



BOARD OF DIRECTORS PUBLIC MEETING
MINUTES

February 7, 2018, 10:00 to 11:30 a.m.
Hazelmere Golf and Tennis Club, South Surrey

Board

Jim Sinclair (JS) Chair
John Bethel (JB)
Margi Blamey (MB)
Willie Charlie (WC)
Markus Delves (MD)
Inderjeet Hundal (IH)
Jessie Lehail (JL)
Opreet Kang (OK)
Tom Kim (TK)

Staff

Michael Marchbank (MM)

Recording Secretary

Tracey Schroeder (TLS)

Welcome

The Board Chair welcomed members of the public to the February 7, 2018 Public Board meeting and introduced MLAs Mary Polak, Ian Paton and Tracy Redies; Surrey City Councillor Mary Martin; and White Rock City Councillor Lynne Sinclair.

The Board Chair summarized the process for the public Board meeting, acknowledging that the communities of White Rock and South Surrey are located on the traditional territories of the Katzie, Semiahmoo and Kwantlen First Nations.

Members of the Board introduced themselves.

1.0 CALL TO ORDER

The Board Chair called the meeting to order at 10:07 a.m.

Statement of the Chair

Whereas the notice requirements for a Board meeting have been met and whereas a quorum of the Board is present, I declare that the February 7, 2018 Public meeting of the Board is properly constituted.

Adoption of Agenda

It was MOVED by Markus Delves and SECONDED by Opreet Kang

THAT upon review of the proposed agenda items the Board of the Fraser Health Authority approves the February 7, 2018 meeting agenda as presented.

Motion unanimously carried.

Excusals

There were no excusals from the meeting.

2.0 APPROVAL OF MINUTES

It was MOVED by John Bethel and SECONDED by Markus Delves

That the Board of the Fraser Health Authority approve the minutes of the public Board meeting held October 18, 2017 as circulated.

Motion unanimously carried.

3.0 PRESENTATIONS/REPORTS

3.1 South Surrey and White Rock Health Services Community Profile

The Board received a presentation on health services in South Surrey and White Rock from Teresa O'Callaghan, Executive Director, Peace Arch and Delta Hospitals and South Surrey, White Rock and Delta Health Services; and Dr. Gerry Roberts, Site Medical Director, Peace Arch Hospital.

Highlights of the presentation included:

- The population of the City of White Rock and community of South Surrey population is almost 96,000 people. 20 per cent population growth is expected by 2024. The community has the largest seniors population in Fraser Health but there is also growth in young families South Surrey.
- Hospitalization and Emergency Department visit rates are similar to those of Fraser Health as a whole.
- The general health status in the community compared to Fraser Health overall is generally quite good, partly due to robust primary care services and partnership with community groups that support seniors.
- The local hospital is one facet of a community-based system of health.
- Community services and partnerships are very important, including Patient Medical Homes/Primary Care Homes, the Aboriginal Wellness Advisory Committee and the Peace Arch Cares for Elders program.
- Future capital projects at Peace Arch Hospital include a new Emergency Department/Operating Rooms/Medical Device Reprocessing facility and a new hospice and residential care facility.
- The *Health Care Report Card* shows Peace Arch Hospital is largely exceeding targeted measures for quality and safety.
- Average Length of Stay is well below the benchmark average for Fraser Health. Care Sensitive Adverse Events have come down below the accepted level. The *C.difficile* infection incident target has had a recent spike but measures are being put in place including hand hygiene compliance measures.
- Mental Health and Substance Use services are available at both the regional and local level. Partnerships are in place with local stakeholders.
- Investments include a new Energy Centre, installation of Wi-Fi in the Dr. Al Hogg Pavilion and multiple minor capital improvements.
- Over 700 volunteers provide over 67,700 hours of service per year at Peace Arch Hospital, performing a variety of services and activities to improve the patient experience.
- The Peace Arch Hospital Auxiliary Society has been fundraising for equipment and patient programs since 1948.
- The Peace Arch Hospital Foundation has raised \$140 million since 1988 for capital projects, medical equipment and community health programs.

3.2 President and CEO Report

The Board received an update from the President and CEO.

Highlights included:

- In 2017 over 4900 suspected overdoses presented at Fraser Health hospitals, including 181 at Peace Arch Hospital. The overdose problem shows no signs of abating.
- Fraser Health is responding to findings regarding overdoses affecting males working in the trades by implementing ways of reaching out to them and their friends and families.

- Prevention and harm reduction initiatives are underway. We are working with our community partners to share information regarding how to access help for those using substances.
- In White Rock outpatient substance use programs are in place. Fraser Health has added 147 new substance use treatment beds in the health authority. Intensive Case Management teams have been added in those regions hardest hit.
- Other work taking place includes the expansions previously mentioned at Peace Arch Hospital to meet the current and projected demand. The Peace Arch Hospital Foundation has contributed generously to this work, which will expand surgical services locally and regionally.
- There is still a need to work with the community regarding appropriate use of the Emergency Department. The Using the ER Wisely program has resulted in a small reduction of patients with less urgent care needs coming to the Emergency Department, including a decrease in congestion over the holiday period this year versus last year.
- Tribute must be paid to the many employees and physicians who provide care, and Fraser Health's many partners in the area including the Peace Arch Hospital Auxiliary Society, the Peace Arch Hospital Foundation and the White Rock-South Surrey Division of Family Practice.

Questions From Members of the Public

Q: What is the expected growth of seniors and how will services be managed?

A: Investments are being made in home support services and residential care. There is also need to expand respite services. Fraser Health continues to work closely with the Divisions of Family Practice to identify patients at risk. The future of health care growth will be in the community.

Q: White Rock has many new condominium units. How will Fraser Health accommodate an increase in the overall population without having increased wait times in Emergency Departments and for surgical procedures?

A: Peace Arch Hospital is being expanded, which will result in quicker flow-through for patients. Wait times in Emergency Departments will always be variable based on level of need. Operating Rooms at Peace Arch Hospital are being expanded to shorten the waitlists for various procedures. An increase in the younger population does not have as large an impact on health care services as does an increase in the senior population.

Q: There is a significant seniors population in White Rock and South Surrey. Why is the Ocean Park Lab being closed?

A: This will be addressed during the public presentations.

4.0 BOARD COMMITTEE REPORTS

Deferred.

5.0 ADJOURNMENT

It was MOVED by John Bethel and SECONDED by Willie Charlie

THAT there being no further business the February 7, 2018 Board of Directors Public meeting be adjourned at 10:42 a.m.

Motion unanimously carried.



**PUBLIC PRESENTATION/QUESTION AND ANSWER PERIOD
OF FRASER HEALTH PUBLIC BOARD MEETING
FEBRUARY 7, 2018**

PRESENTATIONS

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

Mr. Ken Harrap regarding Ocean Park Medical Laboratory

Mr. Harrap expressed concern regarding the pending closure of the Ocean Park Medical Laboratory, noting Surrey is the fastest growing city in BC and this growth is putting pressure on public institutions. Moving the lab to Peace Arch Hospital will impact services there, including putting pressure on services and parking. The Ocean Park lab has one employee who sees 25 to 27 people per day, handling twice as many patients as his/her counterparts at Peace Arch Hospital. If Ocean Park residents are required to go to Peace Arch Hospital it is an added inconvenience and increases the cost of transportation. There is no financial advantage to the move and no cost benefit analysis is being published. There has been no consultation with Ocean Park residents. In closing Mr. Harrap urged the Board to revisit the decision to close the Ocean Park lab, review the rationale and figures, make the process more transparent, and determine whether offering additional services at Ocean Park would increase the use of the lab.

Discussion points included:

- Michael Marchbank, President and CEO of Fraser Health, reported there has been a decrease in patients using the Ocean Park lab since 2015, with only 8800 visits in 2017. Fraser Health has a different understanding of the productivity numbers, with the lab technicians at Peace Arch Hospital being 60 per cent more productive. There are several other labs in close proximity, including a LifeLabs 4.8 kilometers away and Hilltop Medical Lab, both of which have longer hours for patients. The Ocean Park lab needs an investment of between \$50,000 and \$60,000 to meet accreditation standards.
- Dr. Sam Krikler, Fraser Health Regional Medical Director of Laboratory Services, noted the decision to close the lab was informed by ethical principles regarding how finite resources are distributed in a community with differing needs. In a situation where all the evidence is weighted and evaluated, this decision was made based on medical need, organizational requirements and ethical principles of medical justice. A rigorous process was followed and ratified by Fraser Health, the Provincial Health Services Authority and Ministry of Health. It was felt the decision made was best for White Rock/South Surrey as a whole.
- Mary Martin, Councilor, City of Surrey, advised she has received many emails and phone calls from members of the public on this issue. She read an email from a resident opposed to the closure of the Ocean Park lab due to issues of transportation and population growth.
- Brian Water, a resident of the area, noted the lab is difficult to find. If it were expanded and better highlighted the usage would increase.

- Tracy Redies, MLA, Surrey-White Rock, advised she has received hundreds of emails on the subject and the decision should be reconsidered given the growth of the seniors population in the area.
- Michael Marchbank directed Fraser Health staff to arrange a meeting with residents from Ocean Park to discuss the pending closure of the lab and address residents' concerns in more detail.

Peace Arch Hospital Foundation

Presenter: Kathy McIntyre

Kathy McIntyre reviewed her presentation to the Board on an initiative called Move For Life, focusing on building a healthier community. The initiative is supported by the Peace Arch Hospital Foundation in partnership with Innovative Fitness and Sport for Life. Funds being contributed over a five year span to launch a physical literacy initiative are being used for an all abilities/all ages playground, Sport for Life physical literacy program and grants. There are a significant number of partnerships involved in the healthy communities and physical literacy group. Physical literacy is for everyone and has a strong focus on seniors. It is an attempt to develop healthier seniors and help them to avoid frailty. The focus of physical literacy for seniors is on being the best you can be at your stage of life. The physical literacy project has five streams in the sectors of education, recreation, sport, health and media. The program is delivered through education, training and mentoring. Physical Literacy for Communities provides the foundation and framework for healthy communities.

Discussion points included:

- Jim Sinclair, Fraser Health Board Chair, thanked Ms. McIntyre for the presentation, noting the Board wants to encourage these kinds of programs in the community.

Hospital Employees' Union

Presenter: Barb Owen

Barb Owen reviewed her presentation to the Board, noting the Royal Columbian Hospital (RCH) Facilities Maintenance and Operations (FMO) department is comprised of a number of shops (including electrical, plumbing, carpentry, mechanical, painting and steam plant) supporting the RCH facility in all aspects of building maintenance. A Request for Proposals is currently out for the RCH redevelopment project and lists phase two of the project as a Design Build Finance Maintain model, which would mean the FMO staff would no longer work for Fraser Health. This casts their future, pension, bargained rights and livelihood into doubt. They are a committed group, trained in their crafts, and understand the requirements unique to RCH. They are asking the Fraser Health Board not to accept the "finance and maintain" function and to say no to losing your health authority maintenance staff.

Discussion points included:

- Jim Sinclair, Fraser Health Board Chair, noted it is encouraging that these people keep our hospitals going. He appreciated the passion they brought to a previous conversation with him on this topic. The issue of Public Private Partnerships is controversial. The decision will be made by Government, but the Board will be closely monitoring the situation. There is not a desire to have a situation where we lose the people who do the work and know the buildings.

Delta Hospice Society

Presenter: Nancy Macey

Nancy Macey introduced herself as the founding director of Delta Hospice Society and noted she has been involved in health care for 25 years. Delta Hospice Society has been contracted with Fraser Health for delivery of hospice palliative care in their 10 bed hospice. Delta Hospice Society is meeting the requirements of access to Medical Assistance in Dying (MAiD) under Bill C-14. Delta Hospice Society provides hospice palliative care to all patients and does not discriminate against those seeking euthanasia. They respect anyone asking about the option by providing information to patients and families, attending Fraser Health education sessions about how to support people and providing safe and timely transfer of care to a facility where euthanasia is provided. They have a system of support for people seeking euthanasia including a designated euthanasia site. The MAiD service cannot be piggybacked on hospice palliative providers who are already stretched for resources. Fraser Health should create a separate program to meet the requirements of Bill C-14 and dedicate more resources to that program. The decision by the Board not to transfer patients seeking euthanasia out of hospice was based on the fact that a limited number of people requested euthanasia and required transfer. There are many reasons patients would be transferred out of hospice for various procedures and there have never been complaints about patient transfers. Hospice palliative care does not hasten or postpone death, and mandating euthanasia under this program does not meet the principles of the palliative program. There have been fears about palliative care as there is a belief that it hastens death, resulting in delayed referrals and lower quality of life. Having euthanasia in the sites undermines the last 25 years of advocacy in this regard. Euthanasia is an emotional issue that divides volunteers, staff, families and communities and will change the culture of safety and support that the hospice currently provides. Delta Hospice Society's existence depends on community support in volunteers and donations, and Fraser Health should understand how this decision will impact that support. Delta Hospice Society has raised millions of dollars to support hospice and palliative care. The Fraser Health Board should consider going back to the previous system of transferring patients, which met the requirements of the legislation. Organizations dedicated to hospice palliative care are about living and keeping people comfortable, not about dying. Consider that hospice palliative care has principles of not hastening or postponing death; therefore exemptions should apply to all hospice palliative care sites. The Canada Health Act does not require that all services are provided in all communities. Hospice palliative care is a right of all Canadians. Respect the rights of those who don't want to be in a facility that also offers hastened death. Delta Hospice Society looks forward to further consultation with Fraser Health regarding changes to the care they provide.

Discussion points included:

- Ian Paton, MLA, Delta South, expressed support for the position of the Delta Hospice Society.
- Jim Sinclair, Fraser Health Board Chair, noted the Board agrees that hospice palliative care is important, supports expanded hospice care in the region and values the work of those who give that care. A hospice can be the last home people have. In 2016 the Supreme Court ruled that MAiD would be legal in Canada. Since that ruling there have been more than 800 MAiD deaths in BC. It is a legitimate choice in our country and we have an obligation to provide the service in the best possible way with the patient in mind. There have been a number of discussions about this issue by the Board and they haven't rushed into this decision. It was over a year between the Supreme Court decision and implementation in our communities. The policy of the Board is that there is not a contradiction between people spending their last days in hospices and then determining

to access MAiD. Transferring people out of their last homes is not the best quality of care for that person.

- Jim Sinclair further noted that he appreciated the letter he received from the Board Chair of the Delta Hospice Society last evening indicating they are discussing the policy and are not intending to finalize their position until after the end of March, at which time Fraser Health will consider their feedback. With regard to the decision, Fraser Health is in discussion with hospices and the provincial government regarding how to put the policy into effect, as we all want to do what is best for the patient.
- John Bethel, Fraser Health Board Director, noted this is the second time the Board has had a presentation from the Delta Hospice Society. The Board respects the work being done in hospices, supports it and has confidence in the wonderful work being done. Based on the legal decision Fraser Health has to provide this care and needs to determine how best to do that. Transferring people out is not good patient care and we have a responsibility to look after the patients.

QUESTION AND ANSWER PERIOD

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

Q: Decima Mitchell, volunteer at Delta Hospice

Why does MAiD have to be offered at every hospice or palliative facility? We don't go to one hospital to receive every service. Families who are with a hospice patient and know that MAiD is being performed in the same facility could be upset by that. There is not education as to who will be allowed to come into the facility to perform MAiD.

A: Jim Sinclair, Fraser Health Board Chair

We agree that education is important. Not every hospice is delivering MAiD.

Q: Alex Muir, member of Vancouver Chapter of Dying with Dignity

Thanks to the Board for the principled approach to providing MAiD and supporting a legal right. Palliative care is not inconsistent with MAiD, and not having it available at all facilities has led to 25 forcible transfers of patients.

A: Jim Sinclair, Fraser Health Board Chair

Thank you for your comments.

Q: Sarah Macey, Fraser Health staff member

Transfer of patients is a normal practice in health care. Why are transfers for MAiD being eliminated when transfers for other types of medical services are not?

A: Jim Sinclair, Fraser Health Board Chair

There is a difference when people are being transferred from a place that has become home to them. The Board wants to honour patient wishes.

Q: Janice Strukoff, Delta Hospice staff member

There has been no consultation with those who provide hospice palliative care. The advice of Dr. Neil Hilliard was disregarded. What criteria did the Board base their decision regarding MAiD on?

A: Jim Sinclair, Fraser Health Board Chair

Consultation is still underway. Everybody has rights and it is not just about doing what the majority wants. Fraser Health has an obligation to provide this service.

Q: Karen Mason, retired physician and volunteer at Langley Hospice

Permitting euthanasia in hospice will negatively impact volunteers and community donations. There is a balance between autonomy and the way a community is affected.

Assisted suicide at end of life is not something that should be encouraged. The discussion creates a conflict. There is no reason patients cannot be transferred to a centre of excellence to receive MAiD.

A: Jim Sinclair, Fraser Health Board Chair

The majority of MAiD service takes place in people's homes. There is a need to balance a lot of factors.

Q: Karen Filton

The Board has said the policy of offering MAiD in hospice won't affect palliative care. Is there evidence that there will not be an impact on volunteers, resources and donations?

A: Jim Sinclair, Fraser Health Board Chair

It is hard to give evidence either way as the concept is so new. There is a need to understand what the implications could be. It is about balancing people's interests with the greater good.

Q: Sandy Strukoff

Appreciate the comments about working with community partners re MAiD. Delta Hospice Society donations to build the facilities have been an advantage to Fraser Health. Has the Board considered what exemptions will be provided to hospices to opt out? The issue is one of reasonable access, supporting both people who want to receive euthanasia and those who want to receive palliative care.

A: Jim Sinclair, Fraser Health Board Chair

The conversation with the hospices will continue.

Q: Pat Petrala

There are a lot of misunderstandings in the media about medical cannabis. It can't be administered in the hospital. How will patients and physicians be able to access it?

A: Dr. Victoria Lee, Fraser Health Vice President Population and Public Health and Chief Medical Health Officer

Patients outside the hospital speak with a physician and get the prescription through online registration; that is a Federal process. In the hospital setting the challenge is that medical cannabis has not been recognized in the clinical world as a medical treatment. There is not a clear indication for when to use it. There are some benefits in the area of pain management, but in the acute care system we are looking at the policy of how we can provide necessary service. It is under review at this time. More work is required at the various levels of government.

Q: no name given, volunteer at Langley Hospice

Have you really thought about the impacts your decision regarding MAiD in hospice and palliative facilities will have on recruitment of volunteers who are in an ethical and moral dilemma, and on the donor base? Have you volunteered in a hospice? There is a need to think about the majority.

A: Jim Sinclair, Fraser Health Board chair

Several Board members indicated they have volunteered in hospices. The Board talked about and considered those impacts, and will continue having discussions.

Q: Dennis Lypka, White Rock Safe Water Alliance

The public has the right to safe, reliable access to water, and to know what is in the water. The Board meeting was to be in White Rock rather than South Surrey, and there is no public transit to this location. You can only get answers from Fraser Health staff if you appear before the Board. When it comes to White Rock water, Fraser Health is not addressing the problem but is part of the problem.

A: Jim Sinclair, Fraser Health Board Chair

Thank you for your comments.

Q: Annette on behalf of Mark Warawa, MP, Langley-Aldergrove, on behalf of Delta Hospice
Relieved the conversation regarding MAiD is still going. It needs to continue so the Board understands the concerns.

A: Jim Sinclair, Fraser Health Board Chair
Thank you for your comments.

Q: Andrew Schultz, White Rock Safe Water Alliance
Presume the Board represents Fraser Health, which oversees the quality of White Rock water. Have not experienced Fraser Health dealing well with water issues. Have seen no advocacy from Fraser Health or White Rock Council regarding White Rock water concerns. Fraser Health has repeatedly confirmed White Rock would be better connected to Metro Vancouver water but has done little or nothing about it and only cares about people who are dying. Arsenic regulations are administrative regulations, at least 100 per cent higher than health regulations would indicate, and nothing is being done to action this. Manganese levels are not being addressed. What are you doing to help us with our concerns?

A: Representative from the City of White Rock
The City is working with Fraser Health and they are aware of the details of the work taking place in White Rock.

A: Michael Marchbank, Fraser Health President and Chief Executive Officer
Fraser Health is responsible for monitoring water quality and follows the rules around that. The Public Health staff do that work and communicate with the City. The City is building a new water plant. Questions about the testing results can be directed to Dr. Victoria Lee. Other things to do with water are the purview of the City of White Rock.

Q: name not given
Son had a traumatic brain injury in 1996 and Fraser Health supported him following a surgery. Has been living in Evergreen Assisted Living for a number of years where he did well except that he is a smoker of medicinal cannabis. A staff member now has an allergy and the son was told he would have to stop smoking cannabis. He could not and was given five weeks' notice to move. He is now living by himself because of one staff member.

A: Michael Marchbank, Fraser Health President and Chief Executive Officer
This is one of some significant issues that can arise related to cannabis use. We want to see the patient in the best place. Teresa O'Callaghan, Executive Director, will speak with you directly after the meeting to see what we can do.