

# Fraser Health Authority

## 2015/16 ANNUAL SERVICE PLAN REPORT



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## Board Chair's Accountability Statement



The *Fraser Health Authority 2015/16 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2015/16–2017/18 Service Plan*. The Board is accountable for those results as 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 had 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 that reads "K. Matty". The signature is fluid and cursive.

Karen Matty  
Board Chair

September 28, 2016

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## Chair/CEO Report Letter

*The 2014/15 Fraser Health Authority Annual Service Plan Report* 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. This Annual Report outlines Fraser Health's performance on Government expectations as set out in the 2015/16 Ministry of Health Mandate Letter.

This 2015/16 Annual Service Plan Report provides information on our organizational performance and demonstrates Fraser Health's commitment of accountability to the people we serve. It sets out actual performance measures consistent with the Ministry of Health's mandate and goals, and focuses on aspects critical to Fraser Health performance. Additional performance indicators are available in [Our Healthcare Report Card](#) which measures and guides improvements at Fraser Health, and each hospital.

Over the course of the fiscal year, regular engagement between the Ministry of Health and Fraser Health has helped to guide the organization's strategic investments and monitor the results. The Minister of Health, Board Chair, Deputy Minister, CEO along with management and staff at all levels have established collaborative relationships and worked together to meet the needs of Fraser Health citizens.

In addition, regular bilateral meetings ensured alignment of multiple functions within and across the Ministry and Health Authority to stay focused on the Ministry of Health strategic priorities. These discussions regularly include operations, performance measurement, strategic planning and financial perspectives.

The *Taxpayer Accountability Principles* (cost consciousness, accountability, appropriate compensation, service, respect and integrity) have become a cornerstone for orientation of new Board members and to regular governance activities for all Board members.

Fraser Health is committed to the mandate of delivering patient-centred services and care and we are shifting the culture of health care from being disease and provider-focused to being patientt-centred. Beginning with restructuring the organization in 2014 and creating a new executive responsible for the patient experience, Fraser Health rebalanced hospital and non-hospital resources. We also decentralized care management to geographic service areas creating an environment where patients, families and front line health providers work together as partners in providing day-to-day care.

Fraser Health is committed to the mandate of ensuring delivery of high quality and appropriate health services that best meet the needs of the population in a fiscally sustainable manner. The 2015/16 budget targets were achieved and the year ended in a balanced financial position.

Fraser Health is committed to the mandate of managing performance through continuous improvement across services and operations. Fraser Health built on successes in increasing community services that support patients at home, and focused on cultivating a patient-centred culture across all health care services.

This past year we remained true to our commitment to provide excellent care to our patients wherever they are - in our hospitals or at home or in their communities. The following provides highlights of our actions and progress:

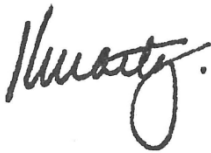
- 2,000 extra surgeries were performed, above the average 85,000.
- Two new client-centred and community-based mental health outreach teams began accepting clients in Surrey-North Delta and Abbotsford-Mission.
- \$5 million invested in weekend staffing to improve hospital discharge planning.
- \$1.9 million invested in Mental Health and Substance Use Initiatives in our communities.
- A Declaration of Commitment and Cultural Safety Framework will improve health care access and outcomes for Indigenous people in our region.
- For the fifth year in a row, we were deemed carbon neutral.

Out of our commitment to accountability and transparency, we continued to release monthly Health Care Report Cards detailing out progress on Key Performance Indicators. Some successes include:

- We consistently exceeded our 90% target of hip fractures being repaired within 48 hours of taking place.
- Incidents of facility-associated infections are consistently on the decline.
- All of our hospitals have achieved or exceeded our goal for hand hygiene compliance.

Providing quality health care requires dedicated partners. Our work would not be possible without partnerships with our Foundations, Auxiliaries, community partners and volunteers, as well as the Fraser Valley Regional Hospital District and Divisions of Family Practice. As proud as we are of this past year's successes in our operations, our biggest success is our people.

It's the enthusiasm and energy of the people who make up this organization that is renewing and sparking change, shaping the future of a more sustainable, patient-centred and community based system. We look forward to building on our successes of 2015 to continue to shape a bright future for the people we serve. It is an exciting time for Fraser Health.



Karen Matty  
Board Chair



Michael Marchbank  
Chief Executive Officer

## **Purpose of the Organization**

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 26,000 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 <http://www.fraserhealth.ca/about-us/accountability/report-cards/report-cards>.

## **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.

In May 2015, Fraser Health received clearly identified strategic directions and key performance expectations in the 2015-16 Health Authority Mandate Letter. The specific strategic priority directions (available in Appendix C) align with the 2014 [Setting Priorities for the Health Care System](#), and are informed by the Ministry of Health Policy Papers and Fraser Health annual budget allocation.

These priorities and the [Taxpayer Accountability Principles](#) 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.

## ***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). 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.

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.

To address these challenges and risks, Fraser Health undertook strategic shifts in 2015/16 including:

- An IQCC (Improving Quality and Capacity for Care) plan that was designed and implemented to improve hospital effectiveness and transition care to less expensive community based services.
- A leadership restructure that commenced in winter 2015 with the welcoming of a new CEO continued through spring and summer with increased accountability as a guiding principle. Newly appointed or reappointed leaders took up their duties with expectations for increased site-based accountability established and reinforced. Decision-making at local levels with consideration to local needs was increased.



## Report on Performance

The Ministry of Health Mandate Letter directs Fraser Health to ensure value for taxpayers while providing responsive and effective health services.

Fraser Health enjoys a productive working relationship with the Ministry of Health, and routinely engages with Ministry staff to ensure government direction on strategic and operational priorities is aligned and supported. This collaborative approach is consistent with the requirements of the *Taxpayer Accountability Principles*, and enabled Fraser Health to make significant progress against a number of 2015/16 action items including:

- Strengthened budget management at site and community levels;
- Enhanced report cards and productivity reports at the hospital site level;
- Establishment and implementation of policy outlining accountabilities, responsibilities and budget variance protocols including escalation to the Board;
- Implementation of a strong process to control and monitor staff hiring;
- Keeping the Board Governance and Human Resource Committee well apprised of executive and excluded compensation requirements, issues and impacts;
- Evolution and enforcement of a new Standards of Conduct Policy covering Board to front-line level decisions and activities;
- Communicate effectively and timely ensuring all stakeholders are properly informed or consulted on actions, decisions and public communications
- Increased transparency and establishment of a strong ethical code of conduct in accordance with the taxpayer accountability principles.

Fraser Health implemented and incorporated the six identified Taxpayer Accountability Principles into ongoing operations, organizational practices and procedures. A Taxpayer Accountability Principles Evaluation Plan for 2015/16 was submitted to the Ministry and among the application highlights of each of the principles are:

1. Cost Consciousness (efficiency) - cost management capabilities were strengthened and a culture of cost-consciousness was fostered in part with the implementation of a new budget management policy outlining accountabilities, responsibilities and mitigation protocols.
2. Accountability - responsibilities were managed transparently and the Fraser Health-wide and hospital-specific report cards were published regularly on the Fraser Health website.
3. Appropriate Compensation - a rigorous, standardized approach to performance management and compensation for individuals was set within the guidelines of the health sector compensation plan.
4. Service - a clear focus on positive outcomes for citizens of British Columbia was maintained in increasing surgical volumes by 504 cases in summer 2015, and an additional 1903 cases fall 2015 to spring 2016.
5. Respect - equitable, compassionate, respectful and effective communications along with a spirit of partnership were demonstrated in the Use the ER Wisely pilot project which is an ongoing partnership between Fraser Health and the White Rock/South Surrey Division of Family Practice that is aimed at diverting appropriate patients to

more appropriate resources available in the community, raising awareness about appropriate Emergency Department use and also helping the public understand their options.

6. Integrity - decisions made and actions taken were transparent, ethical and free from conflict of interest as demonstrated in the publicly posted CEO contract and expense report.

## **Goals, Strategies, Measures and Targets**

This Annual Service Plan Report reflects operational results compared to the goals, objectives, strategies and performance measures established in Fraser Health 2015/16 Service Plan in support of system wide goals, priorities and strategies of the Ministry of Health 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 centered care: a sustained focus on shifting the culture of health care in B.C. to put patients at the center, which will drive policy, accountability, service design and delivery in the coming years.

## **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 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, and, sustain changes to improve health of populations within its geographic service areas.

### **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 1: Healthy Communities

Performance Measure	2011/12 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Percent of communities that have completed healthy living strategic plans	40%	60%	80% EXCEEDED	65%	75%

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

## Discussion

This performance measure focuses on 20 communities in Fraser Health (a proportion of the 161 communities of British Columbia) that have developed and are implementing joint healthy living strategic plans, in partnership with Fraser Health and the Ministry of Health. Community efforts to support healthy living through joint planning, policies, built environments and collaborative action are critical to engaging individuals where they live, work, and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

Fraser Health exceeded its 2015/16 target for this measure with 80% of communities having a completed healthy living strategic plan, and will continue to build upon successes achieved to date in order to continue supporting and promoting the health and well-being of its populations.

## 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. Fraser is working actively with the Ministry and partners aiming to shift the culture of health care from being disease-centered and provider-focused to being patient-centered. This shift

requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner in alignment with the Taxpayer Accountability Principles. 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 centered care**

In order to deliver more responsive and effective health care services, Fraser Health needs to become a more patient and family-centered 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-centered 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, has 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-centered 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, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. Focuses on effective team-based practices and establish healthy partnerships between care providers and health care administrators to facilitate better care for the population,

particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

## 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. Provide end-of-life care services including hospice space expansion, home based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to service.
- 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.
- Work with rural communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

## Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Number of people with select chronic diseases admitted to hospital per 100,000 people aged 75 years and older (age-standardized)	3,388	3,352	3,400	3,189	3,026

**Data Source:** Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health. **Note:** Annualized Quarterly Data

### Discussion

This performance measure tracks the number of people, 75 years of age and older, 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 help manage their disease in the community in order to remain as healthy as possible and reduce complications that 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 diseases to remain as healthy as possible.

With a rate of 3,400 people with select chronic diseases admitted to hospital per 100,000 people aged 75 years and older (age standardized), Fraser Health was slightly over the target, but improved over last fiscal year performance of 3,449. Factors contributing to the challenge include Fraser Health's population experiencing a higher rate of many chronic diseases than other health authorities with rapid demographic shifts, growing resource constraints, gaps in community based services for chronic disease management and patient difficulties in navigating the services.

Work to improve management of chronic diseases is well underway across services and the care continuum. This includes enhancing community based services, improving discharge planning and post-acute follow up, and adding supports to avoid unnecessary hospital admissions. In addition and in partnership with Fraser Health, Divisions of Family Practice are concentrating focus on supporting the chronic condition population by advocating for navigators, health education and counselling.

### Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days (15 years of age and over)	12.7%	12.6%	13.2%	12.4%	12.0%

**Data Source:** Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Information, Analysis and Reporting 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 performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental illness and/or substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

With 13.2% of people admitted to hospital for mental illness and substance use who are readmitted within 30 days (15 years of age and over) in 2015/16, Fraser Health fell short of the target. Factors

contributing to the challenge include an increasing prevalence of mental illness and substance use with a rapidly growing and aging population, complex clients with dual diagnosis, together with other individuals who are severely addicted and mentally ill (SAMI), people with complex co-occurring disorders and homeless or risk of homelessness.

Fraser Health is committed to improving patient health outcomes and reducing hospitalizations for those with moderate to complex mental health and/or substance use issues through an effective and integrated continuum of care. By the end of 2018 Fraser Health's mental health and substance use program will provide specialized care programs (SCPs) in each of 13 Fraser Health geographic service areas linked to primary care homes. The SCPs will provide specialized mental health and substance use services through inter-professional teams and contracted service providers to improve patient/clients health outcomes and care experience, and to reduce hospital use for patients with moderate to complex mental health issues, substance use issues, and co-occurring conditions.

**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.
- Improve the link between hospitals, primary care and other care providers in communities.
- Explore opportunities to use hospitals more effectively, including shifting to community based delivery of services where appropriate and using outpatient clinics.
- 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.

## Performance Measure 4: Access to Scheduled (Non-Emergency) Surgery

Performance Measure	2013/14 Baseline	2015/16 Target	2015/16 Actual	2016/17 Target	2017/18 Target
Percent of scheduled surgeries completed within 26 weeks	89%	93%	85%	95%	95%

**Data Source:** Surgical Wait Time Production (SWTP, Site 147), , 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

During the last several years, there has been a focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, are initiatives designed 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. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

With 85% of non-emergency surgeries completed within 26 weeks in 2015/16, Fraser Health fell short of the target. Factors contributing to the challenge included capped capacity, shortages of anesthetists and nurses, and competing focus on two other important imperatives: ensuring patients needing hip fracture surgery get it within 48 hours, and eliminating patients waits of more than 52 weeks for surgery.

Within the provincial context of scheduled surgery improvements additional 2016/17 investment in surgery in Fraser Health is focused on increasing efficiency, increasing capacity, reducing wait times, identifying opportunities for optimization and resolving system gaps.

### **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 and managed. 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 5: Nursing Overtime

Performance Measure	2010 Baseline	2015 Target	2015 Actual	2016 Target	2017 Target
Nursing overtime hours as a percent of productive nursing hours	3.9%	<= 3.3%	4.0%	<= 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.

At 4.0% Fraser Health's nursing overtime hours as a percent of the productive nursing hours fell short of the target for 2015/16. Factors contributing to the challenge include patient flow and bed allocation initiatives, difficulties recruiting and retaining specialty trained nurses and the geographical location of certain sites relative to the potential labour pool.

Fraser Health has comprehensive overtime management best practice and mitigation strategies in place including guidelines and interpretation tools, recruitment tools and overtime and recruitment accountability frameworks.

### **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.

## **Financial Report**

### ***Discussion of Results***

Fraser Health is committed to a balanced budget each year based on improving patient, resident and client quality, safety, access and experience. For the 2015/16 fiscal year, Fraser Health ended with a surplus of \$0.4 million on a budget of \$3,312.0 million (or 0.01% of budget). Further, Fraser Health's external auditors issued an unqualified audit opinion on the issued financial statements. The budget disclosed is the budget in the Fraser Health Authority 2015/16-2017/18 Service Plan (June 2015).

In order to achieve a balanced budget, Fraser Health has a policy outlining accountabilities, responsibilities and variance control protocols along with variance follow-up protocols that include involvement of the Board's Finance and Audit Committee.

Revenues for the fiscal year totaled \$3,368.1 million of which \$3,216.8 million, or 96%, were grant contributions and other recoveries from the Ministry, other health authorities and other provincial ministries and agencies. The revenue from Provincial government sources was greater than budget as a result of additional funding allocated subsequent to the budget approval for wage settlements, additional surgical procedures and MRIs, Medical Service plan rate and volume increases, non-resident revenues, and Lower Mainland Consolidation recoveries.

Acute care expenses exceeded budget as a result of wage settlements and the opening of capacity to manage hospital congestion issues and higher than budgeted activity which are offset by funding received subsequent to budget approval.

Corporate expenses exceeded budget due to adjustments to the Healthcare Benefit Trust (HBT) pool in the prior year.

**Financial Resource Summary Table**

(\$ millions)	2015/16 Budget	2015/16 Actual	Variance
<b>OPERATING SUMMARY</b>			
Provincial Government Sources	3,174.4	3,216.8	42.4
Non-Provincial Government Sources	137.6	151.3	13.7
<b>Total Revenue:</b>	<b>3,312.0</b>	<b>3,368.1</b>	<b>56.0</b>
Acute Care	1,925.9	1,963.1	(37.3)
HCC – Residential	560.2	553.6	6.6
HCC – Community	302.6	296.2	6.4
Mental Health & Substance Use	238.1	234.3	3.8
Population Health & Wellness	81.9	81.9	(0.0)
Corporate	203.4	238.6	(35.2)
<b>Total Expenditures:</b>	<b>3,312.0</b>	<b>3,367.6</b>	<b>(55.6)</b>
<b>Surplus (Deficit)</b>	<b>-</b>	<b>0.4</b>	<b>0.4</b>
<b>CAPITAL SUMMARY</b>			
Funded by Provincial Government	55.4	36.2	19.3
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	64.2	35.4	28.8
<b>Total Capital Spending</b>	<b>119.6</b>	<b>71.5</b>	<b>48.1</b>

## Major Capital Projects

Capital investment ensures that Fraser Health's infrastructure is maintained and expanded to meet the health services needs for a growing population. Capital investment includes facilities such as hospitals and residential and complex care buildings, medical equipment such as CT scanners, MRI's and surgical equipment and information technology and information management systems.

Fraser Health's capital budget is conceived based on the prioritized needs of the health authority, the availability of funding and the priorities of government. Given the long lifespan of most capital investments, a three year capital expenditure plan is maintained.

Major capital projects currently underway or in planning are listed in the table below:

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Capital Cost of Project (\$ millions)	Project Cost to March 31, 2016 (\$ millions)
<b>Chilliwack General Hospital Chiller &amp; Cooling Tower</b> - install a new chiller and cooling tower that focuses on energy efficiency and redundancy. The existing chillers are 26 years old and at the end of their useful life.	2016/17	2.000	0.842
<b>Delta Hospital Diagnostic Imaging &amp; Lab Expansion</b> - build a new 2 level addition on the south west side of the hospital to accommodate a new Medical Imaging space and Laboratory. These renovations will improve infection control, patient confidentiality and flow, the work environment and safety issues.	2018/19	12.500	0.200
<b>Langley Memorial Hospital Electrical Upgrade Phase 2</b> - current age and capacity of the system does not support future infrastructure growth of the campus. The scope of Phase 2 includes a 1200kW generator, a new switchgear, two high voltage transformers, new auto-paralleling system for both new generators and closed-transition automatic transfers, redirecting power supply to the new energy centre and back-feed power supply to the hospital.	2017/18	4.95	2.572
<b>Langley Memorial Hospital South Tower Exterior Seismic Upgrade</b> - the South Tower was identified as having a high seismic risk involving life safety. An assessment recommended upgrading the structure to mitigate the risk.	2017/18	3.000	-
<b>Peace Arch Hospital Electrical Upgrade</b> - Replace South Tower electrical distribution system which is outdated, past life expectancy and generally in poor condition. Specifically, replace the 500 kW diesel generator with a new 800 kW generator and replace the existing generator paralleling switchgear and controls with a new arrangement employing active paralleling system.	2016/17	6.585	6.369

<b>Peace Arch Hospital Russell Building Replacement</b> - Existing Russell Building (Mental Health Outpatient) will be demolished to make room for construction of a new generator building as part of the Electrical Upgrade. This project will renovate a trailer moved from Surrey Memorial Hospital site to replace the existing building.	2016/17	2.375	2.349
<b>Royal Columbian Hospital Emergency Mental Health Substance Use Space</b> - Renovations to develop MHSU (Mental Health Substance Use) space that is more clinically appropriate. The current emergency department MH space is grossly inadequate with minimal opportunity for privacy or confidentiality. MHSU space will provide increased capacity and improved patient safety.	2015/16	2.000	2.000
<b>Royal Columbian Hospital Emergency Trauma Room</b> - Renovations within the ER to add a 4th Trauma Room and negative pressure rooms. Current limited access to trauma bays creates a situation where it may take several hours to move a patient from the ER to an inpatient unit. ER has only one isolation room which is not up to current standards. Renovations will create enhanced trauma capacity for RCH to fulfill its trauma and referral role In FH with improved patient care, particularly during times of congestion. Additional isolation capacity will improve patient safety and infection control.	2016/17	3.082	3.077
<b>Royal Columbian Hospital Redevelopment Phase 1</b> - this phase includes a 75 bed mental health and substance use facility (45 net new beds), new energy centre, new parking and replacement of existing stalls, relocation of the heliport, demolition of the Sherbrooke building, and the development of an integrated IM/IT infrastructure.	2019/20	248.569	1.968
<b>Royal Columbian Hospital Pharmacy Renovation</b> - redevelop the current workspace and renovate (110 square meters) an across the hall space to provide an effective and efficient process flow, which will address a number of issues including the management and storage of inventory, manufacturing and prepackaging of product, professional education resources space, and pharmacy administrative area. In addition, this project includes the equipment and renovations needed to improve pharmacy functionality through the implementation of automated dispensing units.	2016/17	2.570	1.159
<b>Royal Columbian Hospital Automated Drug Distribution</b> - this project will implement ADCs (automated dispensing cabinets) and related technologies, systems, business processes and clinical practice changes at RCH to support improvements in medication safety and inventory management, along with the required renovations to clinical areas to support ADC implementation. Medication Order Management (MOM) software will be installed to automate communication between nursing and pharmacy, improving efficiencies for both departments.	2017/18	6.800	2.947

<p><b>Royal Columbian Hospital Cardiac Catheterization Labs Equipment Replacement</b> - replace fluoroscopy and hemodynamic equipment in the RCH cardiac cath laboratories which is nearing end of life timeline. It is vital to the continued quality and safety of patient care. RCH is the only Fraser Health site that offers diagnostic and interventional cardiac procedures and needs to be fully functional at all times.</p>	2017/18	3.300	0.009
<p><b>Surrey Memorial Hospital Critical Care Tower and Expansion Project</b> – the emergency department opened in October 2013 and the tower opened in June 2014. The expansion at SMH also includes now completed renovations to the existing hospital which added inpatient beds, created an expanded family birthing unit, and upgraded and enlarged the pharmacy and sterile processing unit.</p>	2018/19	486.376	463.554
<p><b>Surrey Memorial Hospital Integrated OR</b> - replace non-functional equipment within SMH OR's, specifically teleconferencing equipment, integration equipment, surgical video equipment and other medical devices &amp; equipment.</p>	2016/17	4.250	0.996
<p><b>Surrey Memorial Hospital Child &amp; Adolescent Stabilization Unit</b> - CAPSU is a 24 hour, 7 day a week inpatient unit that provides short stay care for children and youth ages 6 to 16 who are experiencing acute psychiatric problems. The CAPSU will have a short length of stay with an average of 5 to 7 days. Currently these patients are being admitted to Emergency Departments, pediatrics or adult psychiatric units.</p>	2016/17	4.020	0.087
<p><b>Surrey Memorial Hospital Code Compliance Sprinkler Upgrade</b> - upgrade of sprinkler system to meet code requirements (building B &amp; F are only partially sprinklered). Rectify other Priority 1 deficiencies that have a high impact to the fire and life safety for our patients/staff/clients. As a condition to the approval of the Redevelopment permits, FHA made a commitment to the City of Surrey to resolve these significant deficiencies. This upgrade will greatly improve the safety of everyone within the hospital.</p>	2016/17	3.400	1.697
<p><b>Surrey Memorial Hospital Electrical Distribution Upgrade Bldgs A,B,F</b> - update the current system of feeders so that buildings A, B &amp; F receive their respective power directly from the Energy Centre which has been upgraded to provide adequate site wide emergency power with a new distribution switchgear to facilitate connections. Building A, B &amp; F are currently provided with electrical power from an interconnecting network of 600V and 208 V feeders. This network is complicated and does not adhere to the newest codes.</p>	2017/18	2.000	-



<p><b>Information Management: Advanced Clinicals Patient Care System</b> - Patient Care System (PCS) is an advanced software products in the Meditech application suite fully integrated with the Meditech Clinical Information System, which is used across all of the acute care facilities in Fraser Health. PCS it will enhance three key areas of functional capability, which will contribute to improved interdisciplinary care planning: Assessments, Care Plans/Paths/Mapping, and Clinical documentation. PCS will ultimately serve as the enabling platform for other advanced clinical applications, including electronic Medication Record (eMAR) and Bedside Medication Verification (BMV).</p>	2016/17	2.392	1.056
<p><b>Information Management: Advanced Clinicals Physician Care Manager Phase 1</b> - Physician Care Manager (PCM) is an advanced software products in the Meditech application suite fully integrated with the Meditech Clinical Information System, which is used across all of the acute care facilities in Fraser Health. PCM will ultimately serve as the enabling platform for a number of advanced clinical applications, including electronic physician documentation and Computerized Physician Order Entry. Phase 1 of the project involves the deployment of Physician Desktop which provides a single access point to the information and functional capabilities that physicians need about their patients, Implement electronic signature, wireless mobile computing devices, and wireless functional capability so data can be accessed whenever and wherever needed. Prerequisite PCM infrastructure, including hardware for servers and storage will also be acquired.</p>	2016/17	3.623	3.274
<p><b>Information Management: PARIS Phase 3</b> - PARIS (Primary Access Regional Information System) is the core clinical information system used by Home and Community Care (HCC) and Mental Health Substance Use (MHSU) at Fraser Health Authority (FHA). PARIS is currently hosted on end of life (EOL), legacy infrastructure (Windows Server 2003) at the Jim Patterson North, 3rd Floor (JPN3) data centre. FHA has identified the need to upgrade to the most recent version of PARIS (v6.0.10), move to a supported operating system version, and implement a disaster recovery (DR) strategy.</p>	2017/18	2.185	0.054
<p><b>Information Management: Large Volume Infusion Pumps Wireless Access</b> - provide safe patient care through the use of Smart Pump Technology. Infusion pumps are devices that deliver specific doses of fluids, including blood, nutrients and medications, into a patient's body in a controlled manner. Wireless capability is required to allow pumps to update Drug Library and download CQI data wirelessly. Due to limited funding, this project will only provide 1 - 2 hotspots per clinical area.</p>	2016/17	2.555	2.027
<p><b>Information Management: PharmaNet Interface to MedRec Solution</b> - this project will support the Medication Reconciliation initiative in Fraser Health by improving the access to and consumption of data from PharmaNet. PharmaNet is the province-wide network that links all B.C. pharmacies to a central set of data systems.</p>	2017/18	3.081	-

<b>Information Management: Integrated Plan of Care - Abbotsford Regional Hospital &amp; Cancer Centre</b> - this project will implement MEDITECH Patient Care Systems to electronically support integrated plans of care enabling clinical data system integration, standardizing health care workflow processes, and integrating person-centered information in support of health care for Fraser Health persons and providers.	2017/18	4.570	2.125
<b>Information Management: Facilities Management Information System</b> - this project will provide a capital project management solution which will upgrade and increase the capacity of the existing system.	2016/17	2.616	1.065
<b>Information Technology: Network Infrastructure 13/14</b> - the purpose of this project is to remediate network issues and infrastructure at Royal Columbian Hospital. The focus is on replacing aging network core switches and upgrading network switch power infrastructure located in the communication rooms.	2016/17	2.942	1.863
<b>Information Technology: Network Infrastructure 14/15</b> - the purpose of this project includes the assessment of network risks across FHA sites. The focus of this project is on replacing aging network core switches at ARH, CGH, BUH, and DH and upgrading network switch power generation infrastructure located in the communication rooms.	2016/17	2.100	1.391

## **Appendix A: Health Authority Contact Information**

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or, contact:

Fraser Health  
Corporate Office  
Suite 400 – Central City Tower  
13450 – 102<sup>nd</sup> Avenue  
Surrey, B.C. V3T 0H1

Telephone: 604-587-4600

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## **Appendix B: Hyperlinks to Additional Information (optional)**

For more information, please visit:

[Fraser Health Authority 2015/16-2017/18 Service Plan](#)

[Fraser Health Authority 2014/15-2016/17 Service Plan](#)

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

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

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

[Healthy Families BC Policy Framework](#)

[Ministry of Health 2015/16 Annual Service Plan Report](#)

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

## Appendix C: Health Authority Mandate and Actions Summary

In the 2015/16 Mandate Letter from the Minister of Health, Fraser Health Authority received direction on strategic priorities for the 2015/16 fiscal year. These priorities and the health authority's resulting actions are summarized below:

Mandate Letter Direction	Health authority Action
<p>1. Deliver patient-centered services and care to shift the culture of health care from being disease-centred and provider-focused to being patient-centred.</p>	<p>Fraser Health is ensuring delivery of patient centered services and care by demonstrating a conscious shift of the culture from being disease centered and provider focused to being patient centered.</p> <p>Beginning with restructuring of the organization in 2014 that created a new position titled, VP Patient Experience, rebalanced hospital and non-hospital resources, and decentralized care management to geographical service areas has created an environment where patients, families and front line health providers are working together as partners in providing day-to-day care. By patient and family engagement FH is meaning that patients and families are being involved beyond their own care as organizational partners/advisers e.g. monitoring and integrating patient feedback to improve patient experiences.</p> <p>Fraser Health's alignment with the Ministry framework for patient and family centered care was recognized by the provincial Patients as Partners steering committee, as were partnerships with community organizations like Impact BC with whom engagement sessions with patients were held to learn from patient experiences. Much point-of-care work has been done by Fraser Health with front line care providers at sites, for example Ridge Meadows Hospital. Additionally, the FH Board and leadership decisions have been focused on improving the patient experience and achieving improved population and patient outcomes.</p>
<p>2. Ensure the delivery of high quality and appropriate health services that best meets the assessed needs of your population in a fiscally sustainable manner.</p> <ul style="list-style-type: none"> <li>• Development of hospice space expansion to meet Government's</li> </ul>	<p>Fraser Health achieved budget targets, ending the 2015/16 fiscal year balanced. Factors contributing to this achievement included realizing efficiencies in utilization of hospitals/facilities through improved care processes reducing unnecessary delays in flow/discharges, shifting more care delivery into the community resulting in a gradual increase in</p>

Mandate Letter Direction	Health authority Action
<p>goal of doubling hospice spaces in B.C. by 2020; and,</p> <ul style="list-style-type: none"> <li>• Full implementation of the provincial mental health and addictions plan, <i>Healthy Minds, Healthy People</i>, including expansion of addiction spaces by 2017.</li> </ul>	<p>utilization of primary and community care to support patients who do not need to be in hospital. Fraser Health continues to work on delivering high quality and appropriate fiscally sustainable services that meet the assessed needs of our populations. Specific actions include:</p> <ul style="list-style-type: none"> <li>• <i>Increase Hospice residence</i> to achieve the goal of doubling of hospice spaces by 2020. Fraser Health finalized plans to establish hospice residence in each community increasing by 33 new hospice beds in the Fraser Valley by 2016-19 i.e. 10 beds in Abbotsford, 5 in Langley, 10 in New Westminster and 8 in White Rock.</li> <li>• Continued implementation of <i>Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in British Columbia</i> achieving significant progress accomplishing three of the six planned milestones with two ahead of schedule, and the remainder three to achieve as targeted. Key accomplishments include: <ul style="list-style-type: none"> <li>- Improved access to the Early Psychosis Intervention Program</li> <li>- Established two new Assertive Community Treatment (ACT) teams in Surrey/N. Delta and Abbotsford/Mission to provide comprehensive, community-based mental health treatment, rehabilitation and support with persons with serious addictions and mental illness (SAMI).</li> <li>- Firmed plans for opening of the 10-bed Child and Adolescent Psychiatric Stabilization Unit (CAPSU) in 2016-17</li> <li>- Improved care transitions across the continuum of care by standardizing and streamlining processes</li> <li>- Expanding housing services to increase capacity, through collaboration with community partners</li> <li>- Opened 8 new addiction beds by March 31, 2015 and an additional 38 beds in 2015/16.</li> </ul> </li> </ul>

Mandate Letter Direction	Health authority Action
	<ul style="list-style-type: none"> <li>- Enhanced FH capacity to provide a regional service START for children and youth with a mental health crisis in the community (prevents ED visit)</li> </ul>
<p>3. Manage the performance of your organization through continuous improvement across service and operational accountabilities.</p>	<p>Fraser Health is building on successes achieved through increasing community services that support patients at home, and is focusing on delivering a patient centered culture across all health care services, while improving on the quality of service outcomes. This is evidenced by the improvement of Fraser Health KPI reported values which are being closely monitored at all levels of cascading leadership. See <a href="#">Our Health Care Report Card</a> and its supporting reports - changes in meeting target status by hospital and hospital Key Performance Indicators performance comparison.</p>
<p>4. Improve care for key patient populations and service delivery in cross sector priority areas that are critical to both quality and sustainability by:</p> <ul style="list-style-type: none"> <li>• Improving access and service design for primary health care, home and community care, and residential care for those with high health care and support needs (e.g., complex chronic conditions, frail elderly, and moderate to severe mental illness and/or substance use issues) in order to reduce the flow of these populations into hospital;</li> <li>• Achieving significant improvement in timely access to appropriate surgical treatments and procedures; and,</li> <li>• Working with rural communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.</li> </ul>	<p>Established foundational elements and developed key strategies for the cross sector priority areas. We are building community services to support patients at home, while improving care processes in hospitals to expedite steps that help people transition home sooner. This has enabled the authority to:</p> <ul style="list-style-type: none"> <li>• Implement the <i>Home First</i> initiative, a philosophical shift considering “Home is Best” for many frail elderly patients who function well in their own familiar surroundings.</li> <li>• Take community based actions to support chronic disease management i.e. implement <i>BreatheWell</i> services in some of the residential and community services of New Westminster, Burnaby, Langley, Chilliwack and Surrey’s Gateway and Newton communities. Currently being implemented FH wide.</li> <li>• Establish <i>Hospital Operational Management Committees (HOMC)</i> at all 12 sites to support clinical operations achieve improvements, monitor and manage progress. Individual targets have been developed for each hospital to keep the health authority on track to deliver patient centered care.</li> <li>• Commence <i>Repositioning of Health Care for Older Adults</i>. Identified three prototype communities for seniors redesign; laid foundations to implement new models of care in</li> </ul>

Mandate Letter Direction	Health authority Action
	<p>the prototypes.</p> <ul style="list-style-type: none"> <li>• Develop individual care plans for <i>frequent users of emergency</i> at test-bed sites. With the success achieved at the test sites, FH is in the process of revitalizing the initiative to scale and spread it across the health authority.</li> <li>• Firm plans to improve <i>hospital effectiveness</i> through decreasing unnecessary hospital utilization (remove hallway and inappropriate beds), and make staff changes to create more standardized care in similar units; with, implementation early 2016.</li> <li>• Invest \$5M to <i>sustain improvement</i> initiatives that would decrease the number of patients waiting admissions by expanding targeted positions in the emergency, enhancing weekend discharges, increasing home health supports on weekends and decreasing bed turnaround time in residential care.</li> <li>• Opened 75 new residential beds. Sustaining <i>residential care capacity</i> while creating new capacity, example 24 new beds in Mission, conversion of 12 beds to complex care in Surrey, 34 new beds in tri-cities with 12 existing beds reallocated to care for medically complex patients (long stay patients).</li> <li>• Consolidated multiple <i>home health</i> care intake lines into one centralized call center to provide user friendly access to community resources.</li> <li>• Focused work on increasing efficiency, increasing capacity, reducing wait times, identifying opportunities to optimize and resolve system gaps. Evident by completing site action planning allocating OR case volumes (RAM) to support 40 week target.</li> <li>• <i>Surgical program</i> to uphold standards has implemented multi-modal strategies to build capacity, define and disseminate best practices and engage teams. Clinical protocols and dedicated time has been made more available for certain surgeries to reduce barriers to surgery e.g. hip fractures. Care is being focused on quality pain management, enhanced nutrition and early mobility.</li> <li>• Enhancing site waitlist management practices</li> </ul>



Mandate Letter Direction	Health authority Action
	<ul style="list-style-type: none"> <li>• Working closely with the First Nations Health Authority and regional partnership tables for input into the Fraser Health service planning and delivery activities.</li> <li>• Commenced targeted work in the communities of Chilliwack, Fraser Canyon, Mission to improve the health of the remote and First Nation populations through advocacy, partnership building &amp; shared decisions to provide culturally safe and effective services.</li> </ul>