacists and physicians work together to achieve the optimal use of drugs for best patient outcomes.

- Increase the quality of primary and community care services including programs such as Home First and BreatheWELL which reduce the need for hospitalization.
- With the advice of British Columbia's Seniors Advocate, improve the home and community care system, better address the needs of British Columbia's seniors who require these services, and strengthen protections from abuse and neglect.

## Performance Measures: Hospital Admissions and Readmissions

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
2. The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age-standardized)	3,388	3,352	3,189	3,026

**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 seniors with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing. As part of a larger initiative of strengthening community based health care and support services, health care professionals are working to provide more appropriate care in the community and at home in order to help seniors with chronic disease to remain as healthy as possible.

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
3. Per cent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over	12.7%	12.6%	12.4%	12.0%

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

### Discussion

With the release of *Healthy Minds, Healthy People*, a clear vision was established for addressing the complexities of mental illness and substance use. A number of interventions have been incorporated as part of British Columbia's health system which have successfully responded to individual patient needs. This measure focuses on the effectiveness of

community-based supports to help persons with mental illness and substance use issues receive appropriate and accessible care and avoid readmission to hospital. Central to this effort is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

**Objective 2.3: Renew the role of hospital in the regional health care continuum with a starting focus on improved surgical services.**

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 patients in British Columbia.

**Strategies**

- Achieve significant improvement in timely access to appropriate surgical procedures through increasing volumes of cases prioritized based on patient need and through efficiencies in processes and systems.
- Reduce the actual length of stay in Fraser Health hospitals to the expected length of stay as calculated by the 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: Access to Surgery**

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
4. Percent of scheduled surgeries completed within 26 weeks	89%	93%	95%	95%

**Data Source:** Surgical Wait Time Production (SWTP, Site 130) , Ministry of Health. Includes all elective adult and pediatric surgeries.

**Notes:**

1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents are for surgeries completed in the fiscal year.
2. 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.

### **Discussion**

Expanded surgical activity and funding incentives, combined with continuous efforts to foster innovation and efficiency in our hospitals, continue to improve the timeliness of access to an expanding range of surgical procedures. B.C. currently has five priority levels, each with its own wait time target, that provides a benchmark for the time which patients with that priority level should wait for their surgery. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Strategies are in place to address wait lists and to improve access with specific focus on serving patients who have been waiting the longest.

### **Objective 2.4: Increase 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 hospitals. A key priority of the health care system is to work with partners to ensure a mix of services that best meet the needs of frail senior and other 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 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 specialty 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: Drive continuous improvement with performance management and an accountability framework.**

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 other health authorities and stakeholders to ensure our publicly funded health system is effective and affordable for the citizens of British Columbia.

**Strategies**

- Continue to drive clinical quality improvement throughout the health system, particularly in the areas of:
  - Primary and community care
  - Surgical services
- Drive quality, cost-effectiveness and coordinate investments in new laboratory technology through the provincial laboratory reform initiative.
- 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.
- Continue to develop performance monitoring tools, management and reporting practices to assist clinical and management decision making and optimize health expenditures.

**Performance Measure: Nursing Overtime**

Performance Measure	2010 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
5. Nursing overtime hours as a per cent of productive nursing hours.	3.9%	<= 3.3%	<= 3.3%	<= 3.3%

**Data Source:** Health Sector Compensation Information System, Health Employers Association of British Columbia.

**Note:** Based on calendar year.

**Discussion**

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

**Objective 3.2: Align cross-system and collaborate on health human resources, IMIT and technology infrastructure, and funding approaches 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**

- Work in partnership with the Ministry of Health to develop and implement an integrated provincial workforce strategy to ensure B.C. 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 managed.
- Continue to modernize the health system through the use of information management and technology, including electronic medical records, clinical decision support tools, electronic medication reconciliation, telehealth and home health monitoring.
- Continue to support health information exchange and integrate clinical information systems across the entire continuum of care.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.
- Continue building Fraser Health's business analytics capabilities to support population health strategies, organizational performance and quality improvement.

**Objective 3.3: 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.
- Seek 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.

## Resource Summary

### Resource Summary Table

# Resource Summary

(\$ millions)	2014/15 Actual	2015/16 Budget	2016/17 Plan	2017/18 Plan
<b>OPERATING SUMMARY</b>				
Provincial Government Sources	\$3,097.0	\$3,174.4	\$3,221.5	\$3,275.1
Non-Provincial Government Sources	\$140.5	\$137.6	\$137.6	\$137.6
<b>Total Revenue:</b>	<b>\$3,237.5</b>	<b>\$3,312.0</b>	<b>\$3,359.1</b>	<b>\$3,412.7</b>
Acute Care	\$1,893.6	\$1,925.9	\$1,923.7	\$1,938.1
Residential Care	\$544.8	\$560.2	\$593.8	\$609.4
Community Care	\$289.1	\$302.6	\$315.1	\$334.9
Mental Health & Substance Use	\$228.7	\$238.1	\$242.0	\$244.8
Population Health & Wellness	\$79.1	\$81.9	\$81.9	\$82.8
Corporate	\$200.6	\$203.4	\$202.5	\$202.8
<b>Total Expenditures:</b>	<b>\$3,235.9</b>	<b>\$3,312.0</b>	<b>\$3,359.1</b>	<b>\$3,412.7</b>
<b>Surplus (Deficit)</b>	<b>\$1.6</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>
<b>CAPITAL SUMMARY</b>				
Funded by Provincial Government	\$54.0	\$55.4	\$124.9	\$124.3
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	\$42.8	\$64.2	\$35.8	\$41.2
<b>Total Capital Spending</b>	<b>\$96.7</b>	<b>\$119.6</b>	<b>\$160.7</b>	<b>\$165.5</b>

## Major Capital Projects

Community Name	Facility Location (as applicable)	Project Name	Total Capital Cost (in millions)
<b>Facility Projects</b>			
Surrey	Surrey Memorial Hospital Site	SMH Site Redevelopment Phase 1A	\$486.4
Surrey	Surrey Memorial Hospital Site	SMH Code Compliance Sprinkler Upgrade	4.9
Surrey	Surrey Memorial Hospital Site	SMH Integrated OR	4.3
Surrey	Surrey Memorial Hospital Site	SMH Child & Adolescent Psychiatric Stabilization Unit	4.0
Abbotsford	MSA Site	MSA Campus of Care	35.2
White Rock	Peace Arch Hospital	PAH Emergency Department Expansion	20.0
White Rock	Peace Arch Hospital	PAH Electrical Upgrade	6.3
Delta	Delta Hospital	DH Diagnostic Imaging & Lab Expansion	12.5
Langley	Langley Memorial Hospital Site	LMH Electrical Upgrade Phase 2	5.0
New Westminster	Royal Columbian Hospital Site	RCH Redevelopment - Phase 1	248.6
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	3.5
<b>Information Management</b>			
Various FHA	Various FHA	PARIS Phase II	\$2.2
Various FHA	Various FHA	Physician Care Manager Phase 1	4.4
Various FHA	Various FHA	Scanning/Archiving & FOD Extension	2.2
Various FHA	Various FHA	Large Volume Infusion Pumps Wireless Access	2.9
Various FHA	Various FHA	Enterprise Data Warehouse	2.1
Various FHA	Various FHA	Network Infrastructure 13/14	2.9
Various FHA	Various FHA	Network Infrastructure 14/15	2.1



# Appendices

## Appendix A: Health Authority Contact Information

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

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## **Appendix B: Hyperlinks to Additional Information**

For more information, please visit:

[Fraser Health's Board Accountabilities and Governance Practices](#)

[Fraser Health's Our Health Care Report Card](#)

[Setting Priorities for the B.C. Health System](#)

[Ministry of Health 2015/16 – 2017/18 Service Plan](#)

[Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health](#)

[Healthy Families BC Policy Framework](#)