

Fraser Health Authority

2016/17 ANNUAL SERVICE PLAN REPORT



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Board Chair's Accountability Statement



The *Fraser Health Authority 2016/17 Annual Service Plan Report* compares the health authority's actual results to the expected results identified in the *2016/17 – 2018/19 Service Plan*. The Board is accountable for those results as reported.

A handwritten signature in black ink, appearing to read 'Jim Sinclair'. The signature is stylized and cursive, written over a white background.

James (Jim) Sinclair
Board Chair

September 29, 2017

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Chair/CEO Report Letter

The *2016/17 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 [2016/17 Health Authority Mandate Letter](#).

This 2016/17 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 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 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 priority areas. These discussions regularly included 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.

New Board members begin their orientation to the various programs and services that Fraser Health delivers through meetings with the Board Chair, CEO and other members of the Board and Executive Team before joining their first Board meeting. New Board members also received an orientation package which included information about the government's direction and performance expectations, as well as Fraser Health commitments, strategies and results as reflected in the Strategic and Operational Plan; Service Plan; Detailed Operational Plan; Quarterly Reports on the Strategic and Operational Plan; and the Report Card. In addition, the orientation package also included information related to the Board's Quality Performance, Finance and Audit, Governance and Human Resources, and Digital Health subcommittees.

The Board had regular education and development days with sessions in 2016/17 that included topics of Accreditation Governance Standards and improvement planning, and the use of information technology to improve the safety, quality and efficiency of health care.

Other on-going educational opportunities taken include semi-annual Quality and Safety walkabouts in Fraser Health sites, and the annual Quality Forum organized by the British Columbia Patient and Safety Quality Council.

After each Public Board meeting, the Board also visited a Fraser Health site in the community that the public meeting was held. These visits included informal meetings with stakeholders such as Foundation and Auxiliary leads, the local Division of Family Practice, acute and/or community leadership, and front line staff. The purpose of these meetings was to learn more about the work underway at each site and in the community.

The Board Chair was also a member of the Fraser Health Municipal Regional meetings along with representatives from each of the municipalities that Fraser Health serves. These meetings were an opportunity to engage in discussion on topics of mutual interest.

Fraser Health Board practices and processes were evaluated in Fall, 2016 and achieved 100 per cent compliance on Accreditation Canada's governance standards.

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 shaping the future of a more sustainable, patient-centred and community based system. We will build on our successes of 2016/17 and continue shaping a bright future for the people we serve.



James (Jim) Sinclair
Board Chair



Michael Marchbank
President and 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 Minister of Health appoints nine directors to the Board to govern Fraser Health. Its governance approach is guided and assessed by Best Practice Guidelines and Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations. The Board provides oversight to ensure Fraser Health fulfills its vision and purpose and operates in accordance with its values. Additional Board accountability and governance practice information is available at www.fraserhealth.ca/about-us/leadership/board-of-directors/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.

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/accountability/report-cards/report-cards.

Strategic Direction and Context

Strategic Direction

The strategic direction for Fraser Health is received from the Ministry of Health's February, 2014 release of [Setting Priorities for the B.C. Health System](#), and series of [policy papers](#) issued since. Fraser Health's strategic and operational priorities for the delivery of health services are reinforced in the [2016/17 Mandate Letter](#) from the Ministry.

Achieving Fraser Health's strategic vision requires close collaboration with partners including government, other health authorities, physicians, unions, patients and other stakeholders. This collaborative approach is consistent with the [Taxpayer Accountability Principles](#) which 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.

Report on Performance

While achieving the level of performance detailed in this section Fraser Health applied the six [*Taxpayer Accountability Principles*](#) to ongoing operations, organizational practices and procedures. 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 reinforcement of a 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 reinforced and improvements resulted including a reduction of care sensitive adverse event rates from 39.2 in 2014 to 31.23 in 2016, and a decrease in the average length of stay from 8.39 days in 2014/15 to 7.96 days in 2016/17.
5. Respect - equitable, compassionate, respectful and effective communications along with a spirit of partnership were demonstrated in for example, expanding our Patient Advisory Council membership to better reflect the diversity of cultures within Fraser Health drawing on First Nations Health Authority and South Asian Health Institute partnerships.
6. Integrity - decisions made and actions taken were transparent, ethical and free from conflict of interest as demonstrated in our CEO's contract and expense reports being publicly available on our web site.

Goals, Strategies, Measures and Targets

This Annual Service Plan Report reflects operational results compared to the goals, objectives, strategies and performance measures established in the Fraser Health 2016/17 Service Plan in support of system wide goals, priorities and strategies of the Ministry of Health as set out in *Setting Priorities for the B.C. Health System* and subsequent policy papers.

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 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 works to 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 disease prevention and health promotion agenda can make progress in improving the overall health of the population.

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](#), improving the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.
- Implement targeted health improvement plans for those who may experience greater barriers to good health (i.e. Aboriginal Peoples, homeless, South Asian and rural populations) with a focus on evidence-based programs, services and interventions to address major risks and protective factors across the life cycle.

Performance Measure 1: Healthy Communities.

Performance Measure	2011/12 Baseline	2016/17 Target	2016/17 Actual*	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans.	40%	65%	85%	75%	80%

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

Discussion

This performance measure focuses on the 20 communities in Fraser Health (a portion of the 162¹ communities in British Columbia) that have developed healthy living strategic plans, in partnership with Fraser Health and the Ministry. Community efforts to support healthy living through 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 is exceeding the current target, and exceeding and meeting future targets with 80 per cent or 16 of 20 communities having completed a healthy living plan.

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 is working along with the Ministry and partners to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. 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. Building on the health system policy papers, there are five areas of action important to a high quality and sustainable health system in B.C.

Objective 2.1: A primary care model that provides comprehensive and coordinated team based care linked to specialized services.

Fraser Health has been engaged in a collaborative process to look for ways to improve primary and community care at a community level. Numerous practice and service delivery innovations and initiatives have been introduced at all levels – practice, and health authority – with the intent of meeting the expanding demand for services. The roles of family physicians, primary and community

¹ Updated figure as of March 2017 (at the time of the 2016/17 Service Plan publication the figure was 161)

care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and health care administrators will facilitate better care for all Fraser Health residents, and particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

Strategies

- Work with the Ministry and Divisions of Family Practice to integrate or link family practices with primary care services to create a “primary care home” for individuals and families to reduce the need for hospitalizations.

Objective 2.2: Improved patient health outcomes and reduced hospitalizations for seniors through effective community services.

Seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence. The development of a primary care home is intended to increase access for frail elderly to coordinated primary and specialist medical care, community outreach services, assisted living and residential services, enhanced medication management, and planned access to diagnostic and hospital services.

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 continue implementing the [Provincial End-of-Life Care Action Plan](#), including increasing the availability of hospice spaces.
- 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 Measure 2: Managing Chronic Disease in the Community.

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual*	2017/18 Target	2018/19 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older (age-standardized).	3,388	3,411	3,411	3,269	3,127

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

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 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.

Fraser Health's performance has improved on this measure over the past three years and in 2016/17 our actual admission rate of 3,411 met our target.

Fraser Health continues to work in partnership with Family Physicians and the Divisions of Family Practice (DOFP) on opportunities to make systematic changes in how health care is delivered, with specific emphasis on improving access to care for individuals with medical complexity, including the seniors population. Communities across the organization have commenced initiatives that aim to optimize access to primary and community care services. Additional initiatives such as "CARES" are underway across the region to support the identification of individuals who are pre-frail with aim to prevent or defer frailty and associated health complexities.

Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services.

While a smaller driver of overall health care costs, mental health and substance use conditions represent a high burden of disease in the population due to the early age of onset for severe mental illness and need for ongoing treatment and support across the life span. The majority of children, youth and adults with mild to moderate mental health and/or substance use issues can be effectively supported or treated through low-intensity community-based services in order to reduce hospitalizations.

Strategies

- Ensure a full continuum of high quality mental health and substance use services within Fraser Health including key investments in: Redevelopment of Royal Columbian Hospital Mental Health and Substance Use facility to open in 2018/19 (net gain of 45 new beds); enhancement and redesign of the Child Youth Crisis Response Program (renamed Short Term, Assessment, Response, Treatment (START)); development and implementation of a 10 bed regional Child and Adolescent Psychiatric Stabilization Unit opened in late May 2017; and new residential care, assisted living and supported independent living rent subsidies (with support) in selected communities.
- Improve access to substance use services through the creation of an additional 97 new support recovery beds in 2016/17. Expansion of Riverstone Home and Mobile Detox to serve Maple Ridge/Pitt Meadows in addition to the Fraser East catchment area. In partnership with First Nations Health Authority, implementation of a new Riverstone Home and Mobile Detox to

specifically serve First Nations communities in Fraser East

Performance Measure 3: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual*	2017/18 Target	2018/19 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%	12.4%	13.5%	12.0%	12.0%

Data Source: Discharge Abstract Database, Integrated Analytics: Hospital, Diagnostic and Workforce Branch, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Discussion

In British Columbia, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital.

The percentage of people admitted to hospital in 2016/17 was 13.5 per cent, which is better than the BC average of 14.7 per cent but below the target rate of 12.4 per cent. The actual admission rate in the fourth quarter was 12.4 per cent meeting the target rate and improving over the rates in the previous three quarters of 2016/17 (13.1 per cent, 14.3 per cent and 13.7 per cent, respectively).

Efforts to improve services for this population include redesigning community services and focusing on timely follow-up in the community with clients discharged from acute. The Mental Health and Substance Use program also established a Transitions Working Group to focus on initiatives supporting seamless transitions between Hospital and Community care for Mental Illness. This includes the establishment of regional Integrated Transitional Care Teams at Fraser Health's three regional hospitals which cover six communities. The program is also in the process of creating two Intensive Case Management teams to serve vulnerable clients who are living with serious addiction and other comorbidities and are homeless or at risk of homelessness in two high-risk (for overdose) communities. Among other indicators it is expected that this service will reduce readmission rates to acute care for this at risk population.

Objective 2.4: Improved access to timely and appropriate surgical treatments and procedures.

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 are needs and opportunities to: better link the acute care system to the regional and community systems (improve coordination between hospitals, primary care and other care providers in the communities) to develop patient pathways for frail seniors that avoid hospitalizations; and continue to improve provincial coordination, and ultimately improve the quality of acute hospital care services delivered to Fraser Health patients with respect to services offered across hospitals.

Strategies

- Achieve significant improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers.
- 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.
- Use technology and financial models to support innovation, quality and coordination in the delivery of surgical services.
- Increase formal coordination, joint planning and operations with the other Lower Mainland health authorities to shape service delivery and referrals to best meet patient needs.

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

Performance Measure	2013/14 Baseline	2016/17 Target	2016/17 Actual	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	89%	95%	85%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 158), 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, British Columbia's health system has continued to 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 aimed at improving the timeliness of access to an expanding range of surgical procedures. 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 per cent of non-emergency surgeries completed within 26 weeks in 2016/17, Fraser Health fell short of the target. At all Fraser Health sites surgical leadership teams are working to increase surgery volumes through focused OR efficiency gains. These teams are also working with surgeon offices to best manage waitlists, particularly for non-emergency procedures that tend to have more of the long waiting patients.

Objective 2.5: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.

Individuals who reside in rural communities tend to have poorer health outcomes and socioeconomic status compared to their urban counterparts. The populations of rural Fraser Health are often small, dispersed, and fluctuating. Rural Fraser Health is home to many First Nations communities and Aboriginal peoples, and a large percentage of the rural population identifies as Aboriginal. Against this health status backdrop, three specific service challenges stand out in the context of rural and remote communities: ensuring access to quality primary care services; ensuring pathways to accessing specialized perinatal, medical, and surgical services when they are required; and how best to support aging in place. Access to specialized acute care services and access to ancillary health services is especially challenging, so residents are often required to travel for care.

Fraser Health will continue to work with communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

Strategies

- Develop local community plans for rural and remote communities to create environments that foster healthy behaviors to improve the health of the population.
- Improve access to services by participating in the establishment of regional and provincial networks of specialized care teams.
- Improve timely recruitment and deployment of health professionals to rural and remote communities.
- Continue to work in partnership with First Nations Health Authority on priority areas of public health, primary care and mental health and wellness; and to embed cultural safety and humility

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 the 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. Such an approach meets the Triple Aim goals of providing more effective care for key populations, better experience of care for patients and providers, and improved per capita cost. A focus on performance, 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

- Ensure comprehensive, consistent and standardized performance reporting.
- Enable improved performance of existing services through prioritized continuous improvement activities and initiatives.
- Continue to drive quality, cost-effectiveness and coordinate investments in new laboratory technology through the provincial laboratory reform initiative.

Performance Measure 5: Nursing Overtime.

Performance Measure	2010 Baseline	2016 Target	2016 Actual	2017 Target	2018 Target
Nursing overtime hours as a percent of productive nursing hours	FHA: 3.9%	<=3.3%	4.5%	<=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 4.5 per cent Fraser Health's nursing overtime hours as a percent of the productive nursing hours fell short of the target for 2016/17. 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: 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 the Ministry, deliver an accessible, responsive, evidence-informed, and sustainable drug 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.

Objective 3.3: Align cross-system and collaborate on health human resources, IMIT and technology infrastructure, and funding approaches to achieve patient and service outcomes.

Effective health human resource management and an integrated IMIT approach are essential for an efficiently managed health system and ensuring resources are spent where they will have the best health outcomes. Equally as important are corporate service related priorities such as competent communication, governance, management, leadership, alignment and teamwork, innovation and knowledge management, organizational infrastructure and systems (including budget assignment and management).

Strategies

- Continue to 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.

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 2016/17 fiscal year, Fraser Health ended with a surplus of \$1.0 million on a budget of \$3,403.0 million (or 0.03% of budget). Further, Fraser Health's external auditors issued an unqualified audit opinion on the issued financial statements. The budget disclosed is that approved by the Fraser Health Board in the 2016/17-2018/19 Service Plan.

Revenues for the fiscal year totaled \$3,484.7 million of which \$3,335.7 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 April 2016 approval of the budget by the Fraser Health Board. Additional funding was provided for wage settlements, targeted initiatives (including surgeries, MRIs, biocontainment unit and the opioid emergency) and physician rate increases, including the associated retroactivity.

Variance and Trend Analysis

Revenues for the fiscal year totaled \$3,484.7 million of which \$3,335.7 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 April 2016 approval of the budget by the Fraser Health Board. Additional funding was provided for wage settlements, targeted initiatives (including surgeries, MRIs, biocontainment unit and the opioid emergency) and physician rate increases, including the associated retroactivity.

Expenses for the fiscal year totaled \$3,483.7 million with the most significant variances in the following sectors:

- Acute care expenses exceeded budget as a result of wage settlements and the delayed financial savings associated with the Increasing Quality and Capacity for Care (IQCC) plan and additional initiatives funded by the Ministry subsequent to the budget being approved.
- Corporate expenses exceeded budget due to funding of additional activity in Lower Mainland consolidated departments managed by Fraser Health (offset by recoveries), investments in information systems and technology and unallocated budgeted savings targets held corporately.

Risks and Uncertainties

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

Financial Resource Summary Table

\$ millions	2016/17 Budget	2016/17 Actual	2016/17 Variance
OPERATING SUMMARY			
Provincial Government Sources	3,254.5	3,335.7	81.1
Non-Provincial Government Sources	148.5	149.0	0.6
Total Revenue:	3,403.0	3,484.7	81.7
Acute Care	1,954.1	2,020.2	(66.1)
Residential Care	584.5	581.2	3.3
Community Care	325.0	318.6	6.3
Mental Health & Substance Use	242.8	242.3	0.5
Population Health & Wellness	84.1	84.7	(0.7)
Corporate	212.6	236.6	(24.0)
Total Expenditures:	3,403.0	3,483.7	(80.7)
Surplus (Deficit) – <i>even if zero</i>	\$0.0	\$1.0	\$1.0
CAPITAL SUMMARY			
Funded by Provincial Government	\$78.4	\$57.8	\$20.6
Funded by Foundations, Regional Hospital Districts, and other Non-Government Sources	\$116.3	\$44.0	\$72.3
Total Capital Spending:	\$194.7	\$101.8	\$92.9

Major Capital Projects

Following are Fraser Health's approved capital projects over \$2 million in total capital cost

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Capital Cost of Project (\$ millions)	Project Cost to March 31, 2017 (\$ millions)
Chilliwack General Hospital Chiller & Cooling Tower - 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.	2017/18	2.000	1.774
Delta Hospital Diagnostic Imaging & Lab Expansion - 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.	2019/20	15.120	0.656
Langley Memorial Hospital South Tower Exterior Seismic Upgrade - the South Tower was identified as having a high seismic risk involving life safety. An assessment recommended upgrading the structure to mitigate the risk.	2018/19	3.000	0.057
Royal Columbian Redevelopment Phase 1 - 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 technology infrastructure.	2019/20	248.569	19.937
Royal Columbian Automated Drug Distribution - this project will implement automated dispensing cabinets (ADC) and related technologies, systems, business processes and clinical practice changes at the site to support improvements in medication safety and inventory management, along with the required renovations to clinical areas to support ADC implementation. Medication order management software will be installed to automate communication between nursing and pharmacy, improving efficiencies for both departments.	2017/18	6.800	4.973
Surrey Memorial Hospital Critical Care Tower and Expansion Project – the emergency department opened in October 2013 and the tower opened in June 2014. The expansion of the site also includes 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.	2018/19	482.178	473.468
Surrey Memorial Hospital Integrated OR - replace non-functional equipment within the SMH ORs', specifically teleconferencing equipment, integration equipment, surgical video equipment and other medical devices & equipment.	2017/18	4.250	1.497

<p>Surrey Memorial Hospital Child & Adolescent Stabilization Unit - 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 unit 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>	2017/18	4.020	2.832
<p>Surrey Memorial Hospital Code Compliance Sprinkler Upgrade - upgrade of sprinkler system to meet code requirements (building B & 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, Fraser Health 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>	2017/18	1.930	1.835
<p>Surrey Memorial Hospital Electrical Distribution Upgrade Buildings A,B,F - update the current system of feeders so that buildings A, B & 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 & 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>	2018/19	3.000	0.525
<p>Peace Arch Surgical Suite, Emergency Department and Medical Device Reprocessing (Renewal Project) - This project will address the need for expansion and redevelopment of the Emergency Department (ED), Medical Device Reprocessing (MDR) Department, and Perioperative Suite. It provides an integrated and comprehensive solution for a facility expansion on the west side of the main Acute Building including three levels, with MDR located in the basement on Level 0, the ED on Level 1, and the Perioperative Suite on Level 2. This solution offers the opportunity to meet current and future emergency and surgical capacity benchmarks for the Peace Arch population, improve patient experience and health outcomes by providing a facility that addresses building deficiencies and provides an upgrade to meet contemporary standards, and improves overall efficiency by ensuring direct linkages between the Perioperative Suite, the MDR and ED to support the flows of medicine (patients, staff, families, supplies, medicine, equipment and information).</p>	2020/21	68.233	0.935
<p>Information Management: Large Volume Infusion Pumps Wireless Access - 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>	2017/18	2.555	2.442
<p>Information Management: PharmaNet Interface to MedRec Solution - 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	0.099

<p>Information Management: Integrated Plan of Care - Abbotsford Regional Hospital & Cancer Centre - 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.</p>	2016/17	5.443	5.443
<p>Information Management: Facilities Management Information System - this project will provide a capital project management solution which will upgrade and increase the capacity of the existing system.</p>	2016/17	2.616	1.404
<p>Information Technology: Network Infrastructure 13/14 - 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.</p>	2017/18	2.942	2.182
<p>Information Technology: Network Infrastructure 14/15 - 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</p>	2017/18	2.154	1.391

Appendices

Appendix A – Health Authority Contact Information

For more information about Fraser Health please visit:

<http://www.fraserhealth.ca>

Or, contact:

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Suite 400 – Central City Tower
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Surrey, B.C. V3T 0H1

Telephone: 604-587-4600

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Appendix B – Additional Information

Provide hyperlinks that provide any further information deemed necessary, so long as it is pertinent, concise, and is in keeping with the BC Reporting Principles and Taxpayer Accountability Principles.

For more information, please visit:

[Fraser Health Authority 2016/17 Mandate Letter from Ministry of Health](#)

[Fraser Health Authority 2016/17 - 2018/19 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](#)

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

Appendix C – Health Authority Mandate and Actions Summary

In the 2016/17 Mandate Letter from the Minister of Health, Fraser Health Authority received direction on strategic priorities for the 2016/17 fiscal year. These priorities and the health authority's resulting actions are summarized below:

Mandate Letter Direction	Health Authority Actions – 2016/17
<p>1 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"> • supporting the development of an individualized primary care home by strengthening collaboration between family practices and health authority primary care services to improve access and the continuity of care for patients • Improving patient health outcomes and reducing hospitalizations for seniors through effective community services • Improving patient health outcomes and reducing hospitalizations for those with mental health and substance use issues through effective community services • Improving access to timely and appropriate surgical treatments and procedures through implementation of the surgical services strategy • Ensuring sustainable and effective health services are available in rural and remote areas of the province, including First Nations communities 	<p>Starting with an understanding of the determinants of health and health status of our population we are building a more responsive and efficient health care system that allows us to target upstream approaches to promote health and prevent disease, thus reducing costs while optimizing resources.</p> <p>We are committed to rebalancing service delivery across the care continuum—from primary, home and community care services, through to supported living and residential care access – to ensure appropriate use of hospital services. Thus:</p> <ul style="list-style-type: none"> • Continued developing integrated primary and community care services in partnership with the Divisions of Family Practice, including primary care homes and specialized care services programs. This multi-year transformation has begun in four proof-of-concept communities Abbotsford, Mission, Fraser Northwest and Surrey. The redesign process in each community is being co-led by Fraser Health geographic service areas leadership and the local Division of Family Practice. Specific actions included: <ul style="list-style-type: none"> ○ Developed targeted strategies based on an understanding of local population needs ○ Aligned interdisciplinary teams with early adopter General Practitioner practices to create primary care homes. In some communities considered development of Fraser Health operated primary care clinics. • Fraser Health continued to take steps to support the shift to the community, the reallocation and relocation of care services to better serve our population – including the growing seniors population – right where they live. Actions include redesigning

Mandate Letter Direction	Health Authority Actions – 2016/17
	<p>community services for medically complex and frail older adults to align with the attributes of a specialized care program i.e. a single point of access (central intake), shared care plan and rapid response/urgent care.</p> <ul style="list-style-type: none"> • Refined the current regional model and supports for specialized Mental Health and Substance Use. This included partnering with community General Practitioners and Divisions of Family Practice to inform and shape regional community redesign initiatives. This included: <ul style="list-style-type: none"> ○ Creation of a single point of access and standardized intake ○ Establishing a shared care plan and rapid response/urgent care ○ Updating contract accountabilities with substance use providers to enable a single point Mental Health and Substance Use access in primary care homes • Worked to implement the 3 Year Surgical Services Plan at Fraser Health through accelerated implementation of plan components at two select sites – Royal Columbian Hospital and Eagle Ridge Hospital with plans to add additional sites over the years. Additionally, initiated work to improve timely access to appropriate surgical procedures, proactively manage surgical waitlists, reduce per capita costs, improve performance management, reduce unwarranted variations and improve patient experience of care. Specific actions initiated include: <ul style="list-style-type: none"> ○ Developed plans for all 13 Geographic Service Areas to achieve targeted allocation of surgical volumes. Implementation to commence following funding confirmation. ○ Central intake model for arthroplasty at Burnaby Hospital established to transition all direct referrals from private clinics to this central clinic. ○ Implementation of the new Ministry of Health surgical waitlist management policy was initiated at early adopter sites – Royal Columbian and Eagle Ridge Hospitals.

Mandate Letter Direction	Health Authority Actions – 2016/17
	<ul style="list-style-type: none"> ○ Initiated implementation of new Ministry of Health colonoscopy waitlists management policy in all 13 Fraser Health Geographic Service Areas. ○ Implement American Operating Room Nurses Periop 101 curriculum in pilot sites ○ Regionally developing an intra-operative Collaborative Nursing Model ○ Regionally implementing Enhanced Recovery After Surgery for all colorectal patients ○ Developing an Anesthesia Model of Care at adopter sites (Royal Columbian and Eagle Ridge Hospitals) ● Fraser Health is directing initiatives to improve the health and wellness of the Aboriginal people accessing our sites. Our Aboriginal Health Program initiated partnerships with several internal Fraser Health stakeholders to successfully embed cultural safety within the Fraser-Salish health care system. Specific actions being: <ul style="list-style-type: none"> ○ Development of a toolkit for postvention and organizing training sessions for Aboriginal communities to be better informed and prepared in crisis ○ Ongoing promotion of Indigenous Cultural Safety training within various Fraser Health departments ○ Continued development of a Wellness System Transformation project for early implementation to improve the health and wellness of the Aboriginal population
<p>2 Ensure the delivery of key government priorities for high quality and appropriate health services.</p> <ul style="list-style-type: none"> ● Continue implementation of <i>Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health</i>. The provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health System as well as the <i>Healthy Families BC Policy Framework</i>, which lays out at a more operational level the chronic disease and injury prevention 	<p>Fraser Health is ensuring the 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. Together, our people share a common goal of ensuring every resident in the health authority has access to quality care when they need it. With an increased emphasis on quality and patient-centered care, Fraser Health's three year Strategic and Operational Plan positioned us to invest where patients needed care now and in the future, at home, in the community or in the hospital. Our priority areas included emphasis on providing high quality care and service, refining</p>

Mandate Letter Direction	Health Authority Actions – 2016/17
<p>strategy for B.C.</p> <ul style="list-style-type: none"> • Continue to ensure patients have a voice in the quality of care they are receiving by strengthening processes designed to respond to patient concerns, including working closely with the BC Patient Safety & Quality Review Offices and Review Boards. • Improve access to addiction treatment, including creating additional addictions spaces by 2017. • Continue progress to meet the commitment to double the number of hospice spaces in the province by 2020. • Support the improvement of Aboriginal health and wellness by ensuring Aboriginal people have meaningful input into the health authority's Aboriginal Health Plan and other service planning and delivery activities working closely with the First Nations Health Authority and regional partnership tables, and implementing priority actions to support the achievement of measures, goals and objectives articulated in the Tripartite First Nations Health Plan and First Nations' Regional Health and Wellness Plans, and Partnership Accords. • Further to the <i>Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal people in B.C.</i>, the health authority will also work with its partnership table and the First Nations Health Authority to prioritize key initiatives to create a climate for change to improve the patient experience for this population. • In partnership with the Ministry of Health, review the governance, service delivery and funding models for MRIs to ensure an accessible, sustainable medical imaging system. • Strengthen effective evidence-based use of pharmaceutical therapies. • Implement laboratory medicine strategy 	<p>our primary and community care strategies to reduce hospital use and ensuring timely access to appropriate surgical care, supporting the workforce to be engaged and motivated, and managing our resources wisely.</p> <p>Fraser Health continued the implementation of the key goals for the BC Guiding Framework for Public Health and the Healthy Families B.C. Policy Framework like:</p> <ul style="list-style-type: none"> ○ Reducing prevalence of tobacco use by ensuring tobacco retailers comply with sales to minors and signage regulations, implement Fraser Health smoke free policy and reduce smoking at Fraser Health hospitals ○ Increasing the number of communities with healthy living strategic plans to improve health status and reduce preventable health care costs in Fraser Health communities. Currently, 85 per cent of communities have a healthy living strategic plan. <ul style="list-style-type: none"> • Improved immunization coverage through outreach clinics, engaging physicians through the Divisions of Family Practice and continued streamlining of processes. <ul style="list-style-type: none"> ○ Comprehensive school health programs ○ Promoted Live 5-2-1-0 health messaging in daycares through engagement and training ○ Scaling up and ongoing sustainment of Sehat Wellness programs (continuous quality improvement) • Fraser Health identified and established key internal and external partnerships to ensure that patients, clients, residents and families have a voice in the quality of care they receive. To ensure that every patient and family has a central place at the heart of every decision concerning them, so they are empowered to be equal partners in their care, and to value their needs, preferences and cultural beliefs we continued to focus on: <ul style="list-style-type: none"> ○ Increasing the diversity of the Patient Advisory Council i.e. gender, experiences, culture et

Mandate Letter Direction	Health Authority Actions – 2016/17
<p>set out in the <i>Laboratory Services Act</i> (PHSA).</p> <ul style="list-style-type: none"> • Renew the Cancer Control strategy and implementation plan (PHSA). 	<p>al</p> <ul style="list-style-type: none"> ○ Achieving compliance with Patient & Family Centered Care Accreditation standards ○ Involving patients in the development and review of Patient & Family Centered Care ○ Trialing real patient experience survey tool with 35 units/areas across Fraser Health ○ Developing tools to support resolution of care concerns at point of care between patients/families and sites/programs ○ Linking First Nation individuals with Fraser health Aboriginal health services <ul style="list-style-type: none"> • Fraser Health continued to increase access to addiction treatment by enhancing substance use capacity through such initiatives as the 500 ‘surge beds’, operationalizing intensive case management teams in Maple Ridge and Langley, and establishing enhanced clinical outreach services in Abbotsford and Chilliwack. Thus, moving from an episodic and single event model of client care to a more coordinated trajectory model. • Worked to increase hospice residence in partnerships with local Hospice Societies and private donors. Over the next three years anticipating to meet the regional needs of Fraser Health through an increase of 22 spaces i.e. addition of 5 new spaces in the Langley community, seven spaces in the White Rock/South Surrey community and a new build of 10 hospice spaces for the east Surrey community in Cloverdale. • Fraser Health is attuned to special populations accessing our services such as First Nations, seniors and others. To support the improvement of Aboriginal health and wellness, initiatives are being directed at Aboriginal populations accessing Fraser Health sites. This is predicated upon several key documents including the Fraser-Salish Regional Health and Wellness Plan and the Tripartite First Nations Health Plan. Planning commenced to implement the Wellness

Mandate Letter Direction	Health Authority Actions – 2016/17
	<p>System Transformation Initiative in all Fraser Health Geographic Services Areas by spring 2018.</p> <p>Following the signing of the Declaration of Commitment to embed cultural safety and humility, Fraser Health has been working to achieve the highest standard of spiritual, mental, emotional and physical care for self-identifying Aboriginal clients. Our Aboriginal Program initiated partnerships with multiple external and internal stakeholders to embed cultural safety within the Fraser Health-Salish System. Work is underway to identify a Geographic Service areas for the development of a second Wellness Advisory and to launch a pilot project ‘Elder-in Residence’ at Chilliwack General Hospital (later expand to other Geographic Service Areas).</p> <ul style="list-style-type: none"> • Fraser Health exceeded the MRI volume targets for 2015/16 and 2016/17, and is planning to perform 18,000 additional MRI exams in 2017/18. Other initiatives currently being undertaken to improve access are: <ul style="list-style-type: none"> ○ Increasing the number of MRI contrast bookings and offering MRI appointments at alternate sites to smooth out wait times ○ Planning new MRI service at Ridge Meadows Hospital ○ Augmenting MRI service at JPOSC ○ Exploring options to centralize bookings • Multiple approaches are being taken at Fraser Health to strengthen effective evidence-based use of pharmaceutical therapies. For example, to review drug usage and expenditures across all Lower Mainland a medication use evaluation (MUE) tracking tool is in the development stages that will allow monitoring of overall drug use and identify outliers for further evaluation. • Fraser Health laboratories are a part of the Lower Mainland network; the consolidation has resulted in financial and workflow efficiencies. Currently the labs are implementing a blood inventory

Mandate Letter Direction	Health Authority Actions – 2016/17
	<p>system upgrade (TBI 2.0).</p> <ul style="list-style-type: none"> • In partnership with the BC Cancer Agency/Provincial Health Services Authority and First Nations Health Authority we are making efforts to improve access and quality of cancer care within Fraser Health i.e. creation of a pan-BC initiative. Key actions included: <ul style="list-style-type: none"> ○ Supporting the community oncology network clinics to meet the Ministry wait- time benchmark of 90 percent of patients receiving chemo < 2 weeks ○ Collaborating with BC Cancer Agency in creating a provincial Community Oncology Network Levels of Services and performance metrics
<p>3 Pursue innovation approaches to service delivery and manage the performance of your organization through continuous improvement across service and operational accountabilities.</p> <ul style="list-style-type: none"> • Identify areas in need of improvement based on the assessed needs of your population and an assessment of your organizational performance. • Provide regular performance reports on service delivery to sector governors on the performance of your organization. • Collaborate with the Ministry on the development of standardized health system reports to measure performance and quality in the system. • Support the development of a strengthened health research and innovation agenda, including the Strategy for Patient-Oriented Research Support Unit, Academic Health Sciences Network and the BC Tech Strategy, in order to foster improved patient outcomes and health system performance. • Ensure an integrated and cost effective approach to information management and technology, including the continued implementation of electronic medical records, telehealth and home health 	<p>Fraser Health started its innovative journey with hosting in 2016 the first Hackathon of the province where it brought together the software development community and health care leaders to create innovative solutions for issues facing the health care system. The focus was on nine challenges including patient navigation, clinical collaboration, overdose analytics, and mental health and substance use resources and support. This work has laid the groundwork for 2017/18 when we will launch a Fraser Health innovation platform designed to increase innovation and spread of successful ideas at all levels. Innovation is being woven into the fabric of work to improve effectiveness of our hospitals and build capacity in our communities.</p> <p>The health of our residents is influenced by a wide range of determinants, from age, sex and genetics, to modifiable risk factors like diet, physical activity, etc. and health care access. Results from the My Health My Community 2013-14 surveys show that those in the highest education group were 80 percent more likely to report very good health compared to those in the lowest education group.</p> <p>The creation of <i>Our Health Care Report Card</i> produced monthly since September 2014, provided valuable information on our key performance indicators. Given evolving Ministry of Health strategic priorities, we are continuously evaluating these report card</p>

Mandate Letter Direction	Health Authority Actions – 2016/17
<p>monitoring.</p> <ul style="list-style-type: none"> • Ensure effective health human resource planning and management. • Strengthen relationships between health authorities and physicians practicing in health authority facilities and programs (as outlined in the April 1, 2014, Memorandum Of Understanding on Regional and Local Engagement), specifically: <ul style="list-style-type: none"> ○ Support the improvement of medical staff engagement within health authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures so that medical staff: <ul style="list-style-type: none"> ▪ views are more effectively represented; ▪ contribute to the development and achievement of health authority plans and initiatives, with respect to matters directly affecting physician; ▪ prioritize issues significantly affecting physicians and patient care; and, ▪ have meaningful interactions with health authority leaders, including physicians in formal health authority medical leadership roles. ○ Improve processes locally within health authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and health authority operational leaders. ○ Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system. 	<p>indicators to ensure our performance monitoring aligns with Fraser Health’s population needs, as well as our current quality improvement and organizational priorities. 36 measures are capturing the year-to-date trend. 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 informed decisions and drove improvement in focused areas across the organization.</p> <p>Fraser Health is meeting targets on key quality and safety indicators. We made substantial improvement and came close to meeting others. For example, fractured hip repairs within 48 hours improved from 81 to 89.2 per cent, all sites reached our C. Difficile infection targets preventing 114 patients from infections etc. We recognize further improvement is required in some important areas :</p> <ul style="list-style-type: none"> ○ reducing staff sick time and WorkSafeBC claims, ○ improving hospital standardized mortality ratios, ○ decreasing alternative level of care rates ○ lowering admitted patient flows from ED <p>Health research is a focus at Fraser Health. The implementation of an Academic Health Science network and the Fraser Centre for the BC Support Unit CIHR Strategy for Patient-oriented Research (SPOR) has resulted in increased local health authority research being implemented into practice successfully, fostering improved patient outcomes and health system performance. The Fraser Centre is working closely with the provincial hub and three other BC Regional Centres on the Island, Interior and Northern Health. Relationships are being strengthened with partner universities to support researchers conducting patient-oriented research - Simon Fraser University, Trinity Western, Fraser Valley, Kwantlen universities, BCIT and Douglas College. Specific initiatives being planned include:</p> <ul style="list-style-type: none"> ○ establishing innovation function to spread and coordinate innovation activities

Mandate Letter Direction	Health Authority Actions – 2016/17
	<ul style="list-style-type: none"> ○ implement a second hackathon ○ hosting a joint Fraser Health and Simon Fraser University Innovation Boulevard IDEAs planning workshop ○ developing a culture which creates conditions for innovations at every level ○ support FH researchers to conduct research and obtain research funding <p>To ensure an integrated and cost-effective approach to information management and technology, Fraser Health has implemented a health information exchange solution-Unifying Clinical Information (UCI). This is to provide easy access to information within and between internal information systems (initially Meditech and Civica Paris), and provincial systems (initially the Provincial Laboratory Information system). We are continuing to integrate information from internal systems (including Intrahealth Profile), provincial systems and other health authority systems (Including the downtown CareConnect system, forming a single health authority system across the Lower Mainland). Initiatives underway:</p> <ul style="list-style-type: none"> ○ UCI and CareConnect Project – four phases ○ Direct access to UCI ○ Scanning and archiving documents ○ PARIS Connect ○ UCI and PROFILE integration ○ Discharge Diagnosis <p>Fraser Health provided to the Ministry a detailed Health Human Resources Strategy package. This enumerates the priority professions including medical professions, the nature of challenges faced and the work force strategies being used to address the challenges. For cross sector strategic priorities outlined are initiatives underway in proof-of-concept communities, the workforce implications and health authority actions to address the effects.</p> <p>To achieve the changes, Fraser Health is building stronger partnerships with physicians (community and acute). Approximately 2600 physicians currently have privilege. To increase our engagement with them, Fraser Health forged closer partnerships and increased collaboration</p>

Mandate Letter Direction	Health Authority Actions – 2016/17
	<p>on service planning with physicians in all settings. We continued to participate in the Divisions of Family Practices Collaborative Services Committee to facilitate engagement and connection with General Practitioners in the community.</p> <p>Additionally, we completed the Health Authority Medical Advisory Committee review and implemented a new framework with ongoing refinements to strengthen the roles and accountability of medical leadership teams at both the system and local site levels with the goal of increasing physician engagement. We bolstered the site dyad relationship by increasing the scope and responsibilities of the site medical coordinator, elevating this position to a site Medical Director role designed to work in partnership with the site Executive Director. We continued to provide medical staff with data reflecting clinical and interpersonal performance to support opportunities for improvement. A Medical Staff Human Health Resource Plan has been completed and is focusing on supporting physician led quality improvement through partnerships with the Specialist Services Committee. Additionally, we continue to promote medical staff leadership opportunities through programs such as the Sauder Business School Physician Leadership Program.</p>
<p>4 Manage within budget allocation and continuously improve productivity while maintaining a strong focus on quality service attributes.</p> <ul style="list-style-type: none"> • Optimize budget planning and cost management processes • Ensure effective management of capital across a range of projects 	<p>The 2016-19 Fraser Health Financial Plan provided details on our efforts to improve the quality of care in our hospitals and reduce unnecessary hospital visits and admissions by making a substantive shift towards a community-focused health system that is more proactive, integrated, and responsive to patients and families. We continued to review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of our funds to achieve patient and service outcomes.</p> <p>Management ensured compliance with the budget control processes:</p> <ul style="list-style-type: none"> ○ Portfolios were expected to operate within their budgets. If unapproved variances arise, mitigation strategies are required for review by the Chief Executive Officer or Fraser Health Board depending upon the

Mandate Letter Direction	Health Authority Actions – 2016/17
	<p>magnitude.</p> <ul style="list-style-type: none"> ○ Rigorous review and approval process for new and replacement staffing positions ○ New acute/residential care beds required approval prior to opening ○ New programming that cannot be accommodated within the existing funding envelope was prioritized against other programming/financial needs; sign-off of budget costing; confirmation of availability of funding and Chief Executive Officer approval. <p>Strategic investments were made in Residential Care, Mental Health and Substance Use, Hospice, Primary and Community Care Services, Population Health, Acute Care and Quality and Safety.</p> <p>Capital investments were made to ensure that we are maintaining our infrastructure and expanding it to meet the growing health service needs of our population. Major approved capital projects over \$20 million in total capital costs:</p> <ul style="list-style-type: none"> ○ Royal Columbian redevelopment phase 1-3 ○ Surrey Memorial Hospital critical care tower and expansion project ○ Peace Arch surgical suite, emergency department and medical device reprocessing ○ Langley Memorial Hospital emergency department ○ Eagle Ridge Hospital emergency department <p>In summation, Fraser Health’s 2016/17 to 2018/19 Capital Plan included investments in facilities, equipment, and information management/information technology. Capital needs are prioritized by the Capital Planning & Steering Committee against available funds.</p>