

Review of Child Death at Abbotsford Regional Hospital – NEW

- Our hearts go out to this family during this incredibly sad time.
- I can't imagine what it's like to lose a child and my thoughts are with the family.
- Since learning about this tragic case I have reached out to Fraser Health's CEO and can assure you that this is not a situation that the ministry or health authority takes lightly – and a Section 51 review is occurring.
- Fraser Health will work with this family throughout this trying time and ensure they have the support they need.
- Doctors and staff care very much for the patients they serve and this kind of a death of a child is devastating. The CEO of Fraser Health also visited the hospital last week to speak with and support staff.
- Fraser Health's Maternal Infant Child and Youth team has initiated a full patient safety review in partnership with the Abbotsford Emergency Department.
- This review will look at the care provided to the child, which will include a review of the cause of death.
- While we can't comment on the specifics of this case, anytime there is an unexpected death we do a review of the circumstances. From these reviews we can see if there is anything that we can learn for the future.
- Information from these reviews is intentionally very strictly protected under Section 51 of the Evidence Act to support health authorities to learn from these events.

Hot Issues – February 20, 2017, 12:15 p.m.

- Section 51 supports this goal by promoting frank and open discussion about all the factors and circumstances leading to the event.
- Without this protection, health care professionals may be unwilling to candidly discuss adverse events, and the opportunity to improve patient care could be lost.
- These reviews often generate recommendations for potential improvements that may benefit future patients. A non-punitive approach to reviews ensures that lessons learned translate into improved quality and safety.

If asked about an independent review:

- Section 51 reviews are designed for open and transparent dialogue.
- I am confident in this process and trust we will get what we need from it.
- These reviews often generate recommendations for potential improvements that may benefit future patients.

If asked about staffing:

- For the past 2 years FH has trained almost 400 nurses annually in specialty nursing education. An increase of over 100 more nurses trained per year.
 - Specialty nursing training includes a specialization in emergency as well as pediatric emergency

Hot Issues – February 20, 2017, 12:15 p.m.

- Fraser Health currently has 9 nurses completing their specialty training and will start in the spring. There are another 7 nurses that will start the specialty training course and will be complete in December.
- Where there are vacancies these are filled by agency nursing, overtime medical/surgical nursing staff and casuals.
- Many of these vacancies are due to maternity leave.
- There are currently 30 vacancies for the Abbotsford Regional Hospital ER.

Review of Child Death at Abbotsford Regional Hospital

- Our hearts go out to this family during this incredibly sad time.
- I can't imagine what it's like to lose a child and my thoughts are with the family.
- Since learning about this tragic case I have reached out to Fraser Health's CEO and can assure you that this is not a situation that the ministry or health authority takes lightly – and a Section 51 review is occurring.
- Fraser Health will work with this family throughout this trying time and ensure they have the support they need.
- Doctors and staff care very much for the patients they serve and this kind of a death of a child is devastating. The CEO of Fraser Health also visited the hospital last week to speak with and support staff.
- Fraser Health's Maternal Infant Child and Youth team has initiated a full patient safety review in partnership with the Abbotsford Emergency Department.
- This review will look at the care provided to the child, which will include a review of the cause of death.
- While we can't comment on the specifics of this case, anytime there is an unexpected death we do a review of the circumstances. From these reviews we can see if there is anything that we can learn for the future.
- Information from these reviews is intentionally very strictly protected under Section 51 of the Evidence Act to support health authorities to learn from these events.

Hot Issues – February 21, 2017, 10:00 a.m.

- Section 51 supports this goal by promoting frank and open discussion about all the factors and circumstances leading to the event.
- Without this protection, health care professionals may be unwilling to candidly discuss adverse events, and the opportunity to improve patient care could be lost.
- These reviews often generate recommendations for potential improvements that may benefit future patients. A non-punitive approach to reviews ensures that lessons learned translate into improved quality and safety.

If asked about Coroner's Review:

- This death was reported to the coroners when it occurred and they initiated an investigation immediately.
- It is mandatory that every child's death be reported to the Coroners Service, natural or otherwise, and every child's death is investigated. The extent of the investigation depends on the circumstances of the death.
- At this point, I understand the Coroner's office is gathering information, including medical records and will await the results of the autopsy.
- If issues around care of diagnosis are identified, the coroner would make a recommendation to the appropriate regulatory body (ie the College of Physicians and Surgeons), the Health Authority or the Ministry of Health for follow-up.
- Inquests aren't normally held in natural deaths but if systemic issues posing a danger to the public were identified, an inquest would be considered.

If asked about an independent review:

- Section 51 reviews are designed for open and transparent dialogue.
- I am confident in this process and trust we will get what we need from it.
- These reviews often generate recommendations for potential improvements that may benefit future patients.

If asked about staffing:

- For the past 2 years FH has trained almost 400 nurses annually in specialty nursing education. An increase of over 100 more nurses trained per year.
 - Specialty nursing training includes a specialization in emergency as well as pediatric emergency.
- Fraser Health currently has 9 nurses completing their specialty training and will start in the spring. There are another 7 nurses that will start the specialty training course and will be complete in December.
- Where there are vacancies these are filled by agency nursing, overtime medical/surgical nursing staff and casuals.
- Many of these vacancies are due to maternity leave.
- There are currently 30 vacancies for the Abbotsford Regional Hospital ER.

Abbotsford Regional Hospital Congestion – NEW

- Our thoughts are with these families during this incredibly sad time. These are not situation that the ministry or health authority takes lightly.
- I want to assure you that Fraser Health is looking into both cases to for any learnings and improvements.
- I am also aware of recent media on congestion at Abbotsford Hospital.
- I understand that Fraser Health leadership has already reached out to emergency physicians to talk to them about what they are seeing and experiencing and as well as what possible solutions there may be.
- Hospital congestion is an issue that we see facing all hospitals across the country. This is not new for us or for anyone working in the healthcare system. What is important is working together – doctors, administration, patients – to proactively find strategies to manage it.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- Fraser Health has a number of initiatives underway to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,

Hot Issues – February 27, 2017, 1135

- open up 403 new residential care beds, and
- create stronger partnerships with the division of family practice.
- In addition they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - the Preview ED tool that has reduced the number of facility transfers to the ER by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.

Hot Issues – February 27, 2017, 1135

- However the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- And according to CIHI – 90% of patients at Abbotsford Regional Hospital are seen by a physician in less than 2.5 hours – lower than the B.C. average and Canadian average.
- But there is seasonal fluctuation in hospital congestion, and winter is typically a season where we see more people come to hospital.
- All health authorities plan for these surges in capacity.
- Fraser Health uses moves a set number of beds from acute to medical to emergency, depending on when they need them and I understand this is what they have done in Abbotsford.
- The point to remember though, more beds doesn't solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.
- Abbotsford Regional Hospital also has short stay diagnostic and treatment beds in the emergency department – a pilot project that was a proposal from the emergency physicians – with early measurement showing avoided admissions to hospital.

Hot Issues – February 27, 2017, 1135

- There has also been a task group including physicians who have been working on other strategies, for example, they have started monitoring daily discharges and have targets they strive to meet to ensure inpatients have access to diagnostics tests when discharged.
- There are challenges there for sure, but they are working with the physician group and implementing new strategies to manage it.

Abbotsford Regional Hospital Congestion

- Our thoughts are with these families during this incredibly sad time. These are not situations that the ministry or health authority takes lightly.
- I want to assure you that Fraser Health is looking into both cases for any learnings and improvements.
- I am also aware of recent media on congestion at Abbotsford Hospital.
- I understand that Fraser Health leadership has already reached out to emergency physicians to talk to them about what they are seeing and experiencing and as well as what possible solutions there may be.
- Hospital congestion is an issue that we see facing all hospitals across the country. This is not new for us or for anyone working in the healthcare system. What is important is working together – doctors, administration, patients – to proactively find strategies to manage it.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- Fraser Health has a number of initiatives underway to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,

Hot Issues – February 28, 2017, 9:40 a.m.

- open up 403 new residential care beds, and
- create stronger partnerships with the division of family practice.
- In addition they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the ER by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.

Hot Issues – February 28, 2017, 9:40 a.m.

- However the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- And according to CIHI – 90% of patients at Abbotsford Regional Hospital are seen by a physician in less than 2.5 hours – lower than the B.C. average and Canadian average.
- But there is seasonal fluctuation in hospital congestion, and winter is typically a season where we see more people come to hospital.
- All health authorities plan for these surges in capacity.
- Fraser Health moves a set number of beds from acute to medical to emergency, depending on when they need them and I understand this is what they have done in Abbotsford.
- The point to remember though, more beds doesn't solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.
- Abbotsford Regional Hospital also has short stay diagnostic and treatment beds in the emergency department – a pilot project that was a proposal from the emergency physicians – with early measurement showing avoided admissions to hospital.

Hot Issues – February 28, 2017, 9:40 a.m.

- There has also been a task group including physicians who have been working on other strategies, for example, they have started monitoring daily discharges and have targets they strive to meet to ensure inpatients have access to diagnostics tests when discharged.
- There are challenges there for sure, but they are working with the physician group and implementing new strategies to manage it.

Abbotsford Regional Hospital Congestion

- Our thoughts are with these families during this incredibly sad time. These are not situations that the ministry or health authority takes lightly.
- I want to assure you that Fraser Health is looking into both cases for any learnings and improvements.
- I am also aware of recent media on congestion at Abbotsford Hospital.
- I understand that Fraser Health leadership has already reached out to emergency physicians to talk to them about what they are seeing and experiencing and as well as what possible solutions there may be.
- Hospital congestion is an issue that we see facing all hospitals across the country. This is not new for us or for anyone working in the healthcare system. What is important is working together – doctors, administration, patients – to proactively find strategies to manage it.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- Fraser Health has a number of initiatives underway to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,

Hot Issues – March 01, 2017, 1300

- open up 403 new residential care beds, and
- create stronger partnerships with the division of family practice.
- In addition they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the ER by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.

Hot Issues – March 01, 2017, 1300

- However the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- And according to CIHI – 90% of patients at Abbotsford Regional Hospital are seen by a physician in less than 2.5 hours – lower than the B.C. average and Canadian average.
- But there is seasonal fluctuation in hospital congestion, and winter is typically a season where we see more people come to hospital.
- All health authorities plan for these surges in capacity.
- Fraser Health moves a set number of beds from acute to medical to emergency, depending on when they need them and I understand this is what they have done in Abbotsford.
- The point to remember though, more beds doesn't solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.
- Abbotsford Regional Hospital also has short stay diagnostic and treatment beds in the emergency department – a pilot project that was a proposal from the emergency physicians – with early measurement showing avoided admissions to hospital.

Hot Issues – March 01, 2017, 1300

- There has also been a task group including physicians who have been working on other strategies, for example, they have started monitoring daily discharges and have targets they strive to meet to ensure inpatients have access to diagnostics tests when discharged.
- There are challenges there for sure, but they are working with the physician group and implementing new strategies to manage it.

Abbotsford Regional Hospital Congestion

- Our thoughts are with these families during this incredibly sad time. These are not situations that the ministry or health authority takes lightly.
- I want to assure you that Fraser Health is looking into both cases for any learnings and improvements.
- I am also aware of recent media on congestion at Abbotsford Hospital.
- I understand that Fraser Health leadership has already reached out to emergency physicians to talk to them about what they are seeing and experiencing and as well as what possible solutions there may be.
- Hospital congestion is an issue that we see facing all hospitals across the country. This is not new for us or for anyone working in the healthcare system. What is important is working together – doctors, administration, patients – to proactively find strategies to manage it.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- Fraser Health has a number of initiatives underway to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,

Hot Issues – March 02, 2017, 0600

- open up 403 new residential care beds, and
- create stronger partnerships with the division of family practice.
- In addition they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the ER by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.

Hot Issues – March 02, 2017, 0600

- However the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- And according to CIHI – 90% of patients at Abbotsford Regional Hospital are seen by a physician in less than 2.5 hours – lower than the B.C. average and Canadian average.
- But there is seasonal fluctuation in hospital congestion, and winter is typically a season where we see more people come to hospital.
- All health authorities plan for these surges in capacity.
- Fraser Health moves a set number of beds from acute to medical to emergency, depending on when they need them and I understand this is what they have done in Abbotsford.
- The point to remember though, more beds doesn't solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.
- Abbotsford Regional Hospital also has short stay diagnostic and treatment beds in the emergency department – a pilot project that was a proposal from the emergency physicians – with early measurement showing avoided admissions to hospital.

Hot Issues – March 02, 2017, 0600

- There has also been a task group including physicians who have been working on other strategies, for example, they have started monitoring daily discharges and have targets they strive to meet to ensure inpatients have access to diagnostics tests when discharged.
- There are challenges there for sure, but they are working with the physician group and implementing new strategies to manage it.

BCNU Claims of Nursing Shortage – NEW

- We have been working in close partnership with nurses, with a focus on improving health care, and specifically how we can recruit and train more nurses across the province.
- Last year we hired more than 1,700 nurses.
- Our work with nurses has also resulted in funding for education and training for at least 850 specialty full time-equivalent nurse positions in 2016/17, as well as investing \$5 million for nurse education in priority community care areas and specialty nurse training spaces.
- In addition the Ministry of Health, Health Employers Association of BC, health authorities and unions have formed a provincial steering committee to ensure nurse staffing needs are met over the next several years.
- The concerns at Abbotsford Regional Hospital have come forward to this committee, and they have started a review of key documents and will make recommendations on how to address the concerns.
- Health authorities also work hard to support undergraduate and new graduating nurses to better integrate in the health system.
- Nearly 92% of B.C. nursing graduates work in British Columbia.
- Since 2001, we have more than doubled the number of nurse training spaces, adding more than 4,500 new spaces, for a record number of graduates who have received more than 20,000 degrees, diplomas and certificates.
- These investments and training take time but nurse vacancies are something the ministry is committed to working with health

authorities and unions to address in order to offer the continuous care patients need.

If asked about specific staffing shortages:

Abbotsford Regional Hospital

- Fraser Health has assured me that they are actively engaged in training our nurses and they anticipate adding 17 specialty trained nurses between November of last year and June of this year.
- Fraser Health and the BCNU have been working proactively on this issue at Abbotsford since 2015.
- The Abbotsford Regional Hospital ER was identified in bargaining by Fraser Health and the BCNU in 2015 as a priority site as part of a violence prevention initiative.
- Fraser Health agreed to a number of action items as part of that initiative, including an increase in psych nurse staffing in the ER and strategies to reduce ER congestion through improved home and community care.
- For the past 2 years Fraser Health has trained almost 400 nurses annually in specialty nursing education - prior to that it was 268 per year.

BC Children's Hospital

- Health authorities are having great success with in-house operating room (OR) training programs.
- Recently, the Provincial Health Services Authority's program contributed to the successful management of an OR nursing shortage at BC Children's Hospital where eighteen new nurses have been hired, bringing them to a full compliment.
- As well, Vancouver Coastal expects its program to produce a surplus of OR nurses in 2019.

Dawson Creek

- In Northern Health, the rural and remote nursing incentive program is having an immediate impact on recruiting – directly helping to fill seven out of eight recent postings.
- As of the end of February OR nursing at Dawson Creek and District Hospital is at full staffing levels.
- Northern Health is also working hard to continue recruiting nurses with IV chemotherapy specialty training.

Lions Gate

- At the end of December there was an unfortunate combination of patient surge, plus an unexpected number of short notice staff sick calls.
- This resulted in three nurses having to work on their scheduled day off.

Hot Issues – March 06, 2017, 1245

- We thank them for their dedication and for working those shifts.
- The week between Christmas and New Years can be difficult for hospitals because many family doctor offices are closed, which can put greater pressure on Emergency Departments.
- Health authorities work to ensure departments are staffed properly, but sometimes unforeseen circumstances such as weather, short-term illness, or patient surges can make this challenging.
- Of note, the three nurses worked a total of 7 hours of overtime between them in all of 2016 and were called in to ensure the delivery of safe patient care at the hospital.

Fraser Health Congestion Concerns – NEW

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times over the past week and over the weekend I asked Fraser Health to put together an action plan to address the concerns we have heard.
- Over the weekend additional community care and diagnostic staff were brought in to ease pressure - 15 flex beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 06, 2017, 1245

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about ^{s.22} :

- The health authority and all health authorities are working hard to reduce congestion.
- I understand she was treated, and moved into a bed and I hope she is doing well.
- The space in question (not the Emergency Department) has been empty for a year. By working on patient flow they found they were able to efficiently care for patients without the use of the space in question.

If asked about Child at Ridge Meadows Hospital alleged misdiagnosis:

- We are sorry to hear of this family's experience and Fraser Health would like to learn more about it.
- We have excellent physicians and care staff at the hospitals and if for any reason there was some miscommunication the health authority would like to help clarify that and better understand what happened.
- Staff work as quickly as we can to return people home safely or to have people admitted to a unit when it is required. This work is done by committed and caring staff. Fraser Health takes this work and the concerns people bring forward seriously.
- I encourage the family to follow up with Fraser Health, and the Patient Care Quality Office if they have any concerns related to the care they receive.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds doesn't solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring that there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 06, 2017, 1245

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

BCNU Claims of Nursing Shortage

- We have been working in close partnership with nurses, with a focus on improving health care, and specifically how we can recruit and train more nurses across the province.
- Last year we hired more than 1,700 nurses.
- Our work with nurses has also resulted in funding for education and training for at least 850 specialty full time-equivalent nurse positions in 2016/17, as well as investing \$5 million for nurse education in priority community care areas and specialty nurse training spaces.
- In addition the Ministry of Health, Health Employers Association of BC, health authorities and unions have formed a provincial steering committee to ensure nurse staffing needs are met over the next several years.
- The concerns at Abbotsford Regional Hospital have come forward to this committee, and they have started a review of key documents and will make recommendations on how to address the concerns.
- Health authorities also work hard to support undergraduate and new graduating nurses to better integrate in the health system.
- Nearly 92% of B.C. nursing graduates work in British Columbia.
- Since 2001, we have more than doubled the number of nurse training spaces, adding more than 4,500 new spaces, for a record number of graduates who have received more than 20,000 degrees, diplomas and certificates.

Hot Issues – March 07, 2017, 0915

- These investments and training take time but nurse vacancies are something the ministry is committed to working with health authorities and unions to address in order to offer the continuous care patients need.

If asked about specific staffing shortages:

Abbotsford Regional Hospital

- Fraser Health has assured me that they are actively engaged in training our nurses and they anticipate adding 17 specialty trained nurses between November of last year and June of this year.
- Fraser Health and the BCNU have been working proactively on this issue at Abbotsford since 2015.
- The Abbotsford Regional Hospital ER was identified in bargaining by Fraser Health and the BCNU in 2015 as a priority site as part of a violence prevention initiative.
- Fraser Health agreed to a number of action items as part of that initiative, including an increase in psych nurse staffing in the ER and strategies to reduce ER congestion through improved home and community care.
- For the past 2 years Fraser Health has trained almost 400 nurses annually in specialty nursing education - prior to that it was 268 per year.

BC Children's Hospital

- Health authorities are having great success with in-house operating room (OR) training programs.
- Recently, the Provincial Health Services Authority's program contributed to the successful management of an OR nursing shortage at BC Children's Hospital where eighteen new nurses have been hired, bringing them to a full compliment.
- As well, Vancouver Coastal expects its program to produce a surplus of OR nurses in 2019.

Dawson Creek

- In Northern Health, the rural and remote nursing incentive program is having an immediate impact on recruiting – directly helping to fill seven out of eight recent postings.
- As of the end of February OR nursing at Dawson Creek and District Hospital is at full staffing levels.
- Northern Health is also working hard to continue recruiting nurses with IV chemotherapy specialty training.

Lions Gate

- At the end of December there was an unfortunate combination of patient surge, plus an unexpected number of short notice staff sick calls.
- This resulted in three nurses having to work on their scheduled day off.

Hot Issues – March 07, 2017, 0915

- We thank them for their dedication and for working those shifts.
- The week between Christmas and New Years can be difficult for hospitals because many family doctor offices are closed, which can put greater pressure on Emergency Departments.
- Health authorities work to ensure departments are staffed properly, but sometimes unforeseen circumstances such as weather, short-term illness, or patient surges can make this challenging.
- Of note, the three nurses worked a total of 7 hours of overtime between them in all of 2016 and were called in to ensure the delivery of safe patient care at the hospital.

Fraser Health Congestion Concerns

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times over the past week and over the weekend I asked Fraser Health to put together an action plan to address the concerns we have heard.
- Over the weekend additional community care and diagnostic staff were brought in to ease pressure - 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 07, 2017, 0915

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about ^{s.22}

⋮

- Fraser Health and all health authorities are working hard to reduce congestion.
- I understand she was treated, and moved into a bed and I hope she is doing well.
- The space in question (not the Emergency Department) has been empty for a year. By working on patient flow they found they were able to efficiently care for patients without the use of the space in question.

If asked about Child at Ridge Meadows Hospital alleged misdiagnosis:

- We are sorry to hear of this family's experience and Fraser Health would like to learn more about it.
- We have excellent physicians and care staff at the hospitals and if for any reason there was some miscommunication, the health authority would like to help clarify that and better understand what happened.
- Committed and caring staff work as quickly as they can to return people home safely or to have people admitted to a unit when it is required. Fraser Health takes this work and the concerns people bring forward seriously.
- I encourage the family to follow up with Fraser Health, and the Patient Care Quality Office if they have any concerns related to the care they receive.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However, the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds do not solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 07, 2017, 0915

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition, they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

BCNU Claims of Nursing Shortage

- We have been working in close partnership with nurses, with a focus on improving health care, and specifically how we can recruit and train more nurses across the province.
- Last year we hired more than 1,700 nurses.
- Our work with nurses has also resulted in funding for education and training for at least 850 specialty full time-equivalent nurse positions in 2016/17, as well as investing \$5 million for nurse education in priority community care areas and specialty nurse training spaces.
- In addition the Ministry of Health, Health Employers Association of BC, health authorities and unions have formed a provincial steering committee to ensure nurse staffing needs are met over the next several years.
- The concerns at Abbotsford Regional Hospital have come forward to this committee, and they have started a review of key documents and will make recommendations on how to address the concerns.
- Health authorities also work hard to support undergraduate and new graduating nurses to better integrate in the health system.
- Nearly 92% of B.C. nursing graduates work in British Columbia.
- Since 2001, we have more than doubled the number of nurse training spaces, adding more than 4,500 new spaces, for a record number of graduates who have received more than 20,000 degrees, diplomas and certificates.

- These investments and training take time but nurse vacancies are something the ministry is committed to working with health authorities and unions to address in order to offer the continuous care patients need.

If asked about specific staffing shortages:

Abbotsford Regional Hospital

- Fraser Health has assured me that they are actively engaged in training our nurses and they anticipate adding 17 specialty trained nurses between November of last year and June of this year.
- Fraser Health and the BCNU have been working proactively on this issue at Abbotsford since 2015.
- The Abbotsford Regional Hospital ER was identified in bargaining by Fraser Health and the BCNU in 2015 as a priority site as part of a violence prevention initiative.
- Fraser Health agreed to a number of action items as part of that initiative, including an increase in psych nurse staffing in the ER and strategies to reduce ER congestion through improved home and community care.
- For the past 2 years Fraser Health has trained almost 400 nurses annually in specialty nursing education - prior to that it was 268 per year.

BC Children's Hospital

- Health authorities are having great success with in-house operating room (OR) training programs.
- Recently, the Provincial Health Services Authority's program contributed to the successful management of an OR nursing shortage at BC Children's Hospital where eighteen new nurses have been hired, bringing them to a full compliment.
- As well, Vancouver Coastal expects its program to produce a surplus of OR nurses in 2019.

Dawson Creek

- In Northern Health, the rural and remote nursing incentive program is having an immediate impact on recruiting – directly helping to fill seven out of eight recent postings.
- As of the end of February OR nursing at Dawson Creek and District Hospital is at full staffing levels.
- Northern Health is also working hard to continue recruiting nurses with IV chemotherapy specialty training.

Lions Gate

- At the end of December there was an unfortunate combination of patient surge, plus an unexpected number of short notice staff sick calls.
- This resulted in three nurses having to work on their scheduled day off.

Hot Issues – March 08, 2017, 10:40 am

- We thank them for their dedication and for working those shifts.
- The week between Christmas and New Years can be difficult for hospitals because many family doctor offices are closed, which can put greater pressure on Emergency Departments.
- Health authorities work to ensure departments are staffed properly, but sometimes unforeseen circumstances such as weather, short-term illness, or patient surges can make this challenging.
- Of note, the three nurses worked a total of 7 hours of overtime between them in all of 2016 and were called in to ensure the delivery of safe patient care at the hospital.

Fraser Health Congestion Concerns

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times over the past week and over the weekend I asked Fraser Health to put together an action plan to address the concerns we have heard.
- Over the weekend additional community care and diagnostic staff were brought in to ease pressure - 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 08, 2017, 10:40 am

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Abbotsford, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about ^{s.22} :

- Fraser Health and all health authorities are working hard to reduce congestion.
- I understand she was treated, and moved into a bed and I hope she is doing well.
- The space in question (not the Emergency Department) has been empty for a year. By working on patient flow they found they were able to efficiently care for patients without the use of the space in question.

If asked about Child at Ridge Meadows Hospital alleged misdiagnosis:

- We are sorry to hear of this family's experience and Fraser Health would like to learn more about it.
- We have excellent physicians and care staff at the hospitals and if for any reason there was some miscommunication, the health authority would like to help clarify that and better understand what happened.
- Committed and caring staff work as quickly as they can to return people home safely or to have people admitted to a unit when it is required. Fraser Health takes this work and the concerns people bring forward seriously.
- I encourage the family to follow up with Fraser Health, and the Patient Care Quality Office if they have any concerns related to the care they receive.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However, the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds do not solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 08, 2017, 10:40 am

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition, they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

BCNU Claims of Nursing Shortage

- We have been working in close partnership with nurses, with a focus on improving health care, and specifically how we can recruit and train more nurses across the province.
- Last year we hired more than 1,700 nurses.
- Our work with nurses has also resulted in funding for education and training for at least 850 specialty full time-equivalent nurse positions in 2016/17, as well as investing \$5 million for nurse education in priority community care areas and specialty nurse training spaces.
- In addition the Ministry of Health, Health Employers Association of BC, health authorities and unions have formed a provincial steering committee to ensure nurse staffing needs are met over the next several years.
- The concerns at Abbotsford Regional Hospital have come forward to this committee, and they have started a review of key documents and will make recommendations on how to address the concerns.
- Health authorities also work hard to support undergraduate and new graduating nurses to better integrate in the health system.
- Nearly 92% of B.C. nursing graduates work in British Columbia.
- Since 2001, we have more than doubled the number of nurse training spaces, adding more than 4,500 new spaces, for a record number of graduates who have received more than 20,000 degrees, diplomas and certificates.

- These investments and training take time but nurse vacancies are something the ministry is committed to working with health authorities and unions to address in order to offer the continuous care patients need.

If asked about specific staffing shortages:

Abbotsford Regional Hospital

- Fraser Health has assured me that they are actively engaged in training our nurses and they anticipate adding 17 specialty trained nurses between November of last year and June of this year.
- Fraser Health and the BCNU have been working proactively on this issue at Abbotsford since 2015.
- The Abbotsford Regional Hospital ER was identified in bargaining by Fraser Health and the BCNU in 2015 as a priority site as part of a violence prevention initiative.
- Fraser Health agreed to a number of action items as part of that initiative, including an increase in psych nurse staffing in the ER and strategies to reduce ER congestion through improved home and community care.
- For the past 2 years Fraser Health has trained almost 400 nurses annually in specialty nursing education - prior to that it was 268 per year.

BC Children's Hospital

- Health authorities are having great success with in-house operating room (OR) training programs.
- Recently, the Provincial Health Services Authority's program contributed to the successful management of an OR nursing shortage at BC Children's Hospital where eighteen new nurses have been hired, bringing them to a full compliment.
- As well, Vancouver Coastal expects its program to produce a surplus of OR nurses in 2019.

Dawson Creek

- In Northern Health, the rural and remote nursing incentive program is having an immediate impact on recruiting – directly helping to fill seven out of eight recent postings.
- As of the end of February OR nursing at Dawson Creek and District Hospital is at full staffing levels.
- Northern Health is also working hard to continue recruiting nurses with IV chemotherapy specialty training.

Lions Gate

- At the end of December there was an unfortunate combination of patient surge, plus an unexpected number of short notice staff sick calls.
- This resulted in three nurses having to work on their scheduled day off.

Hot Issues – March 09, 2017, 9:40 am

- We thank them for their dedication and for working those shifts.
- The week between Christmas and New Years can be difficult for hospitals because many family doctor offices are closed, which can put greater pressure on Emergency Departments.
- Health authorities work to ensure departments are staffed properly, but sometimes unforeseen circumstances such as weather, short-term illness, or patient surges can make this challenging.
- Of note, the three nurses worked a total of 7 hours of overtime between them in all of 2016 and were called in to ensure the delivery of safe patient care at the hospital.

Fraser Health Congestion Concerns

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times over the past week and over the weekend I asked Fraser Health to put together an action plan to address the concerns we have heard.
- Over the weekend additional community care and diagnostic staff were brought in to ease pressure - 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 09, 2017, 9:40 am

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about ^{s.22} _____ :

- Fraser Health and all health authorities are working hard to reduce congestion.
- I understand she was treated, and moved into a bed and I hope she is doing well.
- The space in question (not the Emergency Department) has been empty for a year. By working on patient flow they found they were able to efficiently care for patients without the use of the space in question.

If asked about Child at Ridge Meadows Hospital alleged misdiagnosis:

- We are sorry to hear of this family's experience and Fraser Health would like to learn more about it.
- We have excellent physicians and care staff at the hospitals and if for any reason there was some miscommunication, the health authority would like to help clarify that and better understand what happened.
- Committed and caring staff work as quickly as they can to return people home safely or to have people admitted to a unit when it is required. Fraser Health takes this work and the concerns people bring forward seriously.
- I encourage the family to follow up with Fraser Health, and the Patient Care Quality Office if they have any concerns related to the care they receive.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However, the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds do not solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 09, 2017, 9:40 am

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition, they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Workplace Violence – NEW

- Violence is never acceptable. Yet we recognize, in health-care workplaces, when patients are under physical or mental stress, there is a risk for violent behaviour.
- To prevent incidents of violence and when an incident occurs, we work closely with frontline staff, health authorities, WorkSafeBC, SafeCare BC and unions to address safety concerns and develop specific strategies to improve staff and patient safety.
- Last year, the ministry and the Nurses' Bargaining Association made a funding commitment of \$2 million each to support targeted violence prevention actions at six sites in 2017/2018
 - Royal Jubilee Hospital, The Views at St. Joseph's, Penticton Regional Hospital, Mills Memorial Hospital, Royal Columbian Hospital, and Hilltop Long Term Care.
- This is in addition to the \$2 million invested 2015 to support violence prevention actions at four high-priority sites:
 - Forensic Psychiatric Hospital in Port Coquitlam, Hillside Centre in Kamloops, Seven Oaks Tertiary Mental Health in Victoria, and Abbotsford Regional Hospital.
- The Ministry of Health requires health authorities to assess the risk for violence and aggression in all facilities, and ensure there are associated safety plans and programs in place.
- Health authorities have regional violence prevention committees that report to the Occupation Health and Safety and Violence Prevention Committee, and are responsible for guiding location-specific violence prevention programs.

Hot Issues – March 13, 2017, 11:30 am

- This spring, we will release a workforce violence prevention policy framework, and have committed \$1.5 million to implement a number of key actions in the framework at the provincial and health authority level, including:
 - improved injury reporting systems, more effective violence prevention training, and greater accountability for violence prevention policy and practice among all public and private health employers.
- The framework will build on current successes such as the \$37-million Health and Safety in Action initiative, from which came the province-wide violence prevention education program.
- The 17 pilot sites for this program showed an almost 40 per cent decrease in WorkSafeBC violence-related claims.
- While we do not want to see any violence in workplaces, violent incidents represent less than 0.01 per cent of the over 30-million services provided to British Columbians each year.

If asked about health authority efforts:

- All health authorities provide mandatory violence prevention training for staff and, where possible, physicians working in areas with increased exposure to violence, such as mental health units, emergency departments, and residential care facilities.
- Every health authority has a standardized Code White response protocol and response teams that are used to defuse potentially dangerous situations and help protect staff, patients and bystanders.

Hot Issues – March 13, 2017, 11:30 am

- Risk assessment processes are implemented in all health authorities to identify and keep track of patients, clients and residents who are at risk for violent incidents.
- In addition, Vancouver Coastal Health has recently committed approximately \$2 million for violence education upgrades for staff working in high-risk environments and to expand its violence assessment team from two to six staff members.
- Provincial Health Services Authority has committed \$2.8 million to further enhance safety and security at the Forensic Psychiatric Hospital with improved fencing, lighting, security cameras and landscaping.
- Fraser Health completed a rigorous risk assessment of Abbotsford Regional Hospital which resulted in improvements such as a dedicated security person for the emergency department, and additional security cameras and fixed panic alarms.
- The ministry, through the Provincial Health Services Authority, implemented OHS Connect, an online community where anyone working in B.C. health care can collaborate on projects and share resources that deal with occupational health and safety.

If asked about the number of violent incidents:

- With increased awareness and training around violent incident reporting, the number of reported incidents has also increased, 18 per cent over an almost four-year period.

Hot Issues – March 13, 2017, 11:30 am

- It's important to note that these incidents have typically been under-reported in the past and it is our goal to ensure they get reported and addressed, and that associated time away from work decreases long-term.
- For the same almost four-year period, time-loss claims related to violent incidents remained relatively constant, with an increase of 3 per cent, which means the severity of violent incidents in the workplace is being managed.

Fraser Health Congestion Concerns

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times over the past week and over the weekend I asked Fraser Health to put together an action plan to address the concerns we have heard.
- Over the weekend additional community care and diagnostic staff were brought in to ease pressure - 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 13, 2017, 11:30 am

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley Memorial, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about ^{s.22} :

- Fraser Health and all health authorities are working hard to reduce congestion.
- I understand she was treated, and moved into a bed and I hope she is doing well.
- The space in question (not the Emergency Department) has been empty for a year. By working on patient flow they found they were able to efficiently care for patients without the use of the space in question.

If asked about Child at Ridge Meadows Hospital alleged misdiagnosis:

- We are sorry to hear of this family's experience and Fraser Health would like to learn more about it.
- We have excellent physicians and care staff at the hospitals and if for any reason there was some miscommunication, the health authority would like to help clarify that and better understand what happened.
- Committed and caring staff work as quickly as they can to return people home safely or to have people admitted to a unit when it is required. Fraser Health takes this work and the concerns people bring forward seriously.
- I encourage the family to follow up with Fraser Health, and the Patient Care Quality Office if they have any concerns related to the care they receive.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However, the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds do not solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 13, 2017, 11:30 am

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition, they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Workplace Violence

- Violence is never acceptable. Yet we recognize when patients are under physical or mental stress, there is a risk for violent behaviour.
- The ministry works closely with frontline staff, health authorities, WorkSafeBC, SafeCare BC and unions to reduce workplace violence and develop specific strategies to improve staff and patient safety.
- Any changes to the Criminal Code would need to be addressed by the federal government.
- Last year, the ministry and the Nurses' Bargaining Association commitment \$2 million each to support targeted violence prevention actions at six sites in 2017/2018
 - Royal Jubilee Hospital, The Views at St. Joseph's, Penticton Regional Hospital, Mills Memorial Hospital, Royal Columbian Hospital, and Hilltop House Long Term Care (Squamish).
- This is in addition to the \$2 million invested 2015 to support violence prevention actions at four high-priority sites:
 - Forensic Psychiatric Hospital in Port Coquitlam, Hillside Psychiatric Centre in Kamloops, Seven Oaks Tertiary Mental Health in Victoria, and Abbotsford Regional Hospital.
- Health authorities are partners in prevention and are responsible for assessing the risk for violence and ensuring there are safety plans and programs in place.

Hot Issues – March 14, 2017, 9:00 am

- Health authorities have regional violence prevention committees and are responsible for location-specific violence prevention programs.
- In addition this spring, we will release a workforce violence prevention policy framework, and have committed \$1.5 million to implement a number of key actions in the framework including:
 - improved injury reporting systems, more effective violence prevention training, and greater accountability for violence prevention policy and practice among all public and private health employers.
- The framework will build on successes such as the \$37-million Health and Safety in Action initiative, from which came the province-wide violence prevention education program.
- While we do not want to see any violence in workplaces, violent incidents represent less than 0.01 per cent of the over 30-million services provided to British Columbians each year.
- Working as a health care professional, whether a doctor, nurse or other care provider, can be demanding, stressful and emotional, but it is also a career choice in which professionals have the opportunity make a difference in the daily wellbeing of others.

If asked about health authority efforts:

- All health authorities provide mandatory violence prevention training for staff working in areas with increased exposure to violence, such as mental health units, emergency departments, and residential care facilities.

Hot Issues – March 14, 2017, 9:00 am

- Every health authority has a standardized Code White response protocol and response teams that are used to defuse potentially dangerous situations.
- Risk assessment processes are implemented in all health authorities to identify patients, clients and residents who are at risk for violent incidents.
- Vancouver Coastal Health committed approximately \$2 million for violence education upgrades for staff working in high-risk environments and to expand its violence assessment team from two to six staff members.
- Provincial Health Services Authority has committed \$2.8 million to further enhance safety and security at the Forensic Psychiatric Hospital with improved fencing, lighting, security cameras and landscaping.
- Fraser Health has added a dedicated security person for the emergency department, additional security cameras and fixed panic alarms at Abbotsford Regional Hospital.
- In addition Fraser Health has implemented the client service ambassador program at Surrey Memorial, Royal Columbian, and Abbotsford Hospitals. The program introduces a specially-trained ambassador employee into the Emergency department to recognize and de-escalate potentially aggressive and violent situations.

If asked about the number of violent incidents:

- With increased awareness and training around violent incident reporting, the number of reported incidents has also increased, 18 per cent over an almost four-year period.

Hot Issues – March 14, 2017, 9:00 am

- It's important to note that these incidents have typically been under-reported in the past and it is our goal to ensure they get reported and addressed, and that associated time away from work decreases long-term.
- For the same period, time-loss claims related to violent incidents has remained relatively constant, which means the severity of violent incidents in the workplace is being managed.

Fraser Health Congestion Concerns - UPDATED

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times and I asked Fraser Health to put together an action plan to address the concerns we have heard.
- As part of their plan they have brought in additional community care and diagnostic staff to ease pressure, and 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 14, 2017, 9:00 am

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley Memorial, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about expansion of Abbotsford Regional Hospital ER:

- Regrettably, I was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently provided it in this house and to media.
- I have corrected the record with the media, and I welcome the opportunity to do the same here.
- On the other side, a transcription error on the part of The Abbotsford News also led to an error in the reporting of a business plan for an expansion of the Mission Memorial Hospital emergency department being underway. That reporter and media outlet have apologized for that error, and I have accepted it.
- In fact, it was Langley Memorial Hospital's emergency department that has the business plan in development, as well as Eagle Ridge and Peace Arch Hospitals.
- Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community.
- While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However, the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds do not solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 14, 2017, 9:00 am

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition, they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

NorKam Walk-in Clinic Closure - UPDATED

- I would like to thank the doctors for their service – I know all physicians in Kamloops have been working tirelessly to see as many patients as possible.
- The Ministry is working with the clinic to lessen the impact of the closure of the Walk-in clinic, and increase the capacity of the primary care clinic there.
- Ministry officials met with staff from the clinic yesterday (Monday March 13).
- The clinic would like to transition to a full service family practice with two additional doctors in May - provided they pass their assessments under the Practice Ready Assessment Program.
- In addition three more PRA physicians will be working in Kamloops by August.
- Since the program started in 2015 – more than 53 doctors have been recruited.
- B.C. has more doctors than ever – almost 12, 000 physicians including general practitioners and specialists are practicing in our province.
- As of February 2016, British Columbia had over 6,000 general practitioners.
- We are hard at work to bring a new patient-centered model of care to Kamloops that provides integrated team-based care in the community that is easier to access and closer to home.

Workplace Violence

- Violence is never acceptable. Yet we recognize when patients are under physical or mental stress, there is a risk for violent behaviour.
- The ministry works closely with frontline staff, health authorities, WorkSafeBC, SafeCare BC and unions to reduce workplace violence and develop specific strategies to improve staff and patient safety.
- Any changes to the Criminal Code would need to be addressed by the federal government.
- Last year, the ministry and the Nurses' Bargaining Association commitment \$2 million each to support targeted violence prevention actions at six sites in 2017/2018
 - Royal Jubilee Hospital, The Views at St. Joseph's, Penticton Regional Hospital, Mills Memorial Hospital, Royal Columbian Hospital, and Hilltop House Long Term Care (Squamish).
- This is in addition to the \$2 million invested 2015 to support violence prevention actions at four high-priority sites:
 - Forensic Psychiatric Hospital in Port Coquitlam, Hillside Psychiatric Centre in Kamloops, Seven Oaks Tertiary Mental Health in Victoria, and Abbotsford Regional Hospital.
- Health authorities are partners in prevention and are responsible for assessing the risk for violence and ensuring there are safety plans and programs in place.

Hot Issues – March 15, 2017, 11:50 am

- Health authorities have regional violence prevention committees and are responsible for location-specific violence prevention programs.
- In addition this spring, we will release a workforce violence prevention policy framework, and have committed \$1.5 million to implement a number of key actions in the framework including:
 - improved injury reporting systems, more effective violence prevention training, and greater accountability for violence prevention policy and practice among all public and private health employers.
- The framework will build on successes such as the \$37-million Health and Safety in Action initiative, from which came the province-wide violence prevention education program.
- While we do not want to see any violence in workplaces, violent incidents represent less than 0.01 per cent of the over 30-million services provided to British Columbians each year.
- Working as a health care professional, whether a doctor, nurse or other care provider, can be demanding, stressful and emotional, but it is also a career choice in which professionals have the opportunity make a difference in the daily wellbeing of others.

If asked about health authority efforts:

- All health authorities provide mandatory violence prevention training for staff working in areas with increased exposure to violence, such as mental health units, emergency departments, and residential care facilities.

Hot Issues – March 15, 2017, 11:50 am

- Every health authority has a standardized Code White response protocol and response teams that are used to defuse potentially dangerous situations.
- Risk assessment processes are implemented in all health authorities to identify patients, clients and residents who are at risk for violent incidents.
- Vancouver Coastal Health committed approximately \$2 million for violence education upgrades for staff working in high-risk environments and to expand its violence assessment team from two to six staff members.
- Provincial Health Services Authority has committed \$2.8 million to further enhance safety and security at the Forensic Psychiatric Hospital with improved fencing, lighting, security cameras and landscaping.
- Fraser Health has added a dedicated security person for the emergency department, additional security cameras and fixed panic alarms at Abbotsford Regional Hospital.
- In addition Fraser Health has implemented the client service ambassador program at Surrey Memorial, Royal Columbian, and Abbotsford Hospitals. The program introduces a specially-trained ambassador employee into the Emergency department to recognize and de-escalate potentially aggressive and violent situations.

If asked about the number of violent incidents:

- With increased awareness and training around violent incident reporting, the number of reported incidents has also increased, 18 per cent over an almost four-year period.

Hot Issues – March 15, 2017, 11:50 am

- It's important to note that these incidents have typically been under-reported in the past and it is our goal to ensure they get reported and addressed, and that associated time away from work decreases long-term.
- For the same period, time-loss claims related to violent incidents has remained relatively constant, which means the severity of violent incidents in the workplace is being managed.

Fraser Health Congestion Concerns - UPDATED

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times and I asked Fraser Health to put together an action plan to address the concerns we have heard.
- As part of their plan they have brought in additional community care and diagnostic staff to ease pressure, and 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 15, 2017, 11:50 am

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley Memorial, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about expansion of Abbotsford Regional Hospital ER:

- Regrettably, I was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently provided it in this house and to media.
- I have corrected the record with the media, and I welcome the opportunity to do the same here.
- On the other side, a transcription error on the part of The Abbotsford News also led to an error in the reporting of a business plan for an expansion of the Mission Memorial Hospital emergency department being underway. That reporter and media outlet have apologized for that error, and I have accepted it.
- In fact, it was Langley Memorial Hospital's emergency department that has the business plan in development, as well as Eagle Ridge and Peace Arch Hospitals.
- Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community.
- While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However, the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds do not solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 15, 2017, 11:50 am

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition, they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Workplace Violence

- Violence is never acceptable. Yet we recognize when patients are under physical or mental stress, there is a risk for violent behaviour.
- The ministry works closely with frontline staff, health authorities, WorkSafeBC, SafeCare BC and unions to reduce workplace violence and develop specific strategies to improve staff and patient safety.
- Any changes to the Criminal Code would need to be addressed by the federal government.
- Last year, the ministry and the Nurses' Bargaining Association commitment \$2 million each to support targeted violence prevention actions at six sites in 2017/2018
 - Royal Jubilee Hospital, The Views at St. Joseph's, Penticton Regional Hospital, Mills Memorial Hospital, Royal Columbian Hospital, and Hilltop House Long Term Care (Squamish).
- This is in addition to the \$2 million invested 2015 to support violence prevention actions at four high-priority sites:
 - Forensic Psychiatric Hospital in Port Coquitlam, Hillside Psychiatric Centre in Kamloops, Seven Oaks Tertiary Mental Health in Victoria, and Abbotsford Regional Hospital.
- Health authorities are partners in prevention and are responsible for assessing the risk for violence and ensuring there are safety plans and programs in place.

- Health authorities have regional violence prevention committees and are responsible for location-specific violence prevention programs.
- In addition this spring, we will release a workforce violence prevention policy framework, and have committed \$1.5 million to implement a number of key actions in the framework including:
 - improved injury reporting systems, more effective violence prevention training, and greater accountability for violence prevention policy and practice among all public and private health employers.
- The framework will build on successes such as the \$37-million Health and Safety in Action initiative, from which came the province-wide violence prevention education program.
- While we do not want to see any violence in workplaces, violent incidents represent less than 0.01 per cent of the over 30-million services provided to British Columbians each year.
- Working as a health care professional, whether a doctor, nurse or other care provider, can be demanding, stressful and emotional, but it is also a career choice in which professionals have the opportunity make a difference in the daily wellbeing of others.

If asked about health authority efforts:

- All health authorities provide mandatory violence prevention training for staff working in areas with increased exposure to violence, such as mental health units, emergency departments, and residential care facilities.

Hot Issues – March 16, 2017, 07:45 am

- Every health authority has a standardized Code White response protocol and response teams that are used to defuse potentially dangerous situations.
- Risk assessment processes are implemented in all health authorities to identify patients, clients and residents who are at risk for violent incidents.
- Vancouver Coastal Health committed approximately \$2 million for violence education upgrades for staff working in high-risk environments and to expand its violence assessment team from two to six staff members.
- Provincial Health Services Authority has committed \$2.8 million to further enhance safety and security at the Forensic Psychiatric Hospital with improved fencing, lighting, security cameras and landscaping.
- Fraser Health has added a dedicated security person for the emergency department, additional security cameras and fixed panic alarms at Abbotsford Regional Hospital.
- In addition Fraser Health has implemented the client service ambassador program at Surrey Memorial, Royal Columbian, and Abbotsford Hospitals. The program introduces a specially-trained ambassador employee into the Emergency department to recognize and de-escalate potentially aggressive and violent situations.

If asked about the number of violent incidents:

- With increased awareness and training around violent incident reporting, the number of reported incidents has also increased, 18 per cent over an almost four-year period.

- It's important to note that these incidents have typically been under-reported in the past and it is our goal to ensure they get reported and addressed, and that associated time away from work decreases long-term.
- For the same period, time-loss claims related to violent incidents has remained relatively constant, which means the severity of violent incidents in the workplace is being managed.

Fraser Health Congestion Concerns

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times and I asked Fraser Health to put together an action plan to address the concerns we have heard.
- As part of their plan they have brought in additional community care and diagnostic staff to ease pressure, and 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.

Hot Issues – March 16, 2017, 07:45 am

- Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
- Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley Memorial, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about expansion of Abbotsford Regional Hospital ER:

- Regrettably, I was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently provided it in this house and to media.
- I have corrected the record with the media, and I welcome the opportunity to do the same here.
- On the other side, a transcription error on the part of The Abbotsford News also led to an error in the reporting of a business plan for an expansion of the Mission Memorial Hospital emergency department being underway. That reporter and media outlet have apologized for that error, and I have accepted it.
- In fact, it was Langley Memorial Hospital's emergency department that has the business plan in development, as well as Eagle Ridge and Peace Arch Hospitals.
- Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community.
- While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However, the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds do not solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.

Hot Issues – March 16, 2017, 07:45 am

- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:
 - increase their home support hours,
 - open up 403 new residential care beds, and
 - create stronger partnerships with the division of family practice.
- In addition, they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

From: [Anderson, Kristy GCPE:EX](#)
To: [Lake, Terry HLTH:EX](#)
Cc: [hlth Ministerial and Executive Assistants](#); [Brown, Stephen R HLTH:EX](#); [Stevenson, Lynn HLTH:EX](#); [Belanger, Matthew GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [Clarke, Brennan GCPE:EX](#); [Maloney, Christine GCPE:EX](#); [May, Stephen GCPE:EX](#); [Peaker, Alexandra GCPE:EX](#); [Plank, Sarah GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: Abby S51 Reivew - Global Heads Up.
Date: Tuesday, April 4, 2017 1:54:00 PM
Attachments: [Document1 \(6\).docx](#)

Hi Minister

Global has a copy of the memo Michael Marchbank sent to staff on the S51 review. They will be doing a phone interview with him at 2:30. I have attached the memo for reference and that is essentially what Michael will be saying. FH will provide the same to Abby News proactively. Let me know if you need anything else.

Cheers,

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca



From: [Anderson, Kristy GCPE:EX](#)
To: [Wolford, Jessica GCPE:EX](#); [Gordon, Matt GCPE:EX](#)
Subject: FW: Abby S51 Reivew - Global Heads Up.
Date: Tuesday, April 4, 2017 1:54:00 PM
Attachments: Document1 (6).docx

FYI on the below and attached.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Tuesday, April 4, 2017 1:55 PM
To: Lake, Terry HLTH:EX
Cc: hlth Ministerial and Executive Assistants; Brown, Stephen R HLTH:EX; Stevenson, Lynn HLTH:EX; Belanger, Matthew GCPE:EX; Cascaden, Lori R GCPE:EX; Clarke, Brennan GCPE:EX; Maloney, Christine GCPE:EX; May, Stephen GCPE:EX; Peaker, Alexandra GCPE:EX; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX

Subject: Abby S51 Reivew - Global Heads Up.

Hi Minister

Global has a copy of the memo Michael Marchbank sent to staff on the S51 review. They will be doing a phone interview with him at 2:30. I have attached the memo for reference and that is essentially what Michael will be saying. FH will provide the same to Abby News proactively. Let me know if you need anything else.

Cheers,

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

Communications Director

Ministry of Finance

250 356-2821

<5239a_Abbotsford_Hospital_Board.pdf>

From: [Anderson, Kristy GCPE:EX](#)
To: [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [XT:Lefebvre, Dave HLTH:IN](#)
Subject: RE: ARH
Date: Tuesday, April 4, 2017 12:25:00 PM

This is what I will be sending Tyler shortly

Health authorities, as part of their long-term planning, are always looking at capital improvements at all of their sites. Fraser Health previously assessed and considered an emergency department expansion at Abbotsford Regional Hospital in 2015, but at the time chose to move forward with just the creation of a mental health and substance use zone in the emergency department.

Following recent concerns, Fraser Health revisited their larger plan for an expansion of the emergency department and submitted it to the ministry a few weeks ago. The creation of a mental health and substance use zone will now be incorporated in the larger emergency department expansion project. This emergency department expansion is one of several that Fraser Health has been working on to help address care concerns in the region.

Kristy Anderson
Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

-----Original Message-----

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]
Sent: Tuesday, April 4, 2017 12:21 PM
To: Anderson, Kristy GCPE:EX
Cc: XT:Lefebvre, Dave HLTH:IN
Subject: ARH

This is what was shared and approved.

From: [Anderson, Kristy GCPE:EX](#)
To: [Lake, Terry HLTH:EX](#)
Cc: [hlth Ministerial and Executive Assistants](#); [Belanger, Matthew GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [Clarke, Brennan GCPE:EX](#); [Lawrie, Hannah GCPE:EX](#); [Maloney, Christine GCPE:EX](#); [May, Stephen GCPE:EX](#); [Peaker, Alexandra GCPE:EX](#); [Plank, Sarah GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: RE: HLTH Media Request: Abbotsford ED capital Planning
Date: Tuesday, April 4, 2017 12:24:00 PM

OK – s.13

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Lake, Terry HLTH:EX

Sent: Tuesday, April 4, 2017 12:22 PM

To: Anderson, Kristy GCPE:EX

Cc: hlth Ministerial and Executive Assistants; [Belanger, Matthew GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [Clarke, Brennan GCPE:EX](#); [Lawrie, Hannah GCPE:EX](#); [Maloney, Christine GCPE:EX](#); [May, Stephen GCPE:EX](#); [Peaker, Alexandra GCPE:EX](#); [Plank, Sarah GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#)

Subject: Re: HLTH Media Request: Abbotsford ED capital Planning

s.13

Terry Lake DVM

Minister of Health

On Apr 4, 2017, at 11:32 AM, Anderson, Kristy GCPE:EX <Kristy.Anderson@gov.bc.ca> wrote:

Hi Minister

s.13

Hi Tyler...

Health authorities, as part of their long-term planning, are always looking at capital improvements at all of their sites. Fraser Health previously assessed and considered an emergency department expansion at Abbotsford Regional Hospital in 2015, but at the time chose to move forward with just the creation of a mental health and substance use zone in the emergency department. This was planning work that was internal to Fraser Health.

Following recent concerns, Fraser Health revisited their larger plan for an expansion of the emergency department and submitted it to the ministry a few weeks ago. The creation of a mental health and substance use zone will now be incorporated in the larger emergency department expansion project.

This emergency department expansion is one of several that Fraser Health has

been working on to help address care concerns in the region.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Lake, Terry HLTH:EX

Sent: Monday, April 3, 2017 3:17 PM

To: Anderson, Kristy GCPE:EX

Cc: hlth Ministerial and Executive Assistants; Belanger, Matthew GCPE:EX; Cascaden, Lori R GCPE:EX; Clarke, Brennan GCPE:EX; Lawrie, Hannah GCPE:EX; Maloney, Christine GCPE:EX; May, Stephen GCPE:EX; Peaker, Alexandra GCPE:EX; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX

Subject: Re: HLTH Media Request: Abbotsford ED capital Planning

When exactly did FHA look at expansion? I did see some information with this in it when this came up

Terry Lake DVM

Minister of Health

On Apr 3, 2017, at 3:13 PM, Anderson, Kristy GCPE:EX

<Kristy.Anderson@gov.bc.ca> wrote:

Hi Minister – not surprisingly the Abbotsford News has called for comment on the announcement of the ARH ER and what appear to be conflicting comments from MMdJ and MOH – we have drafted the below response for that - fine to send to the reporter?
FH is prepared to respond if needed as well.

Reporter

Tyler Olsen, Reporter

Abbotsford News

tolsen@abbynews.com

604-851-4529

Deadline Monday, April 3, 2017 4:00 PM

Request

I just got back from an announcement for an expansion of the Abbotsford Hospital emergency department. Mike de Jong said they've been working on this for six months. That seems to run contrary to your previous statement from less than a month ago that "there are no specific plans to expand the emergency department at Abbotsford Regional Hospital."

Background

Recommendation

Health authorities, as part of their long-term planning, are always

looking at capital improvements at all of their sites. The Ministry had not received specific plans from Fraser Health regarding a proposed expansion of the Emergency Department at Abbotsford Hospital until a few weeks ago, but it was something that Fraser Health had been working on for several months. As you know Fraser Health recently announced the creation of a MHSU zone, which will now be incorporated in the larger Emergency Department expansion project.

<1081797 Implementation Plan ARHCC ED Expansion 2017.03.20.pdf>

From: [Anderson, Kristy GCPE:EX](#)
To: [Palmer, Joel HLTH:EX](#)
Subject: RE: Abbotsford
Date: Tuesday, April 4, 2017 11:13:00 AM
Attachments: 1081797 Implementation Plan ARHCC ED Expansion 2017.03.20.pdf

Hi Joel

Thoughts on this before I send this back to the minister....

Hi Minister

s.13

Hi Tyler...

Health authorities, as part of their long-term planning, are always looking at capital improvements at all of their sites. Fraser Health previously assessed and considered emergency department expansion, but at the time chose to move forward with the creation of a mental health and substance use zone. This was planning work that was internal to Fraser Health.

Following the recent concerns at Abbotsford Regional Hospital, Fraser Health revisited their larger plan regarding a proposed expansion of the Emergency Department and submitted it to the ministry a few weeks ago. As you know, Fraser Health recently announced the creation of a MHSU zone, which will now be incorporated in the larger Emergency Department expansion project.

This Emergency Department expansion is one of several that Fraser Health has been working on to help address care concerns in the region.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Palmer, Joel HLTH:EX

Sent: Tuesday, April 4, 2017 10:13 AM

To: Anderson, Kristy GCPE:EX

Subject: Abbotsford

Joel Palmer | Executive Director | Capital Services | Ministry Of Health | Gov't of BC

Desk: 250-952-1102 | Mobile: 250-216-4627 | Joel.Palmer@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Plank, Sarah GCPE:EX](#)
Cc: [Cascaden, Lori R GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: Re: Abbotsford
Date: Saturday, April 1, 2017 9:29:19 PM

Jamie reached out time as well and I will get him something tomorrow.

Thx.

Kristy Anderson
778.678.5200

On Apr 1, 2017, at 8:26 PM, Plank, Sarah GCPE:EX <Sarah.Plank@gov.bc.ca> wrote:

Hi Kristy and Lori - minister de Jong will be in Abbotsford on Monday morning for the ER announcement. Is there any issues prep messaging he'll need for that? There has been quite a few hallway medicine/congested ER stories in FH lately, and some patient issues. Any from Abbotsford? And any general messaging we could provide on ER congestion/hallway beds in FH regardless if nothing specific to Abbotsford?

Thx,
S

Sarah Plank
Communications Director | Ministry of Health
Government Communications & Public Engagement
Mobile: [250.208.9621](tel:250.208.9621) | Email: sarah.plank@gov.bc.ca

Sent from my iPhone

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [Cascaden, Lori R GCPE:EX](#); [XT:Lefebvre, Dave HLTH:IN](#)
Subject: Ceo message
Date: Wednesday, March 29, 2017 7:06:41 AM
Attachments: [Document1 \(6\).docx](#)
[ATT00001.txt](#)

Kristy

Here is the CEO message to staff that will go out tomorrow morning.

Thanks

From: [Anderson, Kristy GCPE:EX](#)
To: [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [Lefebvre, Dave](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: FW: NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup (2)
Date: Tuesday, March 28, 2017 2:30:00 PM
Attachments: [NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup \(2\).doc](#)

Some thoughts from Carleen and myself should this be needed.
I think highlighting what you are doing is important and flowed better with your lead.
Just some thoughts for consideration. Do you have a QA yet?
Cheers,

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Thistle-Walker, Carlene GCPE:EX
Sent: Tuesday, March 28, 2017 2:21 PM
To: Anderson, Kristy GCPE:EX
Subject: NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup (2)
Sorry took me so long to get back to you.

From: [Anderson, Kristy GCPE:EX](#)
To: [Thistle-Walker, Carlene GCPE:EX](#)
Subject: NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup (2)
Date: Tuesday, March 28, 2017 12:39:20 PM
Attachments: NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup (2).doc

Thoughts on my edits?

From: [Anderson, Kristy GCPE:EX](#)
To: [Brown, Stephen R HLTH:EX](#); [Stevenson, Lynn HLTH:EX](#)
Cc: [Cascaden, Lori R GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: FW: quality review
Date: Tuesday, March 28, 2017 11:42:00 AM
Attachments: [NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup.doc](#)
[79505 response - final - AK revd on 27Mar17 final.doc](#)

Hi

Attached is the letter FH will be sending on the S51 review. Also attached is an NR - **s.13**
s.13

FH is planning to send the letter today.

The password for the letter is **s.15**

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Wolford, Jessica GCPE:EX](#)
Subject: FW: quality review
Date: Monday, March 27, 2017 4:38:00 PM
Attachments: NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup.doc
79505 response - final - AK revd on 27Mar17 final.doc

I will connect with you in the morning on this if that is ok?

Passwords.15

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Monday, March 27, 2017 4:31 PM

To: Anderson, Kristy GCPE:EX

Cc: Cascaden, Lori R GCPE:EX; Thistle-Walker, Carlene GCPE:EX; XT:Lefebvre, Dave HLTH:IN;

XT:Nuraney, Naseem GCPE:IN

Subject: quality review

Final letter to the family and news release.. letter will likely go for delivery tomorrow. Let me know about the news release.

From: [Anderson, Kristy GCPE:EX](#)
To: [Thistle-Walker, Carlene GCPE:EX](#)
Subject: RE: CHAN: Krooner - toddler's death
Date: Sunday, March 26, 2017 3:27:00 PM

s.22

How was the week – your team is pumping out the NR/events – its hard to keep track of them all.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Thistle-Walker, Carlene GCPE:EX
Sent: Sunday, March 26, 2017 3:16 PM
To: Anderson, Kristy GCPE:EX
Subject: RE: CHAN: Krooner - toddler's death

I feel for you. It's hard to adjust to coming back even when it's not frigid out. s.22

s.22

From: Anderson, Kristy GCPE:EX
Sent: Sunday, March 26, 2017 3:11 PM
To: Thistle-Walker, Carlene GCPE:EX
Subject: RE: CHAN: Krooner - toddler's death

s.22

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Thistle-Walker, Carlene GCPE:EX
Sent: Sunday, March 26, 2017 3:00 PM
To: Anderson, Kristy GCPE:EX
Subject: RE: CHAN: Krooner - toddler's death
Welcome back! s.22

From: Anderson, Kristy GCPE:EX
Sent: Sunday, March 26, 2017 2:58 PM
To: XT:Nuraney, Naseem GCPE:IN; XT:Lefebvre, Dave HLTH:IN
Cc: Cascaden, Lori R GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Subject: FW: CHAN: Krooner - toddler's death

Hi

Just wondering if your S.51 NR is still on hold or what next steps are. Just curious.

Thx.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: tno@gov.bc.ca [<mailto:tno@gov.bc.ca>]
Sent: Saturday, March 25, 2017 6:32 PM
Subject: CHAN: Krooner - toddler's death

CHAN (Global BC - Vancouver)
Global BC News Hour
25-Mar-2017 18:04

Copyright

TNO...

This e-mail is a service provided by Government Communications and Public Engagement and is only intended for the original addressee. All content is the copyrighted property of a third party creator of the material. Copying, retransmitting, redistributing, selling, licensing, or emailing the material to any third party or any employee of the Province who is not authorized to access the material is prohibited.

From: [Cascaden, Lori R GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: FW: IN- S.51
Date: Sunday, March 26, 2017 3:11:30 PM
Attachments: [IN_3YearOldDeathARH_21Mar2017_1015am.doc](#)

Forgive me – I should have added this to my summary yesterday. The section 51 is complete. See note below.

Lori

From: Cascaden, Lori R GCPE:EX
Sent: Tuesday, March 21, 2017 11:52 AM
To: Lake, Terry HLTH:EX
Cc: Chan-Kent, Marissa HLTH:EX; Dhanowa, Damon HLTH:EX; O'Brien, Kellie HLTH:EX; Robertson, Derek HLTH:EX; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Stevenson, Lynn HLTH:EX
Subject: FW: IN- S.51

Hi Minister – attached is Fraser Health's updated IN re: the review of care. There are six actions being implemented, among them initiating sepsis screening, alerts and protocols during the initial screening for all pediatric patients presenting at triage, and implementing a pediatric early warning sign tool in emergency departments.

Fraser Health will be first communicating the result of the review with the family. However, I understand that s.22

s.22

s.22

We will keep you posted of the next steps.

Thanks,

Lori

From: [Anderson, Kristy GCPE:EX](#)
To: [Thistle-Walker, Carlene GCPE:EX](#)
Subject: Re: NR - S.51 review actions
Date: Monday, March 13, 2017 4:49:25 PM

Not sure. I will check to see if FH has set up a time with the family.

Kristy Anderson
778.678.5200

On Mar 13, 2017, at 4:46 PM, Thistle-Walker, Carlene GCPE:EX
<Carlene.ThistleWalker@gov.bc.ca> wrote:

What's happening with this?

Carlene Thistle-Walker | Communications Manager
Government Communications & Public Engagement
B.C. Ministry of Health

Tel: 250.952.1644 | **Mobile:** 250.812.3291 | **email:** carlene.thistle-walker@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Thursday, March 9, 2017 3:31 PM

To: Thistle-Walker, Carlene GCPE:EX

Cc: Plank, Sarah GCPE:EX; XT:Nuraney, Naseem GCPE:IN; Anderson, Kristy GCPE:EX; Cascaden, Lori R GCPE:EX; Belanger, Matthew GCPE:EX

Subject: NR - S.51 review actions

Hi Carlene,

Attached is the **draft** news release for the abbotsford review actions. We're still going through approvals on our end, but wanted to send your way.

Cheers,

Dave

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: [Anderson, Kristy GCPE:EX](#)
To: [May, Stephen GCPE:EX](#)
Subject: RE: Correction - Abby ED
Date: Monday, March 13, 2017 3:23:00 PM

Thanks,

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: May, Stephen GCPE:EX

Sent: Monday, March 13, 2017 3:23 PM

To: Anderson, Kristy GCPE:EX

Subject: RE: Correction - Abby ED

If asked about expansion of Abbotsford Regional Hospital ER:

- Regrettably, I was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently provided it in this house and to media.
- I have corrected the record with the media, and I welcome the opportunity to do the same here.
- On the other side, a transcription error on the part of The Abbotsford News also led to an error in the reporting of a business plan for an expansion of the Mission Memorial Hospital emergency department being underway. That reporter and media outlet have apologized for that error, and I have accepted it.
- In fact, it was Langley Memorial Hospital's emergency department that has the business plan in development, as well as Eagle Ridge and Peace Arch Hospitals.
- Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community.
- While these plans will help provide better care for patients, there are no specific plans to expand the emergency

department at Abbotsford Hospital.

From: Anderson, Kristy GCPE:EX

Sent: Monday, March 13, 2017 3:19 PM

To: May, Stephen GCPE:EX

Subject: RE: Correction - Abby ED

Wonderful – you also need to add a line on the expansion of a Mission ED and note that the reporter got it wrong

This is what Tyler has said in his story:

A transcription error on the part of The Abbotsford News reporter also led to an error in the reporting of a business plan for an expansion of the Mission Memorial Hospital emergency department being underway. In fact, Langley Memorial Hospital's emergency department may be expanded. The Abbotsford News apologies for the error.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: May, Stephen GCPE:EX

Sent: Monday, March 13, 2017 3:16 PM

To: Anderson, Kristy GCPE:EX

Subject: RE: Correction - Abby ED

This work?

If asked about expansion of Abbotsford Regional Hospital ER:

- Regrettably, I was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently provided it in this house and to media.
- I have corrected the record with the media, and I welcome the opportunity to do the same here.
- Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community.
- While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital.
- The Ministry of Health is, however, reviewing several plans for Emergency Department expansions in Fraser Health

From: [Anderson, Kristy GCPE:EX](#)
To: [Edwardson, Jamie GCPE:EX](#)
Subject: RE: Abby hosp
Date: Saturday, March 11, 2017 7:14:00 AM

So – this continues...

This is the article causing the issues. <http://www.missioncityrecord.com/news/415891474.html?mobile=true>

I just wanted to clarify a few things for you. The original says MTL said a Mission ED expansion. A Mission ED expansion was never in any of his materials **ever** so either the reporter or MTL messed up on this one – regardless its corrected. I actually think the reporter may have confused the Mission flex beds with and ED expansion.

This article also says plans are under review by MOF which is what is causing issues internally. MTL would never say that and I would never put that in materials. I have checked all our materials on this and it always says they are under review by the Ministry of Health. I think the reporter got it wrong or maybe the minister said they are under review by the Ministry and the reporter assumed it would be MOF. I am seeing if I can't get audio of the interview from the reporter and correct the MOF thing – MTL's staff were not with him for this interview. I just wanted to assure you though that our materials never indicated any role for MOF in this.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 4:06 PM
To: Edwardson, Jamie GCPE:EX
Subject: RE: Abby hosp

Here's both – if you are sharing the correction one with MMdJ let me know – I was going to tell MTL about the error in person but if you are sharing with your minister I will need to do that sooner.

Correction

Regrettably, the Minister of Health was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently was provided to your news outlet.

Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community. While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital. Ministry of Health is, however, reviewing several plans for Emergency Department expansions in Fraser Health including Eagle Ridge Hospital, Langley Memorial Hospital and Peace Arch Hospital.

We apologize for any confusion this may have caused.

Congestion

Fraser Health Congestion Concerns

-

Hospital congestion is an issue that we see facing all hospitals across the country.

- I have spoken with the CEO of Fraser Health multiple times over the past two weeks and I asked Fraser Health to put together an action plan to address the concerns we have heard.
- Last weekend additional community care and diagnostic staff were brought in to ease pressure - 15 additional beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing, and what possible solutions there may be.
- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition, the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.
 - Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
 - Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including Langley Memorial, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX

Sent: Friday, March 10, 2017 3:59 PM

To: Edwardson, Jamie GCPE:EX

Subject: RE: Abby hosp

The correction lines or the issue lines?

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Edwardson, Jamie GCPE:EX

Sent: Friday, March 10, 2017 3:55 PM

To: Anderson, Kristy GCPE:EX

Subject: Abby hosp

Can you send me your lines on this please?

Jamie Edwardson

Communications Director | Ministry of Finance | Province of British Columbia

P: (250) 356-2821 | M: (250) 888-0021 | jamie.edwardson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Brown, Stephen R HLTH:EX](#)
Subject: FW: Abbotsford story correction
Date: Friday, March 10, 2017 5:44:00 PM

Should this come up next week. I will also give you a call.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 4:41 PM
To: Lake, Terry HLTH:EX
Cc: O'Brien, Kellie HLTH:EX; Chan-Kent, Marissa HLTH:EX
Subject: Abbotsford story correction
Hi Minister

I need to make you aware of an error and the resulting correction. In your materials on Abbotsford/Fraser Health Congestion it says that the Abbotsford ED is among the business cases with the ministry for an ED expansion. It is not. I am honestly not sure how it got in there or how it was missed by myself and Fraser Health comms staff as we had discussed that is ERH, PAH, and LM that are with the ministry.

However, it does mean that we provided you with wrong information for your interview with the Abbotsford News which they ran. In seeing the error I have since called the editor and reporter to explain that this was a mistake on my end and not any error by yourself, I have also had them run a correction. You can see both here: <http://www.abbynews.com/news/415822154.html>

I am incredibly sorry for this mistake and know how important it is to get our facts right, even more so in this pre-election climate. I can only tell you that I will be triple checking our facts from here forward.

Again my apologies. Please let me know if there is something more you would like me to do.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [O'Brien, Kellie HLTH:EX](#)
To: [Anderson, Kristy GCPE:EX](#); [Chan-Kent, Marissa HLTH:EX](#)
Subject: RE: Abby
Date: Friday, March 10, 2017 1:37:51 PM

Thanks!

Kellie O'Brien

Chief of Staff to the
Honourable Terry Lake
Minister of Health, B.C.
E: Kellie.O'Brien@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 1:02 PM
To: O'Brien, Kellie HLTH:EX; Chan-Kent, Marissa HLTH:EX
Subject: RE: Abby

I should add they are correcting the story.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 1:02 PM
To: O'Brien, Kellie HLTH:EX; Chan-Kent, Marissa HLTH:EX
Subject: Abby

This is what was sent to the newspaper

I also had a long conversation with them to be clear it was not the ministers mistake and FH has done the same. I will raise this with MTL direct myself next week if that is ok with you – would like to do it in person.

Regrettably, the Minister of Health was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently was provided to your news outlet.

Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community. While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital. Ministry of Health is, however, reviewing several plans for Emergency Department expansions in Fraser Health including Eagle Ridge Hospital, Langley Memorial Hospital and Peace Arch Hospital.

We apologize for any confusion this may have caused.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Gordon, Matt GCPE:EX](#)
Subject: RE: Correction
Date: Friday, March 10, 2017 12:32:00 PM

Yes – have already talked to them – they are not fussed and don't think MTL will be to fussed if it is corrected.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Gordon, Matt GCPE:EX
Sent: Friday, March 10, 2017 12:31 PM
To: Anderson, Kristy GCPE:EX
Subject: RE: Correction
Should prob run past mo also

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 12:31 PM
To: Gordon, Matt GCPE:EX
Subject: RE: Correction
I like it – thanks.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Gordon, Matt GCPE:EX
Sent: Friday, March 10, 2017 12:29 PM
To: Anderson, Kristy GCPE:EX
Subject: RE: Correction
Thoughts?

Regrettably, the Minister of Health was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently was provided to your news outlet.

Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community. While these plans will ease pressure on the emergency department, there are no specific plans to expand the emergency department at Abbotsford Hospital. Ministry of Health is, however, reviewing several plans for Emergency Department expansions in Fraser Health including Eagle Ridge Hospital, Langley Memorial Hospital and Peace Arch Hospital.

We apologize for any confusion this may have caused.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [XT:Lefebvre, Dave HLTH:IN](#)
Subject: RE: Abby
Date: Friday, March 10, 2017 12:31:00 PM

Re-worked a bit more to make it not seem like a giant big error...thoughts

Regrettably, the Minister of Health was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently was provided to your news outlet.

Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community. While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital. Ministry of Health is, however, reviewing several plans for Emergency Department expansions in Fraser Health including Eagle Ridge Hospital, Langley Memorial Hospital and Peace Arch Hospital.

We apologize for any confusion this may have caused.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Friday, March 10, 2017 12:15 PM

To: Anderson, Kristy GCPE:EX

Cc: XT:Lefebvre, Dave HLTH:IN

Subject: Re: Abby

s.13

On Mar 10, 2017, at 12:08 PM, Anderson, Kristy GCPE:EX <Kristy.Anderson@gov.bc.ca> wrote:

Thanks – just waiting to see what my folks come back with as well. I tweaked/moved around a bit more. Tried to highlight the tweaks below.

A communications error information resulted in incorrect information being provide to the Minister of Health about emergency department plans in Abbotsford. Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new complex residential care facility in Abbotsford to help ease pressure on the emergency department. However, there are no plans to expand the emergency department at Abbotsford Hospital other than what has already been announced for the Mental Health and Substance Use are. The Ministry of Health is, however, reviewing several plans for Emergency Department expansions in Fraser Health including Eagle Ridge Hospital, Langley Memorial Hospital and Peace Arch Hospital. We apologize for any confusion this may have caused.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Friday, March 10, 2017 12:05 PM

To: Anderson, Kristy GCPE:EX

Cc: XT:Nuraney, Naseem GCPE:IN

Subject: Re: Abby

Hey - made a few changes with Naseem. s.13

s.13

s.13

s.13

Among a few other changes. Have a look. Unfortunately changes were not tracked.

Dave Lefebvre

Director, Public Affairs

604-613-4397

On Mar 10, 2017, at 11:49 AM, Anderson, Kristy GCPE:EX

<Kristy.Anderson@gov.bc.ca> wrote:

Yes – my boss wants to adjust as well.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Friday, March 10, 2017 11:48 AM

To: Anderson, Kristy GCPE:EX

Subject: RE: Abby

Can you hold off till Naseem lays eyes on it?

Dave Lefebvre

Director, Public Affairs | Fraser Health

604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

Sent: Friday, March 10, 2017 11:39 AM

To: Lefebvre, Dave; Juma, Tasleem; Nuraney, Naseem

Cc: Gordon, Matt GCPE:EX

Subject: RE: Abby

Thanks – yes – I have called Ken and said it was my error. He is very nice, but unfortunately the article has gone to print. They will likely just print a correction story rather than adjusting the original... I think the below is fine – I am just running it past my boss ☺. I will bcc you when I send it.

Did Ken give you his email – I only have his phone #

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]
Sent: Friday, March 10, 2017 11:29 AM
To: Anderson, Kristy GCPE:EX; XT:Juma, Tasleem HLTH:IN; XT:Nuraney, Naseem GCPE:IN
Subject: RE: Abby

Hi Kristy,

As discussed (bringing Naseem up to speed), Tas reached out and Tyler is unavailable, the editor is on assignment and the fill-in editor would like a written correction sent to him. I've taken a first stab at it (see below).

s.13

s.13

Naseem – please review as well.

s.13

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]
Sent: Friday, March 10, 2017 10:44 AM
To: Lefebvre, Dave; Juma, Tasleem; Nuraney, Naseem
Subject: RE: Abby

I would also like to reach out – if you have the number can you pass it along.

Thx.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]
Sent: Friday, March 10, 2017 10:42 AM
To: Anderson, Kristy GCPE:EX; XT:Juma, Tasleem HLTH:IN; XT:Nuraney, Naseem GCPE:IN
Subject: RE: Abby

Tas, can you please reach out?

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

Sent: Friday, March 10, 2017 10:41 AM

To: Lefebvre, Dave; Juma, Tasleem; Nuraney, Naseem

Subject: RE: Abby

No word from Tyler on my end either – do you know who the editor is...I think we need to reach out.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Friday, March 10, 2017 10:32 AM

To: Anderson, Kristy GCPE:EX; XT:Juma, Tasleem HLTH:IN; XT:Nuraney, Naseem GCPE:IN

Subject: RE: Abby

No word from Tyler. Want us to reach out to the editor or have you made contact?

Dave Lefebvre

Director, Public Affairs | Fraser Health

604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

Sent: Friday, March 10, 2017 9:14 AM

To: Lefebvre, Dave; Juma, Tasleem; Nuraney, Naseem

Subject: Abby

Has Tyler called you back yet – I have emailed and called a few times but not response yet...

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [May, Stephen GCPE:EX](#)
Subject: RE: HOT
Date: Friday, March 10, 2017 11:59:00 AM

Can you check Hansard and see if he said Abbotsford in the house?

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: May, Stephen GCPE:EX
Sent: Friday, March 10, 2017 11:56 AM
To: Anderson, Kristy GCPE:EX
Subject: RE: HOT
Fixed. That's kind of a big error.

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 11:55 AM
To: May, Stephen GCPE:EX
Subject: HOT

There is an error in the HOT – the highlighted said Abby – it should be Langley.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including **Langley Memorial**, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [May, Stephen GCPE:EX](#)
Subject: RE: HOT
Date: Friday, March 10, 2017 11:56:00 AM

Yes – its also the lead line in the Abby newspaper as MTL did an interview with them with these messages – FH and I are correcting now.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: May, Stephen GCPE:EX
Sent: Friday, March 10, 2017 11:56 AM
To: Anderson, Kristy GCPE:EX
Subject: RE: HOT
Fixed. That's kind of a big error.

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 11:55 AM
To: May, Stephen GCPE:EX
Subject: HOT

There is an error in the HOT – the highlighted said Abby – it should be Langley.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including **Langley Memorial**, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Gordon, Matt GCPE:EX](#)
Subject: Correction
Date: Friday, March 10, 2017 11:35:00 AM
Importance: High

Can you give me a call about a story I need to correct – was my error not MTLs

This is the story: <http://www.abbynews.com/news/415822154.html>

This is my proposed correction:

A communication error resulted in erroneous information being provided to the Minister of Health. The Ministry of Health is currently reviewing several plans for Emergency Department expansions in Fraser Health including Eagle Ridge Hospital, Burnaby Hospital, Langley Memorial Hospital and Peace Arch Hospital. In addition, Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new complex residential care facility in Abbotsford. However, there are no plans to expand the emergency department at Abbotsford Hospital. We apologize for any confusion this may have caused.

I have already talked to the editor and the story is going to print, but they will run a correction story on line etc etc. Paper is being great – not sure how MTL will be when I tell him.

KMs were reviewed by FH and myself and we all knew that the Abbotsford ED was not being expanded so not sure how it made it into the materials...

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [XT:Nuraney, Naseem GCPE:IN](#)
Subject: Re: Media today - Abby/Congestion
Date: Friday, March 10, 2017 7:29:06 AM

Thx. Let her know she can say it was my mistake.

Kristy Anderson
778.678.5200

On Mar 10, 2017, at 7:27 AM, Nuraney, Naseem <Naseem.Nuraney@fraserhealth.ca> wrote:

Tasleem has also reached out to him. She has emailed and called him to be in touch asap.

On Mar 10, 2017, at 6:28 AM, Anderson, Kristy GCPE:EX
<Kristy.Anderson@gov.bc.ca> wrote:

The complex residential care centre – is it a new build or expansion?

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Friday, March 10, 2017 6:23 AM

To: Anderson, Kristy GCPE:EX

Subject: Re: Media today - Abby/Congestion

It's not a seniors community centre it's complex residential care and the MHSU zone is being created in the ER not expanded.

Yes we will call too!

On Mar 10, 2017, at 6:16 AM, Anderson, Kristy GCPE:EX
<Kristy.Anderson@gov.bc.ca> wrote:

I am going to call Tyler at 7 am and let him know that I supplied the minister with wrong information, it was completely my fault and that he needs to change his story as it is not correct and gives the community and staff wrong information.

I will let him know that Abby is expanding a MHSU zone which is next to the ED and there is a business case in for a seniors community centre but that the EDs that have business cases in are Eagle Ridge, Peace Arch, and Langley. I think if you could also reach out to him that would be helpful.

Not sure what he is like to work with so fingers crossed.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Friday, March 10, 2017 6:12 AM

To: Anderson, Kristy GCPE:EX

Subject: Re: Media today - Abby/Congestion

I checked then plan and it's not in there?

On Mar 10, 2017, at 5:49 AM, Anderson, Kristy GCPE:EX
<Kristy.Anderson@gov.bc.ca> wrote:

Hi Naseem – ARH was in the “plan”. I think I
must have put ARH in instead of ERH
Crap.....

Yes we will need to fix. Don't want the
community and staff to have the wrong idea.
I will be in touch later today.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem

[<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Thursday, March 9, 2017 10:53 PM

To: Anderson, Kristy GCPE:EX

Cc: Thistle-Walker, Carlene GCPE:EX; XT:Lefebvre,
Dave HLTH:IN

Subject: Re: Media today - Abby/Congestion

So just thinking. We do have a business case in
for Abbotsford but it's not the ER. It's for a
community health centre for seniors. However
we did announce an MHSU zone for ARH
recently that we are working on.

Let me know how you want to manage this one

On Mar 9, 2017, at 10:44 PM, Nuraney,
Naseem <Naseem.Nuraney@fraserhealth.ca>
wrote:

Kristy this is the capital messaging
you shared that was approved to
use. We weren't listing the sites.

But ARH is not one of them. As
Carlene knows we are working to
announce LMH, ERH, PAH and BH
ER's

Begin forwarded message:

From: "Anderson,
Kristy GCPE:EX"
<Kristy.Anderson@gov.bc.ca>

Date: March 2, 2017
at 8:36:13 AM PST
To: "XT:Nuraney,
Naseem GCPE:IN"
<Naseem.Nuraney@fraserhealth.ca>

Cc: "XT:Lefebvre,
Dave HLTH:IN"
<dave.lefebvre@fraserhealth.ca>,
"Cascaden, Lori R
GCPE:EX"
<Lori.Cascaden@gov.bc.ca>

**Subject: RE: Media
today -
Abby/Congestion**

s.13

,

Let me start off by saying that we have amazing people that work in our health care system each and every day. We all come to work wanting do our best and care for everyone that needs our support and services.

Health care is a large system and there are many moving parts. We might not get it right each and every time but we continue to strive to be better.

There have been some stories in the media lately of people sharing their experiences in our system and I am sorry to hear that there have been some challenges.

This is not what we want, this is not how we want to care for people. And I apologize for the experiences these individuals have had.

Congestion:

<!--[if

```
!supportLists]-
->●<!--
[endif]--
>Congestion
is a
challenge.
It's a
challenge
for health
care across
the country.
What is
important is
working
together –
doctors,
administration,
patients – to
find
strategies to
manage it.
<!--[if
!supportLists]-
->●<!--
[endif]-->We
know our
emergency
departments
are not the
best place
for many
patients –
they should
be seen and
treated in
the
community
reserving
our
emergency
department
for acute
patients.
<!--[if
!supportLists]-
```

->●<!--
[endif]-->**We
are
investing in
strategies to
shift more
care into the
community
and we are
having some
success.**

<!--[if
!supportLists]-
->●<!--
[endif]--
>**Strategies
we have in
place and
results we
have seen
(share
examples)**

<!--[if
!supportLists]-
->●<!--
[endif]--
>**Some
changes will
take time to
see the
results but
we still
continue to
work on
this.**

BCNU:

<!--[if
!supportLists]-
->●<!--
[endif]-->**We**

s.13

s.1
3 **have**

**been
working
closely with
the BCNU as
partners.**

<!--[if
!supportLists]-
->•<!--
[endif]-->**We
know we
need more
nurses and
are working
to train
them - right
now we
have XX in
training and
we are also
doing XYZ to
ensure we
have the
trained
nurses we
need.**

<!--[if
!supportLists]-
->•<!--
[endif]--
>**Across
Fraser
Health We
have trained
xxx in
speciality
education
and we
continue to
make this a
priority.**

<!--[if
!supportLists]-
->•<!--
[endif]-->**We
are**

committed
to working
with front
line nurses
and the
union s.13
s.13

Capital:

<!--[if
!supportLists]-
->•<!--
[endif]-->**In
addition to
continued
investment
in the
community
we are
working to
expand
some of our
emergency
departments
to maximize
patient flow
and care.**

<!--[if
!supportLists]-
->•<!--
[endif]-->**We
have 3
business
cases with
the Ministry
of Health for
consideration.**

<!--[if
!supportLists]-
->•<!--
[endif]--
>**While this
alone won't**

**fix the
problem it
will help as
we continue
to work on
longer term
solutions as
well as
immediate
ones.**

Kristy Anderson

Director, Media
Relations
Ministry of Health
250-952-3387 (office)
778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Nuraney,
Naseem
[\[mailto:Naseem.Nuraney@fraserhealth.ca\]](mailto:Naseem.Nuraney@fraserhealth.ca)

Sent: Thursday, March
2, 2017 8:26 AM

To: Anderson, Kristy
GCPE:EX

Subject: Re: Media
today -
Abby/Congestion
Thanks

On Mar 2, 2017, at
8:14 AM, Anderson,
Kristy GCPE:EX
<Kristy.Anderson@gov.bc.ca>
wrote:

Hi
Your
KMs
are
with
the DM
and
Manjit
for
review
– have

flagged
that
you will
be
speaking
to
media
and
have
texted
them
so
hope to
hear
back
soon.
Thx.

**Kristy
Anderson**

Director,
Media
Relations
Ministry
of
Health
250-952-
3387
(office)
778-678-
5200
(mobile)
Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Thistle-Walker, Carlene GCPE:EX](#)
Cc: [Plank, Sarah GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [Belanger, Matthew GCPE:EX](#)
Subject: RE: NR - S.51 review actions
Date: Thursday, March 9, 2017 3:38:00 PM

Can't wait to be there.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Thistle-Walker, Carlene GCPE:EX
Sent: Thursday, March 9, 2017 3:38 PM
To: Anderson, Kristy GCPE:EX
Cc: Plank, Sarah GCPE:EX; Cascaden, Lori R GCPE:EX; Belanger, Matthew GCPE:EX
Subject: RE: NR - S.51 review actions

Yes, absolutely. Don't want to insert myself in while you are working on this. We'll chat tomorrow (in person ☺).

Carlene Thistle-Walker | Communications Manager
Government Communications & Public Engagement
B.C. Ministry of Health

Tel: 250.952.1644 | Mobile: 250.812.3291 | email: carlene.thistle-walker@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Thursday, March 9, 2017 3:33 PM
To: Thistle-Walker, Carlene GCPE:EX
Cc: Plank, Sarah GCPE:EX; Cascaden, Lori R GCPE:EX; Belanger, Matthew GCPE:EX
Subject: RE: NR - S.51 review actions

Carlene – I have been dealing with FH on this issue – can we touch base on this tomorrow after I have had a chance to review/talk to FH about this.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]
Sent: Thursday, March 9, 2017 3:31 PM
To: Thistle-Walker, Carlene GCPE:EX
Cc: Plank, Sarah GCPE:EX; XT:Nuraney, Naseem GCPE:IN; Anderson, Kristy GCPE:EX; Cascaden, Lori R GCPE:EX; Belanger, Matthew GCPE:EX
Subject: NR - S.51 review actions

Hi Carlene,

Attached is the **draft** news release for the abbotsford review actions. We're still going through approvals on our end, but wanted to send your way.

Cheers,

Dave

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: [Anderson, Kristy GCPE:EX](#)
To: [O'Brien, Kellie HLTH:EX](#); [Chan-Kent, Marissa HLTH:EX](#)
Cc: [Robertson, Derek HLTH:EX](#); [May, Stephen GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [Plank, Sarah GCPE:EX](#)
Subject: HOT
Date: Tuesday, March 7, 2017 3:48:00 PM
Attachments: [Hot Issues - Mar 07 17 0915.docx](#)

Hasn't changed from this morning. We will adjust the good news to reflect the BCEHS announce and can put back in surgical and MRI waits if you like.

Cheers,

Good News

- 1. BCNU Claims of Nursing Shortage**
- 2. Fraser Health Congestion Concerns**
- 3. Corrections Transfer – UPDATE**
- 4. BCEHS Carbon Monoxide Detectors – NEW**
- 5. Calls For More Ambulance Resources – Rural**
- 6. NorKam Walk-in Clinic Closure - NEW**
- 7. Doctor Shortage - UPDATED**
- 8. Overdose State of Emergency**
- 9. Opioid Prescribing Data - NEW**
- 10. Approved Sale of Retirement Concepts**

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Lake, Terry HLTH:EX](#)
Subject: RE: Abbotsford Story - physician position
Date: Tuesday, March 7, 2017 11:57:00 AM

There are a couple of tweets below. You will see that Lori has sent you a request from him again. If you do decide to speak to him he will want to go over the action plan. You should also know that he has done a series since the death of the Gill child. You may want to read the series before deciding to speak with him https://storify.com/ty_olsen/state-of-emergency The series has some good points but more criticism than good points. He is also one of the reporters trolling for more ptn stories and running them.

Physicians on working in the ER: sending a patient home doesn't mean they don't need follow up care @AbbyNews <http://ow.ly/b1kW309GdRL>
(110 characters)

A look at what happens in the ER when doctors diagnose and discharge patients
@AbbyNews <http://ow.ly/b1kW309GdRL>

(111 characters)

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Lake, Terry HLTH:EX
Sent: Tuesday, March 7, 2017 11:10 AM
To: Anderson, Kristy GCPE:EX
Subject: Re: Abbotsford Story - physician position
Tweet?
Sent on the TELUS Mobility network with BlackBerry

From: "Anderson, Kristy GCPE:EX" <Kristy.Anderson@gov.bc.ca>
Date: Tue, 7 Mar 2017 18:44:49 +0000
To: Lake, Terry HLTH:EX<Terry.Lake@gov.bc.ca>
Cc: hlth Ministerial and Executive Assistants<hlthmaea@Victoria1.gov.bc.ca>; Belanger, Matthew GCPE:EX<Matthew.Belanger@gov.bc.ca>; Cascaden, Lori R GCPE:EX<Lori.Cascaden@gov.bc.ca>; Clarke, Brennan GCPE:EX<Brennan.Clarke@gov.bc.ca>; Maloney, Christine GCPE:EX<Christine.Maloney@gov.bc.ca>; May, Stephen GCPE:EX<Stephen.May@gov.bc.ca>; Peaker, Alexandra GCPE:EX<Alexandra.Peaker@gov.bc.ca>; Plank, Sarah GCPE:EX<Sarah.Plank@gov.bc.ca>; Thistle-Walker, Carlene GCPE:EX<Carlene.ThistleWalker@gov.bc.ca>; Stevenson, Lynn HLTH:EX<Lynn.Stevenson@gov.bc.ca>; Brown, Stephen R HLTH:EX<Stephen.Brown@gov.bc.ca>
Subject: Abbotsford Story - physician position
While it's only the Abby News it's a good article that captures the position physicians are in when they diagnose and discharge.

STATE OF EMERGENCY: Sending a patient home doesn't mean nothing's wrong: physician

The Abbotsford Regional Hospital emergency room has come under scrutiny after the recent deaths of two patients.

by Tyler Olsen - Abbotsford News

bbotsford posted Mar 3, 2017 at 10:00 AM— updated Mar 3, 2017 at 3:41 PM

This is part of a multi-story Special Report on Abbotsford Regional Hospital and its emergency department. For more stories, scroll to the bottom of the story or [click here](#).

Emergency department medicine is full of challenges, with physicians only seeing symptoms presented by patients when attending the hospital, according to the three emergency room doctors interviewed by The News.

Patients are initially evaluated by a triage nurse, who ranks a system on a five-unit priority scale which determines how quickly he or she will be seen by a doctor.

When an emergency department physician encounters a patient, it's usually for the first time. A doctor can evaluate physical symptoms and, if the patient is conscious and alert, find out about the recent past and other health issues.

A preliminary diagnosis often is a reflection of what is the most likely cause of the symptoms, rather than a 100 per cent certainty.

A physician will often want to know more, and can order further investigation. But those tests themselves often carry their risks that need to be factored into any decisions.

Other times, a physician will send a patient home. The physicians The News spoke to were adamant that sending a person home does not mean doctors think the person is healthy and doesn't need further treatment.

Unfortunately, in at least two serious cases, it appears there was reluctance on the part of Abbotsford patients to return to the local emergency room.

But doctors said sending a person home can reflect just the need for a passage of time to clarify the cause of a problem.

"That doesn't mean we don't want you to come back," said Dr. [Alan Drummond](#), who added that it's important that physicians communicate as much. "We definitely want you to come back ... It's not rote advice, it's sincere."

Doctors noted that a death after discharge doesn't necessarily mean a physician did anything wrong. A health problem can look to the most experienced of doctors like one thing, and turn out to be something totally different.

"Medicine is not 100 per cent perfect," said [Dr. Eddy Lang](#), who works in Calgary's emergency rooms. "We can't detect everything."

At the same time, Lang said that mistakes are "incredibly rare" in his jurisdiction. Of 300,000 emergency department visits in the Calgary area, Lang said "I don't think we can count on more than one hand the number of serious misses that result in a very bad patient outcome."

From: [May, Stephen GCPE:EX](#)
To: [O'Brien, Kellie HLTH:EX](#)
Cc: [Anderson, Kristy GCPE:EX](#); [hlth Ministerial and Executive Assistants](#); [Cascaden, Lori R GCPE:EX](#)
Subject: RE: QP - Fraser Health
Date: Monday, March 6, 2017 2:23:19 PM

The Fraser Health report cards

<http://www.fraserhealth.ca/media/20160927ReportCardAllSites.pdf>

Number 4 - Emergency Patients Admitted to Hospital Within 10 Hours

From: O'Brien, Kellie HLTH:EX
Sent: Monday, March 6, 2017 2:21 PM
To: May, Stephen GCPE:EX
Cc: Anderson, Kristy GCPE:EX; hlth Ministerial and Executive Assistants; Cascaden, Lori R GCPE:EX
Subject: Re: QP - Fraser Health
Do we have something to show that?

Kellie O'Brien

Chief of Staff to the Hon. Terry Lake

Minister of Health

T: [250-953-3547](tel:250-953-3547)

E: Kellie.Obrien@gov.bc.ca

Sent from my iPhone

On Mar 6, 2017, at 2:20 PM, May, Stephen GCPE:EX <Stephen.May@gov.bc.ca> wrote:

Darcy is wrong. Patients are seen within 3 hours - it's 10 hours to ADMISSION to a patient bed that is the guideline. They're seen by a doctor well before then.

From: Anderson, Kristy GCPE:EX
Sent: Monday, March 6, 2017 2:18 PM
To: hlth Ministerial and Executive Assistants
Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX
Subject: FW: QP - Fraser Health

Should you need these – see HOT KMs below.

FRAN is this case:

Hi Kristy and Lori,

We have CTV news doing a story about a patient at Peace Arch Hospital who apparently waited in emerg for up to 72 hours (still confirming). We are going to go with the following:

There have been some stories in the media lately of people sharing difficult experiences in our system. We take these situations seriously. This is not how we want to care for people. Congestion is a challenge for health care across the country. In periods of congestion, we have clinically equipped flex beds we can open on various units in our hospitals to alleviate some of the pressure in the emergency department. We do this whenever we see congestion. What is important is working together – doctors, administration, patients, nurses – to find strategies to manage it.

We work as quickly as we can to return people home safely or to have people admitted to a unit when it is required. This work is done by our committed and caring staff. We are looking to expand the Peace Arch emergency department and currently have a business plan in with the Ministry of Health for review.

While this alone won't fix the problem, it will help as we continue to work on longer term solutions as well as immediate ones.

There are a number of issues that contribute to congestion. This has been a particularly bad flu season compared to previous years, and winter conditions have increased the number of broken bones due to slips and fall. This has exacerbated congestion.

To the question of specialty nurses:

We have increased specialty nursing education to 400 nurses a year over the last two years. Prior to that it was 268 per year.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX

Sent: Monday, March 6, 2017 2:17 PM

To: Gordon, Matt GCPE:EX; Wolford, Jessica GCPE:EX

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX

Subject: QP - Fraser Health

Our lines

Fraser Health Congestion Concerns – NEW

- Hospital congestion is an issue that we see facing all hospitals across the country.
- I have spoken with the CEO of Fraser Health multiple times over the past week and over the weekend I asked Fraser Health to put together an action plan to address the concerns we have heard.
- Over the weekend additional community care and diagnostic staff were brought in to ease pressure - 15 flex beds were opened at Abbotsford, and 5 opened at Mission.
- Fraser Health will continue with the extra staff and beds until they see the pressures start to ease.
- I understand that Fraser Health leadership has already reached out to emergency physicians across several sites to talk to them about what they are seeing and experiencing and what possible solutions

there may be.

- Fraser Health is also looking at their regional hospital system and how they can support each other better.
- For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently.
- In addition the Ministry will be working with Fraser Health over the coming weeks as they continue to engage other strategies including:
 - Working with BCNU to recruit and retain additional nurses.
 - Fraser Health anticipates adding 17 specialty trained nurses between November of last year and June of this year.
 - Last year we successfully recruited 1,700 nurses across the province.
- Fraser Health is doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.
- This includes their senior management who are on site at Abbotsford Regional Hospital to help support the site leadership team.
- Fraser Health is seeing early signs that the pressure is easing and they will continue to monitor the situation closely, responding quickly to any pressures.

Capital:

- In addition to continued investment in the community Fraser Health is working to expand some of its emergency departments to maximize patient flow

and care.

- They have 3 business cases with the Ministry of Health for consideration – including Abbotsford, Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

If asked about^{s.22} :

- The health authority and all health authorities are working hard to reduce congestion.
- I understand she was treated, and moved into a bed and I hope she is doing well.
- The space in question (not the Emergency Department) has been empty for a year. By working on patient flow they found they were able to efficiently care for patients without the use of the space in question.

If asked about Child at Ridge Meadows Hospital alleged misdiagnosis:

- We are sorry to hear of this family's experience and Fraser Health would like to learn more about it.
- We have excellent physicians and care staff at the hospitals and if for any reason there was some miscommunication the health authority would like to help clarify that and better understand what happened.
- Staff work as quickly as we can to return people home safely or to have people admitted to a unit when it is required. This work is done by committed and caring staff. Fraser Health takes this work and the concerns people bring forward seriously.
- I encourage the family to follow up with Fraser Health, and the Patient Care Quality Office if they have any concerns related to the care they receive.

Secondary

- The number of emergency visits in Fraser Health continues to grow each year, increasing approximately 10% in the past 2 years.
- However the number of patients waiting in emergency departments across Fraser Health has decreased when comparing 2015/16 to 2016/17.
- The point to remember though is that more beds doesn't solve the issue of congestion it's just a temporary relief.
- The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- We know that emergency departments and hospitals are not the right place for everyone so ensuring that there are services available in the community and connecting people to them is an area of focus.
- One of the priorities that Ministry of Health and Fraser Health are working towards is shifting from an over-reliance on acute hospital based care to more coordinated and comprehensive community based care.
- In doing this we protect the acute system, for those critically ill patients that require that level of care.
- That is why in Abbotsford they have a quick response team to reduce visits from frail seniors to the emergency department by eliminating transfers to the hospital from community – avoiding unnecessary admissions.
- Fraser Health has a number of other initiatives underway across the region to manage hospital congestion and to manage congestion in the emergency department including:

- increase their home support hours,
- open up 403 new residential care beds, and
- create stronger partnerships with the division of family practice.
- In addition they are also working on a series of initiatives to help their hospitals run more efficiently – these include:
 - The Preview ED tool that has reduced the number of facility transfers to the emergency department by 18 percent. The screening tool helps staff recognize and intervene early when signs of health decline are identified.
 - Quick response professionals and geriatric educator nurse clinicians who work as part of the emergency department team to identify patients for whom a hospital admission can be avoided by quickly linking them up with community health services.
 - Frequent users of our emergency departments account for 12,000 visits in Fraser Health annually. In many cases, the emergency department is not the best care location for the needs of these patients. Each community in Fraser Health is working to develop strategies to provide more proactive and coordinated care for these individuals.
 - Public education campaigns (Use your ER Wisely).

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [May, Stephen GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: FW: Capital investments/award
Date: Monday, March 6, 2017 12:44:28 PM
Attachments: ED wait times for physician initial assessment.pdf
ARH_investments_27Feb2017_1pm.docx

Part of this.

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]
Sent: Monday, February 27, 2017 12:56 PM
To: Anderson, Kristy GCPE:EX; XT:Nuraney, Naseem GCPE:IN
Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX
Subject: RE: Capital investments/award

Hi Kristy,

The award you're referring to is:

Recognizing innovation in emergency department operations, Most Improved Metrics in an Emergency Department.

It was given by the western Emergency Department Operations Conference in 2016.

Abbotsford Regional Hospital has one of the lowest wait times for a physician initial assessment when compared to British Columbia and Canada as a whole. The wait time for an initial physician assessment in emergency in Abbotsford is 2.4 hours, compared to a BC average of 2.8 hours and a Canada-wide average of 3.1 (90th percentile).

Attached you'll find some of the capital investments recently.

Dave

Dave Lefebvre

Director, Public Affairs | Fraser Health

604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]
Sent: Monday, February 27, 2017 5:10 AM
To: Nuraney, Naseem; Lefebvre, Dave
Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX
Subject: Capital investments/award

Just thinking about the Abby KMs a bit more and I was wondering if there have been any recent capital investments there and I recall you saying something about them winning an award – any details on either of those points would be helpful.

Thanks,

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: FW: Fraser Health Plans - congestion
Date: Sunday, March 5, 2017 10:30:51 PM
Attachments: [CopyofARHplans.docx](#)
[ARH ER Vacancy Action PlanJan 2017 \(2\).rtf](#)

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Sunday, March 5, 2017 10:30 PM
To: Lake, Terry HLTH:EX
Cc: hlth Ministerial and Executive Assistants; Brown, Stephen R HLTH:EX
Subject: Fraser Health Plans - congestion

Hi Minister – attached you will find two documents – one is the immediate, short, and long term plans of FH to deal with the issues at ARH and across the region. The second is an ARH specific HR plan.

They are happy to answer any questions you may have or adjust this as required.

Cheers,

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [XT:Nuraney, Naseem GCPE:IN](#)
Subject: Document
Date: Sunday, March 5, 2017 9:34:51 PM
Attachments: [CopyofARHplans.docx](#)
[ATT00001.txt](#)

Hi there,

I have been struggling with the his document as the formatting keeps changing and the bullets/underlining ect doesn't stick... Ect... Ahhh Anyway, thought I would send the content to you and might have to work on format ect in the morning. Let me know if that's ok...

As well, sending you a second document that will accompany this one, it's the HR plan.

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [Cascaden, Lori R GCPE:EX](#); [XT:Lefebvre, Dave HLTH:IN](#); [XT:Nuraney, Naseem GCPE:IN](#)
Subject: ARH plans
Date: Sunday, March 5, 2017 2:39:59 PM

Kristy,

Please find below some of the actions that are in place for ARH. They are written as key messages to use to make things easier. Let me know if you need anything further.

Thank you,
Naseem

Immediate Actions to manage congestion at ARH:

While they are seeing early signs that the pressure is easing they will continue to monitor the situation closely and respond quickly as they have been.

Fraser Health has brought in extra community health staff to the hospital to help identify patients ready for discharge home or to the community with supports. The additional staff came in on the weekend and has been a successful measure that they will continue to use.

Additional diagnostic staff was brought in over the weekend and will continue with the extra staff until they see the pressure start to ease.

ER staff are working to identify patients that can be connected to community services instead of waiting in an ER.

Fraser Health is looking at geographic overlap in hospitals and how they can support each other better. For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently. They will continue to look at opportunities like this when it makes sense for the patient and capacity is available.

Fraser Health has the ability to open beds that are clinically equipped and appropriate for patients in times of congestion and this has happened at Abbotsford Regional Hospital. They have opened 15 beds there and another 5 at Mission Memorial to help ease the pressure. These beds will stay open until they see pressures starting to ease. These are beds that open in the units not the ER to help decant the ER.

They are working to decongest an area that staff shared as a priority to focus on and have made progress on this. This will remain priority work.

An important part of this work is ensuring patients are being discharged in a timely manner. As well as looking at admission practices. We all know that ER's and hospitals are not the right place for everyone so ensuring that there are services available in the community and connecting people to them is an area of focus.

Fraser Health has expanded their management presence at the site to help support the leadership team right now.

They are doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.

Regionally :

Congestion happens across the region and as Fraser Health sees patient volumes increase they will use their network of hospitals to support each other. Using the network to move patients to nearby hospitals when there is capacity is something that they have to consider.

They increase the use of home support as well when there are times of congestion at sites.

Fraser Health will also open clinically equipped beds at congested sites and will continue to use these as needed.

From: [Lake, Terry HLTH:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [hlth Ministerial and Executive Assistants](#); [Belanger, Matthew GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [Clarke, Brennan GCPE:EX](#); [Maloney, Christine GCPE:EX](#); [May, Stephen GCPE:EX](#); [Peaker, Alexandra GCPE:EX](#); [Plank, Sarah GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: Re: HLTH Media Request: BCNU and ARH ER - Tina Lovgreen - CBC TV Vancouver - DL Mar 02 - ASAP
Date: Thursday, March 2, 2017 2:21:54 PM

No we should not respond.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Anderson, Kristy GCPE:EX
Sent: Thursday, March 2, 2017 2:04 PM
To: Lake, Terry HLTH:EX
Cc: hlth Ministerial and Executive Assistants; Belanger, Matthew GCPE:EX; Cascaden, Lori R GCPE:EX; Clarke, Brennan GCPE:EX; Maloney, Christine GCPE:EX; May, Stephen GCPE:EX; Peaker, Alexandra GCPE:EX; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Subject: FW: HLTH Media Request: BCNU and ARH ER - Tina Lovgreen - CBC TV Vancouver - DL Mar 02 - ASAP

Hi Minister – quite a few request to FH today on overcrowding and the BCNU release on staffing level (I understand you have seen it but I have also attached it for your reference). I wanted to let you know that Michael is doing all of these interviews. I also wanted to let you know that when asked if the ministry should be doing more – Michael has said no, this is for the us to manage. Just wanted to let you know that they are stepping up to the plate with the media on this one. That being said CBC, being CBC, would still like a comment from us on the BCNU release – are you ok with us sending the below?
I will ensure we have good messaging in your HOT on Monday for overcrowding and nurse staffing.
Cheers,

Reporter

Tina Lovgreen, Reporter
CBC - Vancouver
tina.lovgreen@cbc.ca
604-787-0647 c: 778-863-7117

Deadline ASAP

Request

I'm sure the Ministry has seen the latest news release from the B.C. Nurses Union talking about the Abbotsford Regional Hospital's emergency room.

I'm wondering if anyone from the ministry is available for an interview?

I have reached out to Fraser Health for comment as well.

But I think it's essential to hear from the Health Ministry on ! this too.

Background

Recommendation

Fraser Health is aware that they need more nurses, and are currently working on recruiting new nurses to the hospital. Fraser Health is taking this very seriously and for the past two years have

trained almost 400 nurses annually in speciality nursing education – a significant increase from the 268 per year it was previously. At Abbotsford Regional Hospital they anticipate adding 17 specialty trained nurses between November of last year and June of this year.

The Ministry and health authorities have been and will continue to work closely with the BCNU as partners in improving health care. Last year, in collaboration with the BCNU, HEABC and health authorities, we committed, to create 1,643 nursing positions for the health system. We have since hired more than 1,700 nurses.

We are continuing our work to train, recruit and retain nurses in B.C. Since 2001, our government has more than doubled the number of nurse training spaces, adding almost 4,800 new spaces. In 2015 we provided \$5 million in funding to support education and training for specialty nurses. And we are implementing a service to streamline the assessment process for internationally educated nurses entering B.C.'s workforce.

From: [Chan-Kent, Marissa HLTH:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [O'Brien, Kellie HLTH:EX](#); [Cascaden, Lori R GCPE:EX](#); [May, Stephen GCPE:EX](#); [Maloney, Christine GCPE:EX](#); [Clarke, Brennan GCPE:EX](#); [Peaker, Alexandra GCPE:EX](#)
Subject: Re: HLTH Media Request: BCNU and ARH ER - Tina Lovgreen - CBC TV Vancouver - DL Mar 02 - ASAP
Date: Thursday, March 2, 2017 1:52:25 PM

Pls send this version to MTL:

s.13

Thanks

M

On Mar 2, 2017, at 1:19 PM, Chan-Kent, Marissa HLTH:EX <Marissa.Chan-Kent@gov.bc.ca> wrote:

s.13

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [XT:Lefebvre, Dave HLTH:IN](#); [Cascaden, Lori R GCPE:EX](#)
Subject: RE: KM - staffing.
Date: Thursday, March 2, 2017 10:53:05 AM

Revised slightly for a more accurate number for SNE thanks

From: Nuraney, Naseem
Sent: Thursday, March 02, 2017 10:40 AM
To: Anderson, Kristy GCPE:EX
Cc: Lefebvre, Dave; Cascaden, Lori R; Nuraney, Naseem
Subject: KM - staffing.

- We are aware of staffing challenges at Abbotsford Hospital.
- These challenges are a top priority for us. We have been working with the BCNU on addressing vacancy issues and they are aware of all of the strategies we have in place to address this.
- The latest numbers indicate we have too many vacancies. The reasons for the vacancies include medical leaves, staff moving to other Fraser Health sites on a temporary basis and some staff at BCIT. Staffing vacancies are fluid and can change over time.
- We are actively engaged in training our nurses and anticipate adding 17 specialty trained nurses between November of last year and June of this year.
- Other initiatives we have to address these vacancies, include:
 - o Hiring Med Surg (medical or surgical nurses?) through onsite recruitment
 - o Creation of a recruitment and retention committee
 - o Highlighting the Abbotsford ER in job fairs
 - o Implementation of peer recruitment campaign.
- We are using agency nurses as a bridge to new hires and incoming specialty trained nurses to lessen the impact on our staff.
- We work openly, transparently and collaboratively with the Union and to continue that.
- We have been updating them on all the activities and plans we have been working on with respect to ARH ER since Spring 2015

From: [Lefebvre, Dave](#)
To: [Anderson, Kristy GCPE:EX](#); [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [Cascaden, Lori R GCPE:EX](#)
Subject: RE: Media today - Abby/Congestion
Date: Thursday, March 2, 2017 9:32:02 AM
Attachments: [KM-Interview MM Postmedia.docx](#)

Attached. Clean copy

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [mailto:Kristy.Anderson@gov.bc.ca]

Sent: Thursday, March 02, 2017 9:20 AM

To: Nuraney, Naseem

Cc: Lefebvre, Dave; Cascaden, Lori R GCPE:EX

Subject: RE: Media today - Abby/Congestion

Capital lines are good . Could you send me back a clean copy to share with MTL and thanks for all your work on this.

Also very glad the PM is in town.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX

Sent: Thursday, March 2, 2017 8:36 AM

To: XT:Nuraney, Naseem GCPE:IN

Cc: Lefebvre, Dave; Cascaden, Lori R GCPE:EX

Subject: RE: Media today - Abby/Congestion

s.13

Let me start off by saying that we have amazing people that work in our health care system each and every day. We all come to work wanting do our best and care for everyone that needs our support and services.

Health care is a large system and there are many moving parts. We might not get it right each and every time but we continue to strive to be better.

There have been some stories in the media lately of people sharing their experiences in our system and I am sorry to hear that there have been some challenges. This is not what we want, this is not how we want to care for people. And I apologize for the experiences these individuals have had.

Congestion:

- Congestion is a challenge. It's a challenge for health care across the country. What is important is working together – doctors, administration, patients – to find strategies to manage it.

Thoughts on a response?

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Lefebvre, Dave](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: RE: Abbotsford Follow up - Sam Cooper
Date: Wednesday, March 1, 2017 10:55:30 AM

I believe that's Naseem speak for yes, you are correct

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

Sent: Wednesday, March 01, 2017 10:48 AM

To: Lefebvre, Dave

Subject: FW: Abbotsford Follow up - Sam Cooper

I assume this means I was right??

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Wednesday, March 1, 2017 10:47 AM

To: Anderson, Kristy GCPE:EX

Subject: Re: Abbotsford Follow up - Sam Cooper

Cheers

On Mar 1, 2017, at 10:44 AM, Anderson, Kristy GCPE:EX <Kristy.Anderson@gov.bc.ca> wrote:

So really at the end of the day do doctors just want ptns waiting in other areas of the hospital that would be inappropriate for them as much as a hallway would?

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Wednesday, March 1, 2017 10:27 AM

To: Anderson, Kristy GCPE:EX; XT:Lefebvre, Dave HLTH:IN

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX

Subject: RE: Abbotsford Follow up - Sam Cooper

- The recommendation were from 2009 and might be outdated.
 - We have implemented new strategies (which you have).
 - We also have flex beds that we use and have opened and closed as needed (which what they are talking about.) important to note, flex beds are clinically equipped whereas beds in other locations (hallways) might not always be.
 - Our experience shows that hallway beds are a temporary relief, they don't solve the issue of congestion. So, for the temp relief that is why we use flex beds.
 - Hallway beds are not appropriate patient care, lots of docs would tell you that too.
-

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

From: [Lefebvre, Dave](#)
To: [Cascaden, Lori R GCPE:EX](#); [Anderson, Kristy GCPE:EX](#); [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [May, Stephen GCPE:EX](#)
Subject: RE: Abbotsford regional hospital
Date: Tuesday, February 28, 2017 4:29:41 PM

No, that's the most recent

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Cascaden, Lori R GCPE:EX [<mailto:Lori.Cascaden@gov.bc.ca>]

Sent: Tuesday, February 28, 2017 4:28 PM

To: Lefebvre, Dave; Anderson, Kristy GCPE:EX; Nuraney, Naseem

Cc: May, Stephen GCPE:EX

Subject: RE: Abbotsford regional hospital

Hi Dave – checking in to see if you were able to find more recent information?

Thanks,

Lori

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Tuesday, February 28, 2017 11:05 AM

To: Anderson, Kristy GCPE:EX; XT:Nuraney, Naseem GCPE:IN

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX

Subject: RE: Abbotsford regional hospital

Our target is 55%, Abbotsford is at 30.7% (as of September 2016). I'll see if I can get more recent info.

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

Sent: Tuesday, February 28, 2017 10:55 AM

To: Lefebvre, Dave; Nuraney, Naseem

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX

Subject: RE: Abbotsford regional hospital

Thanks Dave – can you tell me what the target is and where you are at (just in case the reporter specifically references this)

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Tuesday, February 28, 2017 10:52 AM

To: Anderson, Kristy GCPE:EX; XT:Nuraney, Naseem GCPE:IN

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX

Subject: RE: Abbotsford regional hospital

- We recognize the need to improve our performance continuously to achieve our target and to provide higher quality of care for our patients.
- Fraser Health wants to ensure that you receive your care in the right place at the right time.
- Abbotsford Hospital is monitoring performance on this indicator and has developed a plan for improvement.
- We are monitoring our transfer processes and have identified opportunities for

improvement.

- These opportunities include increasing communication and collaboration as patients move through the hospital.

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

Sent: Tuesday, February 28, 2017 10:33 AM

To: Nuraney, Naseem

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX; Lefebvre, Dave

Subject: RE: Abbotsford regional hospital

It does – do you have lines on that issue that we could add to MTL's materials in case he does want to do this interview.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Tuesday, February 28, 2017 10:29 AM

To: Anderson, Kristy GCPE:EX

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX; XT:Lefebvre, Dave HLTH:IN

Subject: Re: Abbotsford regional hospital

Patient walks into an ER and wait for assessment/triage. That time to wait for assessment is what ARH is doing very well in. The 10 hour rule is the time from assessment to getting an inpatient bed.

Does that help?

On Feb 28, 2017, at 10:19 AM, Anderson, Kristy GCPE:EX <Kristy.Anderson@gov.bc.ca> wrote:

What is the target he is referencing?

Abby has one of the best times for seeing a physician it the issue after that.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]

Sent: Tuesday, February 28, 2017 10:12 AM

To: Anderson, Kristy GCPE:EX

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX; XT:Lefebvre, Dave HLTH:IN

Subject: Re: Abbotsford regional hospital

We did provide an interview on congestion with him last week... He spoke to Dr Neil Barclay at length.

On Feb 28, 2017, at 10:08 AM, Lefebvre, Dave <dave.lefebvre@fraserhealth.ca> wrote:

He has not come to us, though he's been following the report cards and ten hour rule for years.

Dave Lefebvre

From: [Cascaden, Lori R GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: RE: ARH - One Pager
Date: Tuesday, February 28, 2017 9:39:02 AM
Attachments: InformationtoincludeinFHInformationNote-February252017 Edited.docx

Clean attached.

From: Anderson, Kristy GCPE:EX
Sent: Tuesday, February 28, 2017 9:19 AM
To: Cascaden, Lori R GCPE:EX
Subject: RE: ARH - One Pager

Thanks Lori your changes look good.

Agree with the things you want to pull and the other comment just delete for now.

Please send back a clean copy.

Thanks,

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: Cascaden, Lori R GCPE:EX
Sent: Tuesday, February 28, 2017 9:15 AM
To: Anderson, Kristy GCPE:EX
Subject: RE: ARH - One Pager

Hi Kristy – I have cleaned this up as best as I can. I have a few comments in it for your review.

We also have much of these messages in the HOT and our attached KM document which may be the best to use.

Let me know if I can do anything else on this.

Thanks,

Lori

From: Anderson, Kristy GCPE:EX
Sent: Tuesday, February 28, 2017 8:27 AM
To: Cascaden, Lori R GCPE:EX
Subject: FW: ARH - One Pager
Importance: High

Can you do this

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: O'Brien, Kellie HLTH:EX
Sent: Tuesday, February 28, 2017 8:27 AM
To: Anderson, Kristy GCPE:EX
Subject: ARH - One Pager

Hey,

Can you ask them to clean this one up too. Grammar/spelling mistakes.

Need before QP prep so 9AM...

Thanks,

Kellie

Kellie O'Brien

Chief of Staff to the

Honourable Terry Lake

Minister of Health, B.C.

E: Kellie.O'Brien@gov.bc.ca

From: [Lefebvre, Dave](#)
To: [Anderson, Kristy GCPE:EX](#); [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [Cascaden, Lori R GCPE:EX](#); [May, Stephen GCPE:EX](#)
Subject: RE: Capital investments/award
Date: Monday, February 27, 2017 12:56:28 PM
Attachments: [ED wait times for physician initial assessment.pdf](#)
[ARH_investments_27Feb2017_1pm.docx](#)

Hi Kristy,

The award you're referring to is:

Recognizing innovation in emergency department operations, Most Improved Metrics in an Emergency Department.

It was given by the western Emergency Department Operations Conference in 2016.

Abbotsford Regional Hospital has one of the lowest wait times for a physician initial assessment when compared to British Columbia and Canada as a whole. The wait time for an initial physician assessment in emergency in Abbotsford is 2.4 hours, compared to a BC average of 2.8 hours and a Canada-wide average of 3.1 (90th percentile).

Attached you'll find some of the capital investments recently.

Dave

Dave Lefebvre

Director, Public Affairs | Fraser Health

604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [mailto:Kristy.Anderson@gov.bc.ca]

Sent: Monday, February 27, 2017 5:10 AM

To: Nuraney, Naseem; Lefebvre, Dave

Cc: Cascaden, Lori R GCPE:EX; May, Stephen GCPE:EX

Subject: Capital investments/award

Just thinking about the Abby KMs a bit more and I was wondering if there have been any recent capital investments there and I recall you saying something about them winning an award – any details on either of those points would be helpful.

Thanks,

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Cascaden, Lori R GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: RE: IN - Abbotsford case #2
Date: Sunday, February 26, 2017 5:28:06 PM
Attachments: [IN 3YearOldDeathARH 15Feb2017 1215pm Edited.doc](#)
[IN Patient care complaint ARH 25Feb2017 Edited.doc](#)

Hi Kristy – here are the two INs clean as Dave has given the A-OK. Let me know if you want me to send to anyone. I have replaced the other versions on the LAN with these.

Thank you,
Lori

From: Anderson, Kristy GCPE:EX
Sent: Sunday, February 26, 2017 2:12 PM
To: Cascaden, Lori R GCPE:EX
Subject: Re: IN - Abbotsford case #2

Can you send the edited to FH asking if these are ok. Just let them know we were asked to adjust a few grammar things.

Kristy Anderson
778.678.5200

On Feb 26, 2017, at 1:48 PM, Cascaden, Lori R GCPE:EX <Lori.Cascaden@gov.bc.ca> wrote:

I should add – if these are fine, I will send you clean versions and save the edited versions on the LAN.

LC

From: Cascaden, Lori R GCPE:EX
Sent: Sunday, February 26, 2017 1:48 PM
To: Anderson, Kristy GCPE:EX
Subject: RE: IN - Abbotsford case #2

Hi Kristy – not so much spelling errors but grammatical errors, and just not written the way we would write our INs.

The latest IN needed the most work, so I re-jigged it around a fair amount to make it flow better and removed some duplication. As long as the Minister focuses on our messaging, these should be fine for background. If you want these rewritten, let me know.

Thanks,
Lori

From: Anderson, Kristy GCPE:EX
Sent: Sunday, February 26, 2017 12:54 PM
To: Cascaden, Lori R GCPE:EX
Subject: FW: IN - Abbotsford case #2

Apparently there are grammar and spelling errors in this – can you take a peek and let me know what you see. I really don't want to ask FH to do more this weekend.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Sunday, February 26, 2017 9:26 AM
To: O'Brien, Kellie HLTH:EX
Cc: Brown, Stephen R HLTH:EX
Subject: FW: IN - Abbotsford case #2

Here are the two IN's on the cases.

Sorry they are all in separate emails – the system has been acting a bit funny this morning.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Cascaden, Lori R GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: Abbotsford Death
Date: Sunday, February 26, 2017 9:48:20 AM
Attachments: KM Abbotsford Adult Death - Feb. 26 17 DRAFT.docx

Hi Kristy – attached are the Abbotsford KMs. Dave has reviewed and OK'd. Since that review, I have added in the sections in yellow – which are basic lines, and I have added in the section in red, which came from the document that Naseem provided.

I considered adding the below messages from the document Naseem sent, but I did not like where they were going as it puts an emphasis on a deficiency on community doctors.

- Part of this work is relying on community physicians and clinics to also be available.
- The absence of community capacity creates demand on emergency departments and hospitals. People come to emergency because their health conditions are not being well managed in the community; and/or they are admitted to the hospital because there is not an appropriate alternative in the community alternative to offer them.
- This is why you saw Fraser Health increase their home support hours, open up 403 new residential care beds, create stronger partnerships with the division of family practice and have a series of initiatives inside the hospitals as well to be more efficient. They have seen success in their use of the Preview ED tool that has reduced the number of facility transfers to the ER by 18 percent. It's initiatives like that that we need to encourage.
- I understand that Fraser Health leadership has already reached out to emergency physicians to talk to them about what they are seeing and experiencing and asking them to bring some solutions to the table as well.

Let me know if you would like any changes.

Thanks,

Lori

Lori Cascaden

Manager, Media Relations and Issues Management
Ministry of Health
778-698-2892 (office)
778-679-3218 (mobile)
lori.cascaden@gov.bc.ca

From: [Nuraney, Naseem](#)
To: [Cascaden, Lori R GCPE:EX](#); [Anderson, Kristy GCPE:EX](#); [XT:Lefebvre, Dave HLTH:IN](#)
Subject: Initial assessment times
Date: Sunday, February 26, 2017 8:09:08 AM
Attachments: [Copy of In Depth Trend Data Export.pdf](#)
[ATT00001.htm](#)

Also sharing this. ER wait times for physician initial assessment. Shows ARH has the lowest wait for assessment. Even under the Canadian average.

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#)
Cc: [XT:Lefebvre, Dave HLTH:IN](#)
Subject: Emergency Department initiatives
Date: Saturday, February 25, 2017 9:40:53 PM
Attachments: [InformationtoincludeinFHIInformationNote-February252017.docx](#)
[ATT00001.txt](#)

Please find attached information on emergency room initiatives. Thanks.

From: [Nuraney, Naseem](#)
To: [Cascaden, Lori R GCPE:EX](#); [Anderson, Kristy GCPE:EX](#)
Subject: Abbotsford ER doctors "very competent": Fraser Health official - Abbotsford News
Date: Saturday, February 25, 2017 10:16:55 AM

<http://www.abbynews.com/news/414756184.html?mobile=true>

From: [Cascaden, Lori R GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: Updated Messages - Abbotford Adult Death
Date: Friday, February 24, 2017 6:04:17 PM
Importance: High

Hi Kristy – I know you wanted to hold off sending the IN to the MO until Fraser had a chance to update their very draft version. I have requested that update from Fraser.

In the meantime, these messages were in Fraser Health's end of day media summary. Would you like me to pass along to Minister Lake? (Although the highlighted line requires some clarity from Fraser.) I expect a story to come out with the reference to congestion, so might want to give the heads up!

Let me know your thoughts.

Thanks,

Lori

Media: Patient care complaint and congestion at Abbotsford Regional Hospital

Today, Public Affairs was approached by Global, CTV, Postmedia and the Abbotsford News for additional information about a patient care complaint at Abbotsford Regional Hospital. The family of a woman who was treated in the Emergency Department and subsequently passed away in her home has questions with regard to her care. In addition, the reporters also had questions about what is being done to address issues of congestion at the hospital. Vice President, Medicine Dr. Roy Morton shared the following key messages in interviews with CTV and Global about the patient care complaint:

- This person was a very well respected member of our staff in Abbotsford and our thoughts are with the family at this time.
- Typically, we encourage the family to reach out and share their concerns if they have any so we can properly look into this. This is especially true if they have passed away in their home as we are likely unaware of the person's death in these circumstances.
- Since this was brought to our attention, we have reached out to the woman's relative to better understand their concerns.
- When there is an unexpected death in the community its standard practice to have a coroner review the file.
- As this was an individual that recently visited the Emergency Department at Abbotsford Hospital we obviously have an interest to learn what happened to her.
- We have made an initial review of her chart and it shows she was getting care in the community and came in to the Emergency Department experiencing pain, as you have heard her family share with the media.
- She had been seen by a doctor in the community who had been prescribing her pain medication. She came to the Emergency Department asking for that pain medication which had been working well for her.
- The coroner has shared that the cause of death is unknown which means there is further investigation required to definitely confirm cause of death.
- We will work with the coroner and will wait for the findings to learn more about this case.

Emergency Network Regional Medical Director Dr. Neil Barclay shared the following key messages in interviews about congestion at Abbotsford Regional Hospital:

- Abbotsford Regional Hospital has one of the lowest wait times for a

physician initial assessment when compared to British Columbia and Canada as a whole.

- I'm disappointed that someone would make these comments anonymously rather than talk to his leadership directly.
- Emergencies flex up and down every day depending on what we see in the Department. We have clinically equipped beds that we flex open when needed to respond to the fluctuating demand.
- We are not disagreeing that congestion can be an issue, but I can tell you as head of Emergency for Fraser Health that we have a number of initiatives to reduce congestion.
- Abbotsford Regional Hospital's Emergency Department is very busy right now, as are many across the province. If you have a life-threatening health concern, you are always seen immediately when you come to the hospital.
- Emergency Department congestion has been present with and without hallway beds. We have made a conscious decision to not deliver care in hallway beds in our medicine units because providing care to patients in inappropriate locations is not the answer.
- Much work has been done and is underway to reduce Emergency congestion, although we know we have a growing population and growing numbers coming into the Emergency Department.
- A significant driver in the volume of patients we have in Abbotsford's Emergency Department is the number of people who need to stay in hospital. Hospital leadership is aware and have implemented an action plan to address hospital length of stay and Emergency Department congestion.
- We have a congestion capacity steering committee that includes ER physicians, that meets every two weeks to determine how congestion can be improved at Abbotsford Regional Hospital.
- We have undertaken several initiatives to reduce congestion in Abbotsford's Emergency Department, including moving our PATH unit to Mission. We have also made investments into the community specifically targeting frail seniors so that they can avoid a visit to Emergency. In addition, admitted patients who are delayed on discharge because they are awaiting tests can now go home and keep their appointment.
- We have also improved our infection control, which helps contribute to reduced length of stay in hospital.
- This summer, we are also opening up an Emergency area for mental health concerns which will help ease congestion in the Emergency Department.

Lori Cascaden

Manager, Media Relations and Issues Management

Ministry of Health

778-698-2892 (office)

778-679-3218 (mobile)

lori.cascaden@gov.bc.ca

From: [McLintock, Barbara J PSSG:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: RE: Coroner Investigation - Gill (child death at Abby Hospital)
Date: Tuesday, February 21, 2017 4:21:14 PM

Hi,

Our normal expectation is that ours will follow on theirs. We always like to be last out of the gate if possible.

Barb

From: Anderson, Kristy GCPE:EX
Sent: Tuesday, February 21, 2017 4:21 PM
To: McIntock, Barbara J PSSG:EX
Cc: Cascaden, Lori R GCPE:EX; Plank, Sarah GCPE:EX; May, Stephen GCPE:EX
Subject: Coroner Investigation - Gill (child death at Abby Hospital)
Hi Barb

Just wondering if you had any details on the timing for this review. Fraser Health is also conducting their own internal review and that information would be helpful for them in planning their work.

Many thanks in advance.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Chan-Kent, Marissa HLTH:EX](#)
To: [Anderson, Kristy GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [May, Stephen GCPE:EX](#); [Plank, Sarah GCPE:EX](#)
Subject: Coroners investigation FYI
Date: Tuesday, February 21, 2017 3:03:56 PM
Attachments: [death of three year old.docx](#)

FYI from coroners on Nimrat Gill

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [XT:Lefebvre, Dave HLTH:IN](#); [Cascaden, Lori R GCPE:EX](#)
Subject: RE: Abby
Date: Tuesday, February 21, 2017 8:04:08 AM

What I would say is "we were fully staffed"

s.13

From: Anderson, Kristy GCPE:EX [mailto:Kristy.Anderson@gov.bc.ca]

Sent: Tuesday, February 21, 2017 5:25 AM

To: Nuraney, Naseem

Cc: Lefebvre, Dave; Cascaden, Lori R GCPE:EX

Subject: Abby

Morning

The Abby story was lead or second story on a few of the outlets last night – just wondering if we are really pressed could we say^{s.13}

s.13

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#); [XT:Lefebvre, Dave HLTH:IN](#)
Cc: [Cascaden, Lori R GCPE:EX](#)
Subject: RE: Abby
Date: Monday, February 20, 2017 9:52:46 AM

Reviews: We are conducting a full investigation that includes multiple areas such as education, physician protocols, staffing, clinical specialists and so on. Everything will feed into one final review. Section 52: prevents speculations to allow for open dialogue

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]
Sent: Monday, February 20, 2017 9:40 AM
To: Nuraney, Naseem; Lefebvre, Dave
Cc: Cascaden, Lori R GCPE:EX
Subject: RE: Abby

Thx.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]
Sent: Monday, February 20, 2017 9:38 AM
To: Anderson, Kristy GCPE:EX; XT:Lefebvre, Dave HLTH:IN
Cc: Cascaden, Lori R GCPE:EX
Subject: RE: Abby

Hmmmm let me check which reviews he was referring to, he might be thinking of the PSLs as well... I will confirm with you. We are still waiting on data to pull messaging together re: staffing... will get to you as soon as we can.

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]
Sent: Monday, February 20, 2017 9:34 AM
To: Nuraney, Naseem; Lefebvre, Dave
Cc: Cascaden, Lori R GCPE:EX
Subject: Abby
Importance: High

Hi

Just curious if you have those messages on staff in at Abby yet.

Also MTL did speak to MM which was really helpful but he mentioned that several reviews are going on....is that the case and if so can you provide details on them so that I can make sure he is clear in his messaging.

Thanks,

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Lefebvre, Dave](#)
To: [Cascaden, Lori R GCPE:EX](#); [Anderson, Kristy GCPE:EX](#)
Cc: [XT:Nuraney, Naseem GCPE:IN](#)
Subject: FW: Media requests: CTV, CBC and Abbotsford News about death of toddler
Date: Friday, February 17, 2017 12:07:05 PM

FYI

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Juma, Tasleem

Sent: Friday, February 17, 2017 11:47 AM

To: Lefebvre, Dave

Subject: Media requests: CTV, CBC and Abbotsford News about death of toddler

CTV – Maria Weisgarber (TV)

CBC – Bal Brach (Radio and online)

Abbotsford News – Kelvin Gawley (Print)

Key messages:

- Our hearts go out to this family during this incredibly sad time.
- This is not a situation that we take lightly. Fraser Health's Maternal Infant Child and Youth team has initiated a full patient safety review in partnership with the Abbotsford Emergency Department. This review will look at the care provided to the child, which will include a review of the cause of death.
- We will work with this family throughout this trying time and ensure they have the support they need.
- While we can't comment on the specifics of this case, anytime there is an unexpected death we do a review of the circumstances. From these reviews we can see if there is anything that we can learn for the future.

The Vancouver Sun/Province also wanted to know the difference between reviews of patient complaints and Patient Safety reviews. Public Affairs provided the following clarification:

- A patient can file a complaint about the care they are receiving or received, with the Patient Care Quality Office, and a process if followed.
- A Patient Safety review is initiated by the health authority and is conducted to improve the quality of care in light of an adverse event related to hospital based care or practice. The intention is to determine if there is anything we can/should do differently in terms of patient care.
- The two are different from each other.

We also confirmed that we have received a PCQO complaint, but not the details of the complaint.

Tasleem Juma

Senior Consultant, Public Affairs

Fraser Health

office: 604-587-4611

mobile: 604-613-1162

media pager: 604-450-7881

Follow us: <http://twitter.com/Fraserhealth>

www.fraserhealth.ca



From: [Lefebvre, Dave](#)
To: [Anderson, Kristy GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#)
Cc: [XT:Nuraney, Naseem GCPE:IN](#)
Subject: RE: Abbotsford - 3-year old death
Date: Wednesday, February 15, 2017 1:08:34 PM

Roger that.

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Anderson, Kristy GCPE:EX [<mailto:Kristy.Anderson@gov.bc.ca>]

Sent: Wednesday, February 15, 2017 12:43 PM

To: Lefebvre, Dave; Cascaden, Lori R GCPE:EX

Cc: Nuraney, Naseem

Subject: RE: Abbotsford - 3-year old death

And to confirm this is a S51 review?

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Wednesday, February 15, 2017 11:01 AM

To: Cascaden, Lori R GCPE:EX; Anderson, Kristy GCPE:EX

Cc: XT:Nuraney, Naseem GCPE:IN

Subject: RE: Abbotsford - 3-year old death

Yes

Dave Lefebvre

Director, Public Affairs | Fraser Health
604-613-4397 (c)

From: Cascaden, Lori R GCPE:EX [<mailto:Lori.Cascaden@gov.bc.ca>]

Sent: Wednesday, February 15, 2017 11:01 AM

To: Lefebvre, Dave; Anderson, Kristy GCPE:EX

Cc: Nuraney, Naseem

Subject: RE: Abbotsford - 3-year old death

Thanks Dave – will you also be preparing an IN down the road?

Lori

From: Lefebvre, Dave [<mailto:dave.lefebvre@fraserhealth.ca>]

Sent: Wednesday, February 15, 2017 10:59 AM

To: Anderson, Kristy GCPE:EX; Cascaden, Lori R GCPE:EX

Cc: XT:Nuraney, Naseem GCPE:IN

Subject: Abbotsford - 3-year old death

Hi Lori and Kristy,

As discussed on the call, a facebook post about a 3-year old Abbotsford Regional Hospital patient is garnering a lot of attention. Below are the approved key messages and **draft** background:

- Our hearts go out to this family during this incredibly sad time.

This is not a situation that we take lightly. Fraser Health's Maternal Infant Child and Youth team has initiated a full patient safety review in partnership with the Abbotsford Emergency Department. This review will look at the care provided to the child, which will include a review of the cause of death.

- We will work with this family throughout this trying time and ensure they have the support they need.
- While we can't comment on the specifics of this case, anytime there is an unexpected death we do a review of the circumstances. From these reviews we can see if there is anything that we can learn for the future.

Background:

- The family of a three year old child, who passed away on February 7th while receiving treatment at Abbotsford Regional Hospital, has posted their concerns with the care provided to Facebook.
- On February 6, a child attended the Abbotsford Emergency Department with^{s.22}
s.22 -
s.22 .
- s.22
s. Treatment was initiated however she eventually succumbed to her illness.
- s.22
s.22
- Fraser Health's Maternal Infant Child and Youth team has initiated a full patient safety review in partnership with the Abbotsford Emergency Department. This review will look at the care provided to the child, which will include a review of the cause of death.
- On the day the child passed away, ^{s.22}
s.22
- s.22
s.22
- Fraser Health's pediatric medical director will reach out to the family to further discuss their concerns.

Regards,

Dave

Dave Lefebvre

Director, Public Affairs | Fraser Health

604-613-4397 (c)

From: Nuraney, Naseem
To: Anderson, Kristy GCPE:EX; Cascaden, Lori R GCPE:EX; Plank, Sarah GCPE:EX
Cc: XT:Lefebvre, Dave HLTH:IN
Subject: Facebook post... Death of child... Abbotsford regional.
Date: Tuesday, February 14, 2017 7:19:57 PM

Heads up as this Facebook post is getting a lot of shares. We will have details and messaging tomorrow morning. For now our messaging will be along the lines of:

This is an incredibly tragic story and not one that we take lightly

We have initiated a full review

We will work with the family through this time and ensure they have the supports they need during this time.

> https://m.facebook.com/story.php?story_fbid=1355490877841938&id=1355487071175652

>

From: [Cascaden, Lori R GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: RE: IN - Abbotsford case #2
Date: Sunday, February 26, 2017 5:28:06 PM
Attachments: [IN 3YearOldDeathARH 15Feb2017 1215pm Edited.doc](#)
[IN Patient care complaint ARH 25Feb2017 Edited.doc](#)

Hi Kristy – here are the two INs clean as Dave has given the A-OK. Let me know if you want me to send to anyone. I have replaced the other versions on the LAN with these.

Thank you,
Lori

From: Anderson, Kristy GCPE:EX
Sent: Sunday, February 26, 2017 2:12 PM
To: Cascaden, Lori R GCPE:EX
Subject: Re: IN - Abbotsford case #2

Can you send the edited to FH asking if these are ok. Just let them know we were asked to adjust a few grammar things.

Kristy Anderson
778.678.5200

On Feb 26, 2017, at 1:48 PM, Cascaden, Lori R GCPE:EX <Lori.Cascaden@gov.bc.ca> wrote:

I should add – if these are fine, I will send you clean versions and save the edited versions on the LAN.

LC

From: Cascaden, Lori R GCPE:EX
Sent: Sunday, February 26, 2017 1:48 PM
To: Anderson, Kristy GCPE:EX
Subject: RE: IN - Abbotsford case #2

Hi Kristy – not so much spelling errors but grammatical errors, and just not written the way we would write our INs.

The latest IN needed the most work, so I re-jigged it around a fair amount to make it flow better and removed some duplication. As long as the Minister focuses on our messaging, these should be fine for background. If you want these rewritten, let me know.


Thanks,
Lori

From: Anderson, Kristy GCPE:EX
Sent: Sunday, February 26, 2017 12:54 PM
To: Cascaden, Lori R GCPE:EX
Subject: FW: IN - Abbotsford case #2

Apparently there are grammar and spelling errors in this – can you take a peek and let me know what you see. I really don't want to ask FH to do more this weekend.

Kristy Anderson

Director, Media Relations

 Ministry of Health
50-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Edwardson, Jamie GCPE:EX
Sent: Tuesday, April 4, 2017 9:56 AM
To: Anderson, Kristy GCPE:EX
Subject: Fw: MEDIA ADVISORY – Ministry of Finance - Abbotsford
Call me if you want to discuss.
Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Tyler Olsen - Abbynews <tolsen@abbynews.com>
Sent: Tuesday, April 4, 2017 9:53 AM
To: Edwardson, Jamie GCPE:EX
Subject: Re: MEDIA ADVISORY – Ministry of Finance - Abbotsford
Thanks for this Jamie.

I have another question that I had directed to the Health comms person responsible, but she hasn't returned my request for information. Thus it falls to you.

In March, I talked to Terry Lake. He said there were documents in front of the Minister of Finance pertaining to an expansion of the ARH ER. I wrote story. When we posted it online, we got some very urgent calls from Kristy Anderson at the Ministry of Health, who said Lake had been given inaccurate information and that "there are no specific plans to expand the emergency department at Abbotsford Hospital."

Perhaps you can see where I'm going with this. We wrote a follow-up story that said there were no expansion plans for Abbotsford. Now we're writing a story that says that, in fact, there are expansion plans for Abbotsford.

Can you explain what happened here? It's pretty hard to shake the feeling that we were blatantly lied to three weeks ago.

Thanks

Tyler Olsen

Reporter

Abbotsford News

604-851-4529



On Apr 3, 2017, at 10:55 AM, Edwardson, Jamie GCPE:EX <Jamie.Edwardson@gov.bc.ca> wrote:

Here you go

From: Tyler Olsen - Abbynews [<mailto:tolsen@abbynews.com>]
Sent: Monday, April 3, 2017 10:54 AM
To: Edwardson, Jamie GCPE:EX
Subject: Re: MEDIA ADVISORY – Ministry of Finance - Abbotsford
Hi Jamie,

Can you email over the conceptual image unveiled today?

thanks

Tyler Olsen

Reporter

Abbotsford News

604-851-4529

From: [Anderson, Kristy GCPE:EX](#)
To: [O'Brien, Kellie HLTH:EX](#); [Chan-Kent, Marissa HLTH:EX](#)
Subject: Abby
Date: Friday, March 10, 2017 1:02:00 PM

This is what was sent to the newspaper

I also had a long conversation with the them to be clear it was not the ministers mistake and FH has done the same. I will raise this with MTL direct myself next week if that is ok with you – would like to do it in person.

Regrettably, the Minister of Health was provided information that didn't accurately reflect emergency department plans at the Abbotsford hospital and inadvertently was provided to your news outlet.

Fraser Health recently announced plans to create a new mental health and substance use area in the Emergency Department at Abbotsford Hospital and the health authority is also planning a new residential care facility to help transition care to the community. While these plans will help provide better care for patients, there are no specific plans to expand the emergency department at Abbotsford Hospital. Ministry of Health is, however, reviewing several plans for Emergency Department expansions in Fraser Health including Eagle Ridge Hospital, Langley Memorial Hospital and Peace Arch Hospital.

We apologize for any confusion this may have caused.

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Lake, Terry HLTH:EX](#)
Cc: [hlth Ministerial and Executive Assistants](#); [Brown, Stephen R HLTH:EX](#); [Stevenson, Lynn HLTH:EX](#); [Belanger, Matthew GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [Clarke, Brennan GCPE:EX](#); [Maloney, Christine GCPE:EX](#); [May, Stephen GCPE:EX](#); [Peaker, Alexandra GCPE:EX](#); [Plank, Sarah GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: Abby S51 Reivew - Global Heads Up.
Date: Tuesday, April 4, 2017 1:54:00 PM
Attachments: [Document1 \(6\).docx](#)

Hi Minister

Global has a copy of the memo Michael Marchbank sent to staff on the S51 review. They will be doing a phone interview with him at 2:30. I have attached the memo for reference and that is essentially what Michael will be saying. FH will provide the same to Abby News proactively. Let me know if you need anything else.

Cheers,

Kristy Anderson

Director, Media Relations

Ministry of Health

250-952-3387 (office) 778-678-5200 (mobile)

Kristy.Anderson@gov.bc.ca

From: [Anderson, Kristy GCPE:EX](#)
To: [Wolford, Jessica GCPE:EX](#); [Gordon, Matt GCPE:EX](#)
Subject: FW: Abby S51 Reivew - Global Heads Up.
Date: Tuesday, April 4, 2017 1:54:00 PM
Attachments: Document1 (6).docx

FYI on the below and attached.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Tuesday, April 4, 2017 1:55 PM
To: Lake, Terry HLTH:EX
Cc: hlth Ministerial and Executive Assistants; Brown, Stephen R HLTH:EX; Stevenson, Lynn HLTH:EX; Belanger, Matthew GCPE:EX; Cascaden, Lori R GCPE:EX; Clarke, Brennan GCPE:EX; Maloney, Christine GCPE:EX; May, Stephen GCPE:EX; Peaker, Alexandra GCPE:EX; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Subject: Abby S51 Reivew - Global Heads Up.

Hi Minister

Global has a copy of the memo Michael Marchbank sent to staff on the S51 review. They will be doing a phone interview with him at 2:30. I have attached the memo for reference and that is essentially what Michael will be saying. FH will provide the same to Abby News proactively. Let me know if you need anything else.

Cheers,

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Cascaden, Lori R GCPE:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Subject: FW: IN- S.51
Date: Sunday, March 26, 2017 3:11:30 PM
Attachments: [IN_3YearOldDeathARH_21Mar2017_1015am.doc](#)

Forgive me – I should have added this to my summary yesterday. The section 51 is complete. See note below.

Lori

From: Cascaden, Lori R GCPE:EX
Sent: Tuesday, March 21, 2017 11:52 AM
To: Lake, Terry HLTH:EX
Cc: Chan-Kent, Marissa HLTH:EX; Dhanowa, Damon HLTH:EX; O'Brien, Kellie HLTH:EX; Robertson, Derek HLTH:EX; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Stevenson, Lynn HLTH:EX
Subject: FW: IN- S.51

Hi Minister – attached is Fraser Health's updated IN re: the review of care. There are six actions being implemented, among them initiating sepsis screening, alerts and protocols during the initial screening for all pediatric patients presenting at triage, and implementing a pediatric early warning sign tool in emergency departments.

Fraser Health will be first communicating the result of the review with the family. However, I understand that^{s.22}

s.22

s.22

We will keep you posted of the next steps.

Thanks,

Lori

From: [Anderson, Kristy GCPE:EX](#)
To: [May, Stephen GCPE:EX](#)
Subject: HOT
Date: Friday, March 10, 2017 11:54:00 AM

There is an error in the HOT – the highlighted said Abby – it should be Langley.

Capital:

- In addition to continued investment in the community, Fraser Health is working to expand some of its emergency departments to maximize patient flow and care.
- They have 3 business cases with the Ministry of Health for consideration – including [Langley Memorial](#), Eagle Ridge, and Peace Arch.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Lefebvre, Dave](#)
To: [Anderson, Kristy GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#)
Cc: [XT:Nuraney, Naseem GCPE:IN](#)
Subject: IN_3YearOldDeathARH_15Feb2017_1215pm.doc
Date: Wednesday, February 15, 2017 12:22:14 PM
Attachments: [IN_3YearOldDeathARH_15Feb2017_1215pm.doc](#)

Hello,

Attached is the IN on the 3-year old death. The major changes to the previous background is the
s.22
s.22

Regards,

Dave

Dave Lefebvre

Director, Public Affairs | Fraser Health

604-613-4397 (c)

From: [Nuraney, Naseem](#)
To: [Cascaden, Lori R GCPE:EX](#); [Anderson, Kristy GCPE:EX](#); [XT:Lefebvre, Dave HLTH:IN](#)
Subject: Initial assessment times
Date: Sunday, February 26, 2017 8:09:08 AM
Attachments: [Copy of In Depth Trend Data Export.pdf](#)
[ATT00001.htm](#)

Also sharing this. ER wait times for physician initial assessment. Shows ARH has the lowest wait for assessment. Even under the Canadian average.

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#); [Cascaden, Lori R GCPE:EX](#); [XT:Lefebvre, Dave HLTH:IN](#)
Subject: Plecas constituent case
Date: Thursday, March 2, 2017 7:34:31 PM

I understand mla Plecas was made aware of a case today that he shared with the ministers office and info is required

Summary. s.22
s.13

The ED of Abbotsford hospital along with her director of surgery just chatted with them just now. All good. She will get surgery tomorrow and they are happy with the followup promised.

Details

- When she was in Er the dr indicated s.22
s.22 - Unfortunately they were not told that. If they had known that they were on standby and would be done anytime up to 72 hours they would have been fine. Instead they heard...will be done tomorrow. Then tomorrow, then tomorrow. She didn't come in each day but called.
- It was never issue of bed/nurse/OR but simply....we have only one team for the standby evening slate and one or – if more urgent cases (or ones closer to 72 hours are there- they need to be done first).
- Both yesterday and today she was told to fast from 10 am and would be called by 5 – and each day was told would not be that day.
- She will be done tomorrow and one of us will actually try to go meet with her/mother.
- There was also a concern with rude staff that we are addressing.
- They are happy we care.
-
- And our actions are:
 - 1. Get her done tomorrow
 - 2. Ensure Surgeons know/staff tell pt how they are coded so they understand when they are bumped
 - 3. Deal with rude clerk and give clerks a standard script so there is consistency.
-

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [Cascaden, Lori R GCPE:EX](#); [Thistle-Walker, Carlene GCPE:EX](#); [XT:Lefebvre, Dave HLTH:IN](#); [XT:Nuraney, Naseem GCPE:IN](#)
Subject: quality review
Date: Monday, March 27, 2017 4:31:09 PM
Attachments: [NR_S-51ReviewARHRecommendations_24Mar2017_245pm - AK markup.doc](#)
[79505 response - final - AK revd on 27Mar17 final.doc](#)

Final letter to the family and news release.. letter will likely go for delivery tomorrow. Let me know about the news release.

From: [Chan-Kent, Marissa HLTH:EX](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [O'Brien, Kellie HLTH:EX](#); [Cascaden, Lori R GCPE:EX](#); [May, Stephen GCPE:EX](#); [Maloney, Christine GCPE:EX](#); [Clarke, Brennan GCPE:EX](#); [Peaker, Alexandra GCPE:EX](#)
Subject: Re: HLTH Media Request: BCNU and ARH ER - Tina Lovgreen - CBC TV Vancouver - DL Mar 02 - ASAP
Date: Thursday, March 2, 2017 1:52:25 PM

Pls send this version to MTL:

s.13

it

Thanks

M

On Mar 2, 2017, at 1:19 PM, Chan-Kent, Marissa HLTH:EX <Marissa.Chan-Kent@gov.bc.ca> wrote:

s.13

From: [Anderson, Kristy GCPE:EX](#)
To: [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [Lefebvre, Dave](#); [Thistle-Walker, Carlene GCPE:EX](#)
Subject: FW: Your story
Date: Friday, March 10, 2017 6:06:00 AM
Importance: High

FYI on the below – working to fix this asap. Hoping this is just online for now.

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 6:00 AM
To: 'Tyler Olsen - Abbynews'
Subject: Your story
Importance: High

Tyler – can we touch base on this first thing this morning. I gave the minister some wrong information based of a document and I need to correct it with you and your readers.

<http://www.abbynews.com/news/415822154.html?mobile=true>

Kristy Anderson

Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

From: [Nuraney, Naseem](#)
To: [Anderson, Kristy GCPE:EX](#)
Cc: [XT:Lefebvre, Dave HLTH:IN](#)
Subject: ARH
Date: Tuesday, April 4, 2017 12:21:00 PM
Attachments: [Proposal - ARHCC Emergency Department Expansion - 16.March.pdf](#)
[ATT00001.txt](#)

This is what was shared and approved.

From: [Anderson, Kristy GCPE:EX](#)
To: [XT:Nuraney, Naseem GCPE:IN](#)
Cc: [XT:Lefebvre, Dave HLTH:IN](#)
Subject: RE: ARH
Date: Tuesday, April 4, 2017 12:25:00 PM

This is what I will be sending Tyler shortly

Health authorities, as part of their long-term planning, are always looking at capital improvements at all of their sites. Fraser Health previously assessed and considered an emergency department expansion at Abbotsford Regional Hospital in 2015, but at the time chose to move forward with just the creation of a mental health and substance use zone in the emergency department.

Following recent concerns, Fraser Health revisited their larger plan for an expansion of the emergency department and submitted it to the ministry a few weeks ago. The creation of a mental health and substance use zone will now be incorporated in the larger emergency department expansion project. This emergency department expansion is one of several that Fraser Health has been working on to help address care concerns in the region.

Kristy Anderson
Director, Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (mobile)
Kristy.Anderson@gov.bc.ca

-----Original Message-----

From: Nuraney, Naseem [<mailto:Naseem.Nuraney@fraserhealth.ca>]
Sent: Tuesday, April 4, 2017 12:21 PM
To: Anderson, Kristy GCPE:EX
Cc: XT:Lefebvre, Dave HLTH:IN
Subject: ARH

This is what was shared and approved.



MAR 20 2017

1081797

Ms. Athana Mentzelopoulos
Deputy Minister and
Secretary to Treasury Board
Ministry of Finance
Box 9469 Stn Prov Govt
Victoria BC V8W 9V8

Dear Ms. Mentzelopoulos:

Re: Implementation Plan, Abbotsford Regional Hospital Emergency Department Improvements

As required in the Abbotsford Regional Hospital Emergency Department Improvement project approval letter dated March 15, 2017, please find attached a project implementation plan briefing note, which confirms the scope, schedule and budget for the project.

Please contact Manjit Sidhu at 250 952-2066 if you have any questions.

Sincerely,

for Steve Brown
Deputy Minister

Attachments

pc: Mr. Manjit Sidhu, Assistant Deputy Minister, Financial and Corporate Services,
Ministry of Health
Mr. Joel Palmer, Executive Director, Capital Services, Ministry of Health



Better health. Best in health care.

**Abbotsford Regional Hospital and Cancer Centre (ARHCC)
Emergency Expansion**

Briefing Note

Date: March 16th, 2017

To: Joel Palmer, Executive Director, Capital Branch, Ministry of Health

From: Brenda Liggett, Chief Financial Officer, Fraser Health Authority

RE: Abbotsford Regional Hospital and Cancer Centre - Emergency Expansion

Background

Abbotsford Regional Hospital and Cancer Centre (ARHCC) was opened in August 2008. Since that time there has been a significant increase in the number of Emergency Department (ED) visits to a physical space that was not built for the current volumes resulting in congestion and inefficient flow for trauma, cardiac, acute and Mental Health and Substance Use (MHSU) care.

Over the past several years the volume of individuals coming to the ED with MHSU presentations has been growing. The average daily number of visits now stands at almost 11 (3,979 total visits), an increase of 20% from 2014/15 and now accounts for more than 5% of total emergency visits. Admissions of MHSU patients have also been increasing. The range of admitted mental health patients in the ED is typically between 4 and 6 per day with periodic spikes up to a recent high of 12 admitted patients. The average daily occupancy of the psychiatric units is 104%.

Currently there are 3 mental health nursing units operating at ARHCC - a 28 bed General Unit, a 4 bed High Acuity Unit and a 4 stretcher Psychiatric Clinical Decision Unit (PCDU) which is located in the ED.

Although the PCDU was originally conceived as being part of the Emergency Department (ED), the volume of admitted patients and the physical layout has resulted in the unit operating as an independent Mental Health inpatient assessment unit with relatively short stays of 48-72 hours. It primarily receives patients from the ED.

Current clinical space in the ED for the MHSU patients is extremely constrained. Available space consists of 2 stretcher bays - patients sit in chairs in close proximity facing each other. This space is not conducive to patient-centred care and can, for patients with psychosis and/or agitation, increase the risk of acting out behavior and violence. Currently the ED has no seclusion rooms to contain behaviourally out of control patients.

Adding care space for the agitated and aggressive patient in the ED at ARHCC has been recommended as one component of a larger strategy to reduce episodes of agitation and acting out behaviour including violence.

Issue

The ED at ARHCC is undersized for the current volume of patients and lacks a dedicated MHSU Zone.

In December 2015 ARHCC and Fraser Health explored a number of options to address the ARHCC ED issues (overcrowding and the increasing volume of MHSU patients). The following option was identified as the option that would best service the interests of the patients and staff:

- Develop an Emergency MHSU Zone in an expanded footprint adjacent to the ED, improve triage space, move the Adolescent Day Treatment Program (ADTP) into leased space offsite and the PCDU out of the ED into the ADTP space.

Expanding the footprint of the ED allows for a dedicated MHSU Zone and provides sufficient space in the department to address current volumes. However, due to affordability constraints, Fraser Health was previously not able to proceed with this option. Discussion with the Fraser Valley Regional Hospital District made it clear that the District was not in a position to support a project of this size at this time because of previous commitments to the replacement of the MSA Residential Care facility.

Recommendation

Expand the footprint of the ARHCC ED, add a dedicated MHSU Zone into the ED, improve/renovate acute care space (including trauma, cardiac and triage), relocate the ADTP offsite and move the PCDU into the vacated ADTP space.

Benefits and Rationale

This project will address improvements in the flow and care of patients presenting to the ARHCC ED and reduce congestion in the department.

Acute Care Zone

- Increased ED capacity to meet current.
- Triage redesign in the ED to support improved workflow.
- Bed heads in the ED currently used to cohort MHSU patients will be made available for acute care patients eliminating the need to care for these patients in the hallway by the triage desk.
- Improvement for trauma/monitoring bays.
- Improved clinical workflow in the ED.
- Dedicated nursing substation to manage Emergency Health Services/Ambulance offloads.

MHSU Emergency Zone

- A dedicated MHSU Zone within the expanded ED offers the advantage of safely assessing and treating admitted patients awaiting transfer to inpatient psychiatric units and provides crisis stabilization for up to 48 hours for unstable MHSU patients where inpatient admission may not be required.
- Creation of a secure Emergency MHSU Zone with collaborative Emergency RN and MHSU staffing that aligns with current best practice for MHSU patients and builds on the Surrey Memorial Hospital model.
- Direct access to the MHSU Zone from triage.
- Dual purpose function. Clinical space to care for patients who:
 - are being assessed and/or admitted and awaiting transfer to an inpatient unit
 - require up to 48 hour crisis stabilization but who either do not require inpatient admission or for whom inpatient admission is contra-indicated
- Staffing efficiencies for the assessment and crisis stabilization areas.
- Ability to admit non-medically cleared patients into the Zone.
- Access to seclusion rooms for agitated patients certified under the Mental Health Act.
- Current PCPU space freed up for other clinical uses to be determined.
- ADTP relocated to the new Integrated Youth Centre to create a hub of youth services co-located in Abbotsford.

Project Scope

The project scope includes a 7,200 square foot ED expansion (single story build out to the west of the existing ED in the space currently utilized for ambulance bays), relocation of the ambulance bays next to the new build out and renovations within the existing ED footprint to:

- Provide for an appropriately sized and designed ED to address congestion issues.
- Accommodate a MHSU zone adjacent to but secured from the rest of the ED.
- Renovations to the existing ADTP and PCPU space. The ADTP will be moved into offsite leased space and the PCPU will be moved to the renovated ADTP space.
- Improved space for trauma, cardiac care and acute care areas.
- Enhancement to the emergency registration function to include an element of triage.
- Renovations to the triage area.
- Dedicated stretcher bays.
- Creation of a nursing substation to manage Emergency Health Services/Ambulance offloads.
- Relocation of the ambulance bays to space adjacent to the new expanded footprint.

Schematic drawings have been developed with Fraser Health stakeholders, including a 7,200 square foot expansion to the ED and renovations to the triage area, acute care/trauma areas, PCDU, and ADTP areas.

Attached is the most recent schematic drawing which shows the planned footprint expansion beside the existing ED. This drawing which was completed over year and a half ago and shows the space being used for the MHSU Zone; however to address current congestion and workflow issues the use of this space may be changed to better address updated clinical workflow plans.

Financial Impact

Capital cost estimate is \$15.0M based design drawings with a confidence interval of +/- 25%. A Class C estimate has not been completed. Source of capital funding will be Ministry of Health.

| | (\$000's) |
|---------------------------------|---------------|
| Construction | 11,000 |
| Design & Engineering | 1,800 |
| Furniture, Fittings & Equipment | 1,350 |
| Project Admin & Soft Costs | 300 |
| Construction Contingency | 550 |
| Total Capital Cost | 15,000 |

Ongoing operating costs of \$2.7M plus one-time operating costs (amount to be determined) will be funded within Fraser Health global funding allocation.

The following table provides a breakdown of the ongoing operating costs.

| | (\$000's) |
|---|--------------|
| P3 Facility Management (includes lifecycle) | 600 |
| ADTP Lease Costs | 400 |
| Staffing and supplies | |
| 1 RN 24 X 7 | |
| 1 LPN 24 X 7 | |
| 1 MH Case Worker 24 X 7 | |
| 1 MH Social Worker 7.5 X 7 | |
| 1 Unit Clerk 15 X 7 | |
| Total Staffing and Supplies | 1,700 |
| Total Ongoing Operating | 2,700 |

Procurement

Project procurement will be undertaken by ARHCC's Public Private Partner (Project Co.). Project Co. will consider the following procurement options for this project.

- Construction Management (CM)
- Design-Bid-Build (DBB)
- Design Build (DB)

Implementation Schedule

The following table outlines the estimated schedule for the completion of this project. Action # 2 and # 3 will be undertaken concurrently.

| Action | Estimated Duration | Estimated Start Date | Estimated End Date |
|---|--------------------|----------------------|--------------------|
| 1. Government approval of the project | | n/a | Mar 31, 2017 |
| 2. Finalize clinical workflow, schematic design, design development, and construction documents | 6 months | Apr 01, 2017 | Sep 30, 2017 |
| 3. RFP consultant team – development, issue and review | 6 months | Apr 01, 2017 | Sep 30, 2017 |
| 4. Tender, contract award, permits | 6 months | Oct 01, 2017 | Mar 31, 2018 |
| 5. Project construction | 18 months | Apr 01, 2018 | Sep 30, 2019 |
| 6. Commissioning and occupancy | 1 month | Oct 01, 2019 | Oct 31, 2019 |

Page 205

Withheld pursuant to/removed as

s.13

| RECRUITMENT | ACTION | Target Date | Status |
|--|--|-----------------------|---|
| Recruiting med/surg staff to enter specialty courses | ARH Pilot job shadow implemented in summer 2016 and continuing to allow more med/surg nurses to check out working in specialty units | (July 2016 - present) | Well received and has led to new staff applying for the BCIT course (still active) |
| BCIT Courses | 7 graduating in Nov/Dec;
3 graduating in April, 3 graduating in June and 3 in August | Nov to Aug | In progress |
| Regional recruitment | As part of the ARH R and R plan: video testimonials of ER staff completed and used in social media campaign. | April - ongoing | In use |
| | Agreement to highlight ER in 56 career fairs, journals, and online this year to help in recruitment. | 2016/2017 | In progress |
| | ARH / MMH Directors lead a combined recruitment / retention working group focused on the CC areas and resulted in action plan | Spring 2016 | Ongoing |
| | Leadership / BCNU / HR meeting with frontline staff to discuss various staffing opportunities (3 meetings underway) | Feb 2017 | In progress |
| PEER recruitment | Refer a friend focus of ARH committee. | Fall 2016 | Ongoing |
| Exit interviews to identify opportunities | Brenda Booy conducted focus groups with current staff and exit interviews (action plans were developed including recommendations which were discussed at staff meetings) | Spring 2016 | Complete |
| | Pam Theriault (OD) to conduct exit interviews and discussions with current staff re challenges / opportunities | Jan / Feb | In progress |
| Engagement of staff with practice council | Practice council established in Feb 2016 and has been actively engaged in a number of initiatives to improve workflow /work space. | Feb 2016 | Established and active |

| | | | |
|---------------------------------|--|----------|---------|
| Community /Municipal engagement | Exec Director (and an ER nurse) participating in recruitment and retention table with local University, division, community players, City, Chamber of Commerce (focus initially was on recruiting physicians but have expanded to include specialty nursing and the emergency dept as of Nov 2017) | Nov 2016 | Ongoing |
|---------------------------------|--|----------|---------|

| RECRUITMENT AND RETENTION | ACTION | Target Date | Status |
|--|--|--|---|
| Reducing congestion (one of the top issues identified in review) | <p>Strategies to reduce ER congestion include:</p> <ul style="list-style-type: none"> - Seniors prototype to reduce visits to ER and admissions - Pilot of DTU in ER to reduce admits - Examples of Initiatives in acute to reduce LOS including – strategies related to diagnostic imaging; streamlining pull to path and rehab; population specific strategies such as the integrated transition team for psychiatry to support early discharge; the establishment of a clinic in the homeless shelter in Aug 2016; development of virtual consult for cardiac EP pts to reduce days waiting; etc (more detail in site capacity action plan) <p>Specifically in the ER:</p> <ul style="list-style-type: none"> - New ambulance off load policy - Change in location for ambulance offload - 2 stretchers set aside for physician assessment - Planning underway for ER / MH area to have more appropriate space for psych pts and create added capacity in the ER. This includes staff education and role development for the area. | <p>Current
Sept 2016</p> <p>Fall 2016
Spring 2016</p> <p>Design work started with completion target Spring 2017.</p> | <p>Some complete ie psych integrated transition team, DTU and Virtual EP</p> <p>Started Sept 27 Approx. 50% of the time</p> |

| RECRUITMENT AND RETENTION | ACTION | Target Date | Status |
|---------------------------|--|--|----------|
| Physical space | - Added pt washroom | Sept 2016 | Complete |
| | - Modifications to triage included in ER/Psych plan | Planning underway | |
| | - Physician charting space added | Summer 2016 | Complete |
| Workload/staff | - Workload prebooked to year end for admitted pts (2 RN's / 1 LPN) | Spring 2016 | Complete |
| | - Use of agency staff to support staff while vacancies being filled | Current | ongoing |
| Teamwork | Staffing model changes to team model:
- Acute area
- RAZ areas

Joint team building with ER/PSYCH staff.

Activities aimed at team building ie recent pancake breakfast, kids Christmas party. | May 2016
Oct 2016

Summer 2016

Ongoing | Complete |
| | Director / Manager meet bi monthly with local BCNU reps to improve communication and relationships. | Sept 2016 | Ongoing |
| | | | |
| Strengthened leadership | Practice council staff involved in hiring of the manager. | Spring 2016 | Complete |
| | Coach working with the unit manager to assist in developing skills/strategies to engage staff and create positive culture.

All frontline leaders in ER are enrolled in a leadership course. | Summer 2016 | Ongoing |

| | | | |
|--------------------------------|--|--------------------------|-------------------|
| | ED/ Director / Manager/ staff / OD meet weekly to discuss challenges and to work collaboratively on opportunities for improvement | November 2016 | Ongoing |
| Increased communication | A robust communication strategy was implemented post exit interviews including: monthly staff meetings and leadership meetings; newsletters, emails, and increased presence daily on the unit of the ER manager. | Spring/Summer 2016 | Ongoing |
| Violence prevention | 27 actions implemented to reduce violence including cameras, protocols, added security guard, etc (and pending are the new PPD's in January and the new ER MH zone). | Spring 2015
- Current | Majority complete |
| | New ambassador program | May 2016 | Complete |
| | VP posters | Spring 2016 | Complete |

Abbotsford Regional Hospital Capital Updates

Capital

- In 2017, we will be opening a new emergency area for Mental Health and Substance Use patients at Abbotsford Regional Hospital. Designed specifically for people who arrive at the hospital with mental health or substance use concerns, the unit will provide a low-stimulus, therapeutic and secure space for a person to receive specialized assessment, treatment and care.
- In 2014/15, we invested \$3.837 million in capital equipment for Abbotsford Regional Hospital, including ultrasounds and infusion pumps.
- In 2015 the Abbotsford Breast Health Centre, opened at the hospital.
- Abbotsford Hospital also has short stay diagnostic and treatment beds in the Emergency Department that started as a pilot project. This is a project that was a proposal from the emergency physicians and early measurement shows it has avoided admissions to hospital.

Staffing

- In April 2016, we added up to 16 physicians to provide care for inpatients in medical units, in addition to the family doctors with privileges who also provide care to their patients.
- We added a nurse practitioner to our surgical unit to better support patients and surgeons and improve discharge planning.
- We increased weekend coverage of patient care coordinators to improve timely patient care and discharge planning throughout the week.
- We have added weekend occupational therapy services to assist with care and discharge planning on weekends.
- In 2016, we added a 24/7 psychiatric nurse and client service ambassador to the Emergency Department.
- In 2016, we implemented a new Integrated Transition of Care Team at Abbotsford Regional Hospital.
 - This team supports patients discharged from Emergency Departments and Psychiatric Inpatient units to ensure they have a concrete care plan in place before returning home.
 - Each Integrated Transition of Care Team consists of a psychiatrist, psychiatric nurse and mental health worker who will provide two weeks of follow-up care in the community to prevent re-admission to hospital or other negative experiences.
 - Vulnerable patients will receive continued support while being connected to community resources that will assist them during their transition from hospital to home.

Other investments in Abbotsford:

Palliative Care

- Holmberg House, a 10-bed hospice, opened in April 2016. By opening Holmberg House, we've created more capacity for our palliative patients while reducing pressure on the Mission hospice, which in the past has served the communities of both Abbotsford and Mission. Holmberg House takes patients out of the hospital and into a better setting.

Mental Health and Substance Use

- We established new Hospital Community Liaison teams between Abbotsford Regional Hospital Psychiatry Program and Abbotsford and Mission Mental Health and Substance Use Centres to provide enhanced support, seven days a week, for individuals who have been discharged from hospital into the care of their community mental health and substance use centre.
- In August 2016, Marshall Road Residence opened 50 beds to support mental health clients. It features a mix of licensed residential care (30) and assisted living beds (20) some of which will be new and some redeveloped. There are also 18 new Supported Independent Living Subsidies available in Abbotsford.
- Two additional mobile detox teams (one funded by Fraser Health, the other by First Nations Health Authority) are now available to access support in withdrawing from substances.
 - Clients receive a medical assessment by a doctor along with regular monitoring by a nurse and health care worker during the withdrawal process, and case workers help clients connect with community services to continue their recovery.
 - Since the first team was launched in 2010, there has been a 67 per cent decrease in the number of service area hospital admissions among these clients and a 46 per cent decrease in the number of psychiatric emergency room visits among participants.

Sexual Health

- Last year, we opened a dedicated sexual health clinic specifically for gay men to meet health needs they may not feel comfortable discussing with their family doctors. The clinic, located on Marshall Road, provides counselling, testing for HIV/AIDS and sexually-transmitted infections, free condoms and health information for men who have sex with men.

Seniors

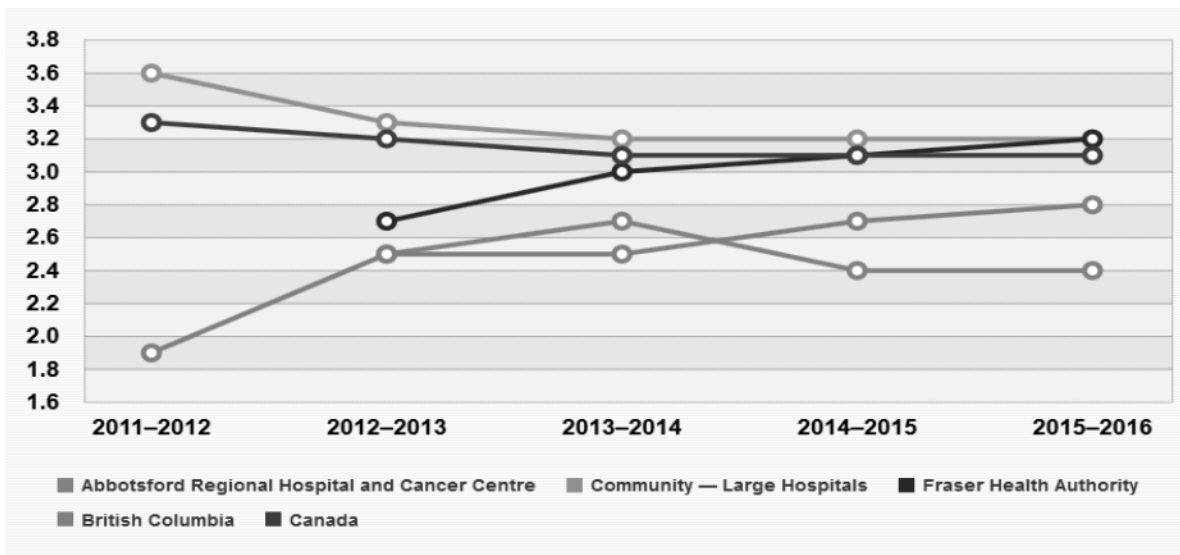
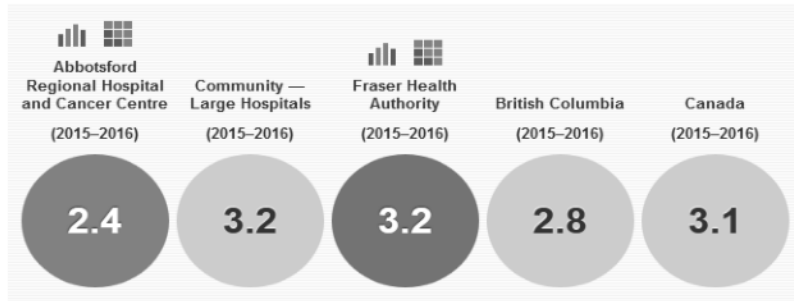
- Abbotsford is one of three Fraser Health communities selected for the implementation of a new model of care for frail seniors to help them avoid hospitalization and help them stay in their homes longer. Working with the Ministry of Health, we are working to redesign and enhance community services and to improve how they work together to support frail seniors.
 - We are establishing processes for a timely response to meet frail seniors' urgent care needs, and to strengthen relationships with community partners such as physicians and non-government organizations, in order to provide coordinated, client-centred services as needed.
 - We are redesigning our clinical tools and care processes within the community to better support and respond to the emerging care needs of frail seniors.

- We are also adding additional staff to Home Health and the Specialized Seniors Clinic to enhance capacity in the community in addition to new resources which will be targeted where the needs arise in 2016/17.

Trend Over Time: Emergency Department Wait Time for Physician Initial Assessment (Hours, 90th Percentile) (Hours)

Website location: <https://yourhealthsystem.cihi.ca/hsp/indepth;jsessionid=jvG4r4GIBX8VIAikuo5qQFur.yhs?lang=en#/indicator/034/4/O99320/>

| Comparator | Indicator Results 2011–2012 | Indicator Results 2012–2013 | Indicator Results 2013–2014 | Indicator Results 2014–2015 | Indicator Results 2015–2016 |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Canada | 3.3 | 3.2 | 3.1 | 3.1 | 3.1 |
| British Columbia | 1.9 | 2.5 | 2.5 | 2.7 | 2.8 |
| Fraser Health Authority | | 2.7 | 3.0 | 3.1 | 3.2 |
| Community — Large Hospitals | 3.6 | 3.3 | 3.2 | 3.2 | 3.2 |
| Abbotsford Regional Hospital and Cancer Centre | | 2.5 | 2.7 | 2.4 | 2.4 |



Introduction: Fraser Health has a multi faceted plan to respond to peak volumes that they are seeing in their emergency departments. These are outlined in immediate actions, short term and long term strategies, both at ARH and regionally.

Abbotsford Regional Hospital Response Plan

*HR plan – attached as separate document

1. Immediate Actions:

- Additional community health care workers have been brought in to assist with identifying who is ready for discharge home or into the community with appropriate supports in place.
- Fraser Health has added weekend diagnostic staff to support peak volumes.
- Clinically equipped beds (aka flex beds) are open at Abbotsford Hospital (15) and Mission Memorial Hospital (5) and will remain open until there is a decrease in volumes.
- Rates of admission and average LOS are being shared with departments/individual physicians.
- Strategies are being developed/enhanced for unattached patients to enable faster discharge from acute care including:
 - Improving the ability to facilitate the transition of hospital unattached patients to a community GP
 - Implementing a nurse practitioner supported part-time primary care clinic targeting new refugees as needed and unattached patients discharged from acute care
- Emergency department staff are working to identify patients in the emergency department that can be better assisted in the community and assisting them in connecting to those services in the community.
- Using the hospital network to transferring patients that are appropriate to nearby hospitals for care.

2. Short term plan (3-6 months)

Discharges

- Implement discharge targets for all units and monitor weekly.
- Move patients from emergency department to inpatient units first thing in the morning based on discharge targets; patients who are being discharged will be placed in “discharge locations” which could include hallways for up to 4 hours.

Enhance Capacity

- Use clinically equipped beds at sites experiencing congestion for short periods of time.
- Use the network of hospitals to transfer patients as appropriate to sites with capacity.
- Enhance community presence in acute sites to pull patients to community with supports.

Process

- Reduce duplicate testing, and set in place systems to reduce patients being admitted or staying admitted for a diagnostic test.
- Have established multiple task groups focused on:
 - home health interventions to reduce avoidable admissions, for all patients (known/unknown to home health) coming to the emergency department.
 - early identification and timely transitions of rehab eligible prospective patients.
 - diverting demand and reduce acute LOS of COPD patients
 - reducing avoidable admissions by:
 - building awareness of resources and
 - developing clinical practice guidelines for treatment of patients with substance use dependence
- Through the Frail Seniors initiative, provide rapid response as the first line of intervention in the community for clients registered as frail seniors at risk. The primary focus is to support clients to avoid/mitigate health deterioration & reduce potentially avoidable emergency department visits.
- Increase efficiency of co-managed patients

3. Long term plan (6-18 months)

- Broader education of acute care providers around what resources are available in the community, including how to access e.g. home health services, community respiratory, palliative care (including education around end of life planning) etc.
- Refresh existing processes between residential care and ARH to improve communication and facilitate timelier transitions.
- Improve flow/congestion of mental health clients thru improved space, linkages to transition team.
- Abbotsford community participation and advocacy on both local & regional housing task groups.
- Establish a coordinated approach between acute, home health and mental health and substance use social workers to create/share inventory of resources & contacts with each other and the Fraser Health housing leader.

Regional Response Plan

Since 2015/16, Fraser Health has been working to improve quality of care and increase capacity for care across the continuum. Work has been underway on two fronts:

- Building community capacity by increasing investment, redesigning community services and partnering more closely with family physicians and Divisions of Family Practice
- Improving hospital effectiveness by making improvements to improve utilization, quality and flow.

1. Short term goals

- Increase weekend and holiday discharges
- Improve care and discharge planning to try and achieve 80% completion for 48/6, Mobility Plans, EDD
- Achieve BCEHS offload targets.
- Maintain or decrease 2016/17 emergency department visit and admission volumes
- Decrease length of stay for >30d (long-stay) patients.
- Decrease avoidable hospital admissions by decreasing emergency department admission rate variation (working with the physicians who are admitting patients that could be cared for in the community instead)
- Decrease visits by frequent emergency department visitors (Familiar Faces)
- Introduce the successful Nurse Debbie program to other sites (nurse working with primary care physicians to see their patients either in office or at home to avoid emergency admissions and support them to stay home)
- Physician Engagement
 - There is a meeting set with the Emergency physicians in the coming weeks to talk about what they are experiencing and to discuss sustainable solutions.

2. Long term goals

- Fraser Health will be increasing LTC beds in the coming years. Specific break down is pending the budget process but planning for 500 over the next 5 years
- Develop reports for individual hospital physician performance and comparison to colleagues (e.g. ALOS, discharge by day of week).
 - Support department heads to review bottom third performers (similar to emergency department admission rate approach).
- Explore and implement opportunities to shift OT / PT resources from hospital into community.
- Explore options for Nurse-led discharge.

- Explore options for technology-enabled improvements:
 - Utilization management software; and
 - Predictive staff scheduling software
- Use the hospital network to move patients who are able to nearby hospitals when capacity is available.
- Partnering with willing GP's to integrate services between our community primary care and their practices.
- Expand the provision of IV services into the community.

Key Messages:

- While they are seeing early signs that the pressure is easing they will continue to monitor the situation closely and respond quickly as they have been.
- I have talked to the CEO and I know they have a plan in place to manage what they are currently seeing as well as some longer term strategies
- To deal with the immediate issue at Abbotsford Regional Hospital, Fraser Health has brought in extra community health staff to the hospital to help identify patients ready for discharge home or to the community with supports. The additional staff came in on the weekend and has been a successful measure that they will continue to use.
- Additional diagnostic staff was brought in over the weekend and will continue with the extra staff until they see the pressure start to ease.
- Emergency department staff are working to identify patients that can be connected to community services instead of waiting in an ER.
- Fraser Health is looking at geographic overlap in hospitals and how they can support each other better. For example some patients were recently transferred from Abbotsford Regional Hospital to Langley Memorial for care. This is using the system better and more efficiently. They will continue to look at opportunities like this when it makes sense for the patient and capacity is available.
- Fraser Health has the ability to open beds that are clinically equipped and appropriate for patients in times of congestion and this has happened at Abbotsford Regional Hospital. They have opened 15 beds there and another 5 at Mission Memorial to help ease the pressure. These beds will stay open until they see pressures starting to ease. These are beds that open in the units not the ER to help decant the ER.

- They are working to decongest an area that staff shared as a priority to focus on and have made progress on this. This will remain priority work.
- An important part of this work is ensuring patients are being discharged in a timely manner. As well as looking at admission practices. We all know that emergency departments and hospitals are not the right place for everyone so ensuring that there are services available in the community and connecting people to them is an area of focus
- Fraser Health as expanded their management presence at the site to help support the leadership team right now.
- They are doing everything they can to move patients through the system as safely and as quickly as possible. They have taken an all hands on deck approach.

Regional Messaging:

- Congestion happens across the region and as Fraser Health see's patient volumes increase they will use their network of hospitals to support each other. Using the network to move patients to nearby hospitals when there is capacity is something that they have to consider.
- They increase the use of home support as well when there are times of congestion at sites. Fraser Health will also open clinically equipped beds at congested sites and will continue to use these as needed.

INFORMATION BULLETIN

[release number]
Feb. 21, 2017

Ministry of Public Safety and Solicitor General
BC Coroners Service

BC Coroners Service investigating death of child

BURNABY - The BC Coroners Service has confirmed it is investigating the case of a three-year-old girl who died at Abbotsford Regional Hospital on Feb. 7, 2017.

Nimrat Kaur Gill, who lived in Abbotsford, had been taken to the hospital emergency ward by family members on Feb. 6, 2017, and had been discharged home the same day. The next day her condition worsened, and she was returned to the hospital. She died later that day.

The Coroners Act requires that all deaths of children be reported to, and investigated by, the Coroners Service. The purpose of the investigation is not to find fault; however, recommendations may be made that could help prevent future deaths in similar circumstances.

Media contact:

Barb McLintock
Coroner, Strategic Programs
BC Coroners Service
250-356-9253

Connect with the Province of B.C. at www.gov.bc.ca/connect

Colleagues,

I recently wrote to you about the ongoing public interest and high profile media stories related to Abbotsford Regional Hospital.

As many of you are aware, we conducted a quality of care review into the care we provided to a three-year old girl who passed away at Abbotsford Regional Hospital on February 7, 2017. As this was a very public story, I am writing today to share the actions we will take across our region.

While we await the coroner's final assessment, I want to share with you that the preliminary results from tests conducted at Fraser Health indicate the child was gravely ill with an invasive group A streptococcal infection. This is a rare, but aggressive infection for a small child.

The unexpected death of a child and a family's experience of our care demand a thorough and careful review. I want to extend my appreciation to everyone who participated in review of this child's care. As an organization committed to learning and to improving patient and family care it is extremely important that we embrace any opportunity to improve, even when there is no assurance we could have influenced a different outcome.

As a health care organization committed to quality, it is our obligation to do everything we can to ensure we have the best standards in place to support children in our care. Implementation of some of our actions has already begun and it will continue across the region. These actions include the introduction of a clinical decision support tool called the Pediatric Early Warning Signs (PEWS) tool to all of our Emergency Departments. The PEWS tool responds to a number of early warning signs that a child might be deteriorating and, very importantly, it ensures a family or caregiver's voice is heard and elevated when a child is believed to be declining.

The summary of the six actions are as follows:

- Implementation of the Pediatric Early Warning Signs (PEWS) Clinical Decision Support Tool in Emergency Departments
- Sepsis screening for all pediatric patients presenting at triage.
- Regular simulation training in pediatric emergencies will be conducted in addition to the current ongoing pediatric education made available to Emergency Department physicians and nurses.
- Implementation of mechanisms for improved collaboration between pediatric and Emergency Department leadership.
- Enhanced education on standards for clinical documentation.
- A further review of shift handover and escalation processes to identify any additional improvements.

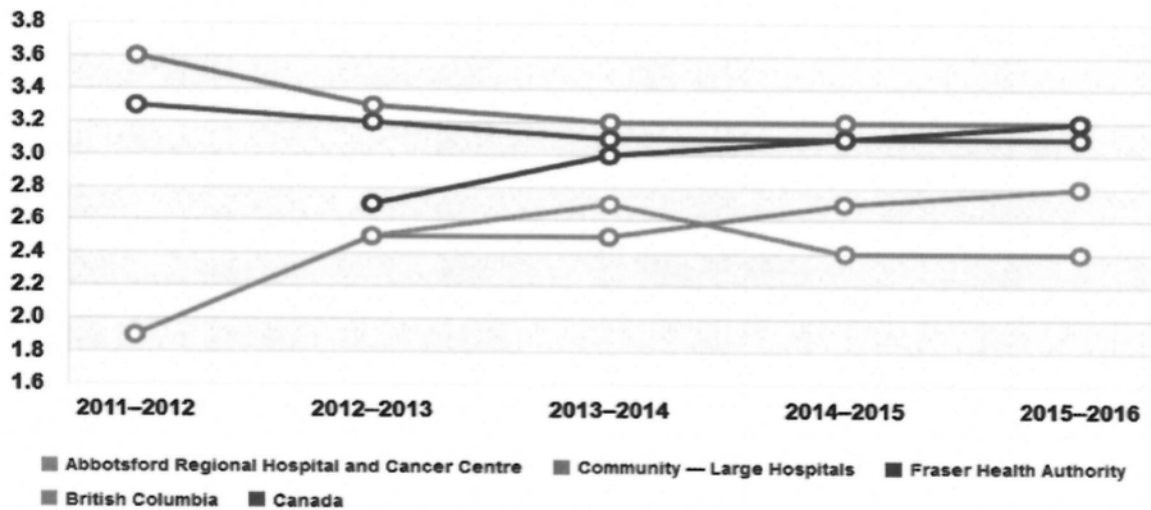
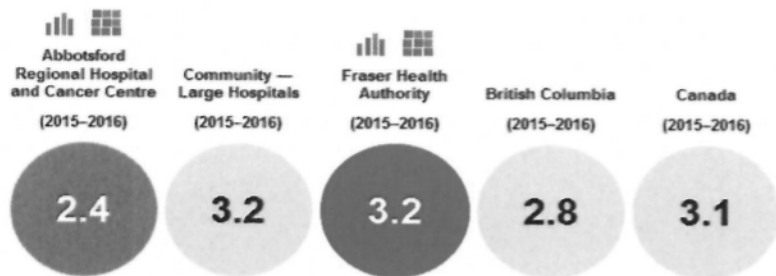
Once again, thank you for your ongoing support.

Michael Marchbank

Trend Over Time: Emergency Department Wait Time for Physician Initial Assessment (Hours, 90th Percentile) (Hours)

Website location: <https://yourhealthsystem.cih.ca/hsp/indepth;jsessionid=ivG4r4GIBX8VIAikuo5qQFur.yhs?lang=en#/indicator/034/4/O99320/>

| Comparator | Indicator Results 2011–2012 | Indicator Results 2012–2013 | Indicator Results 2013–2014 | Indicator Results 2014–2015 | Indicator Results 2015–2016 |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Canada | 3.3 | 3.2 | 3.1 | 3.1 | 3.1 |
| British Columbia | 1.9 | 2.5 | 2.5 | 2.7 | 2.8 |
| Fraser Health Authority | | 2.7 | 3.0 | 3.1 | 3.2 |
| Community — Large Hospitals | 3.6 | 3.3 | 3.2 | 3.2 | 3.2 |
| Abbotsford Regional Hospital and Cancer Centre | | 2.5 | 2.7 | 2.4 | 2.4 |



February 15, 2017 – **Unexpected patient death at Abbotsford Regional Hospital**

A family has posted their concerns with their 3-year old daughter's treatment at Abbotsford Regional Hospital following her death. The daughter was taken twice to the hospital in 24 hours.

Key Messages:

- Our hearts go out to this family during this incredibly sad time.
- This is not a situation that we take lightly.
- Fraser Health's Maternal Infant Child and Youth team initiated a full patient safety review in partnership with the Abbotsford Emergency Department. This review examined the care provided to the child, which included a review of the cause of death.
- Our priority is to ensure we first communicate the actions we are taking as a result of the review with the family. We are working with them to meet their needs and requests at this time. Once we have done this, we will share these actions publicly.
- We are trying to work with this family throughout this trying time and ensure they have the support they need.
- While we cannot comment on the specifics of this case, anytime there is an unexpected death, we do a review of the circumstances. From the review, we can see if there is anything we can learn for the future.

Background:

Update (March 20, 2017):

- Having completed a review of the care, Fraser Health is implementing six actions, among them initiating sepsis screening, alerts and protocols during the initial screening for all pediatric patients presenting at triage and implementing a pediatric early warning sign tool in emergency departments.
- This tool has been piloted in Richmond hospital and, though the pilot is not yet complete, early data shows it is effective.
- Other actions focus on enhancing education and training of staff and improving shift handovers and escalation processes.
 - Full list of actions:
 - Sepsis screening, alerts and protocols during the initial screening for all pediatric patients presenting at triage.
 - Implementation of the Pediatric Early Warning Signs (PEWS) Clinical Decision Support Tool in Emergency Departments.
 - Mandatory education in advanced pediatric life support and pediatric advanced life support for nurses and physicians, as well as regular simulation training in pediatric emergencies, including onsite visits to BC Children's Hospital and Surrey Memorial Hospital Pediatric Emergency Departments.
 - Implementation of mechanisms for improved collaboration between pediatric and Emergency Department leadership.
 - Enhanced education on standards for clinical documentation.
 - A further review of shift handover and escalation processes to identify any additional improvements.

Original Background

- The family of a three-year-old child, who passed away on February 7 while receiving treatment at Abbotsford Regional Hospital, has posted their concerns with the care provided to Facebook.
- On February 6, a child attended the Abbotsford Emergency Department with a s.22 s.22 Her father was also treated for a s.22 at this time.
- The child and father were both released, but the child returned the following day, February 7. Treatment was initiated; however, she eventually succumbed to her illness.
- Initial findings from the s.22 s.22 This is a s.22
- Fraser Health's Maternal Infant Child and Youth team has initiated a full patient safety review in partnership with the Abbotsford Emergency Department. This review will look at the care provided to the child, which will include a review of the cause of death.
- On the day the child passed away s.22 s.22
- The family says the father was treated for s.22 while the child was not. They question why this was so.
- Fraser Health's pediatric medical director will reach out to the family to further discuss their concerns.

| Contact information | | | |
|---------------------|-----------------|---|------------------------|
| Contact | Name | Title | Phone |
| Program | Loraine Jenkins | Exec Director – Maternal Infant Child and Youth | (604) 587-4483 X764848 |
| Communications | Tasleem Juma | Public Affairs | (604) 613 - 1162 |

February 23, 2017 – **Patient care complaint at Abbotsford Regional Hospital**

The stepson of a patient, who died after attending Abbotsford Regional Hospital, has concerns about the care provided.

Key Messages:

s.13

Background:

s.13

| Contact information | | | |
|---------------------|---------------|----------------|------------------|
| Contact | Name | Title | Phone |
| Program | Val Spurrell | ED – ARH | (604) 613 - 5328 |
| Communications | Dave Lefebvre | Public Affairs | (604) 613 - 4397 |

KEY MESSAGES

- Hospital congestion is an issue facing all hospitals across the country. This is not new for us or for anyone working in the healthcare system. What is important is being on top of it and finding strategies to manage it.
- One of the priorities that the Ministry of Health and Fraser Health are working towards is the shift to community-based care, so we have enough of the right resources available.
- We are also making this shift to protect the Acute system – our hospitals – for those critically ill patients that require that level of care.
- Fraser Health has a number of initiatives underway to manage hospital and Emergency department congestion.
- While they recognize this is a challenge, they have specific strategies in place to deal with this, which take shape in many ways.
- Fraser Health has increased their home support hours, opened up 403 new residential care beds, and have worked to create stronger partnerships with the division of family practice. They also have a series of initiatives inside the hospitals as well to be more efficient.
- They have seen success in their use of the Preview ED tool that has reduced the number of facility transfers to the ER by 18 percent.
- In addition, I understand that Fraser Health leadership has already reached out to emergency physicians to talk to them about what they are seeing and experiencing, asking them to also bring solutions to the table.

Abbotsford Specific

- I am aware that media has reported about congestion at Abbotsford Hospital.

s.13

- There is seasonal fluctuation in hospital congestion, and winter is typically a season where we see more people come to hospital.

s.13

- They have clinically equipped beds that they use to manage congestion and several of those have recently opened as needed.
- The point to remember though, more beds does not solve the issue of congestion it is just a temporary relief. The flow of patients to the right place, timely discharge and having enough resources in the community is what eases the pressure.
- They also have a quick response team in Abbotsford to reduce visits from frail seniors to the emergency department by eliminating transfers to the Hospital from community and avoid unnecessary admissions.
- Abbotsford Hospital also has short stay diagnostic and treatment beds in the Emergency Department that started as a pilot project. This is a project moved forward from a proposal from

Page 228 to/à Page 229

Withheld pursuant to/removed as

s.13

Key Messages – Abbotsford Adult Death

February 17, 2017

- My sincere condolences to the family of ^{s.22} for their loss, which I recognize has left them with unanswered questions.
- ^{s.13} was a very well respected member of Fraser Health's staff – I would also like to extend my condolences to her colleagues.
- Doctors and staff care very much for the patients they serve and hearing about situations like this is incredibly saddening.
- I have reached out to Fraser Health's CEO on this matter. He has informed me that the Health Authority has been in discussion with a relative of the deceased to better understand the family's concerns and to also gather any information they so that they can learn more about her.
- These conversations are helpful, especially if the individual has passed away in their home as the health authority would be unaware of the person's death in these circumstances.
- I also understand the health authority has looked at the deceased's chart, which shows she was getting care in the community, and came into the Emergency Department experiencing pain. This is also information her family has shared with the media.
- In situations like this, when there is an unexpected death, it is standard practice to have a coroner review the file.

- At this time, the coroner has advised that the cause of death is unknown, which means there will be further investigation to confirm the cause of death.
- Fraser Health will work with the coroner and will wait for the findings to learn more about this case.

If asked about the specifics of the deceased's hospital visit:

- s.22 had been seen by a doctor in the community who had been prescribing her s.22
- She came to the Abbotsford Emergency Department asking for that s.22, which had been working well for her.
- Outside of this, I do not have any additional information to share.

If asked about claims of wait times and congestion.

- Hospital congestion is an issue that we see facing all hospitals across the country. This is not new for us or for anyone working in the healthcare system. What is important is being on top of it and finding strategies to manage it.
- The Emergency Room can experience fluctuations every day depending on what cases they see in the Department.
- To adequately deal with those fluctuations, Abbotsford Hospital has clinically equipped beds that they flex open when needed to respond demand.
- Abbotsford Regional Hospital has one of the lowest wait times for a physician initial assessment when compared to British Columbia and Canada as a whole.

- The wait time for an initial physician assessment in emergency in Abbotsford is 2.4 hours, compared to a B.C. average of 2.8 hours and a Canada-wide average of 3.1 hours (90th percentile).
- However, with said, Fraser Health recognizes that congestion can be an issue, but they do have a number of initiatives underway at Abbotsford Hospital to reduce congestion, such as:
 - a congestion capacity steering committee that includes ER physicians, that meets every two weeks to determine how congestion can be improved.
 - several initiatives are underway to reduce congestion in Abbotsford's Emergency Department, including moving our Patient Access and Transition Home (PATH) unit to Mission. (The PATH unit provides specialized support to patients who require complex discharge planning to return successfully to the community.)
 - They have also made investments into the community specifically targeting frail seniors so that they can avoid a visit to Emergency.
 - In addition, admitted patients who are delayed on discharge because they are awaiting tests can now go home and keep their appointment.
 - Fraser health has also improved our infection control, which helps contribute to reduced length of stay in hospital.
 - This summer, Abbotsford Hospital is also opening up an Emergency area for mental health concerns which

will help ease congestion in the Emergency Department.

If asked about hallway beds at Abbotsford:

- Emergency Department congestion has been present at Abbotsford Hospital with and without hallway beds.
- At this time, the hospital has made a conscious decision to not deliver care in hallway beds in their medicine units because providing care to patients in inappropriate locations is not the answer.

Let me start off by saying that we have amazing people that work in our health care system each and every day. We all come to work wanting do our best and care for everyone that needs our support and services.

Health care is a large system and there are many moving parts. We might not get it right each and every time but we continue to strive to be better.

There have been some stories in the media lately of people sharing their experiences in our system and I am sorry to hear that there have been some challenges. This is not what we want, this is not how we want to care for people. And I apologize for the experiences these individuals have had.

Congestion:

- Congestion is a challenge. It's a challenge for health care across the country. What is important is working together – doctors, administration, patients – to find strategies to manage it.
- We know our emergency departments are not the best place for many patients – they should be seen and treated in the community reserving our emergency department for acute patients.
- We are investing in strategies to shift more care into the community and we are having some success.
- Strategies we have in place and results we have seen (share examples)
- Some changes will take time to see the results but we still continue to work on this.

BCNU:

- We have been working closely with the BCNU as partners.
- We know we need more nurses and are working to train them - right now we have XX in training and we are also doing XYZ to ensure we have the trained nurses we need.
- Across Fraser Health We have trained xxx in speciality education and we continue to make this a priority.
- We are committed to working with front line nurses and the union

Capital:

- In addition to continued investment in the community we are working to expand some of our emergency departments to maximize patient flow and care.
- We have 3 business cases with the Ministry of Health for consideration.
- While this alone won't fix the problem it will help as we continue to work on longer term solutions as well as immediate ones.



fraserhealth Better health.
Best in health care.

FOR IMMEDIATE RELEASE
March 9, 2017

NEWS RELEASE

s.13

s.13

s.13

Visit www.fraserhealth.ca for more health news and information.
Follow us: <http://twitter.com/Fraserhealth>

1/3





fraserhealth

Better health.
Best in health care.

NEWS RELEASE

s.13

s.13

Visit www.fraserhealth.ca for more health news and information.
Follow us: <http://twitter.com/Fraserhealth>

2/3



NEWS RELEASE

-30-

For media inquiries, please contact:
Fraser Health Media Pager: 604-450-7881
media@fraserhealth.ca



Visit www.fraserhealth.ca for more health news and information.
Follow us: <http://twitter.com/Fraserhealth>

3/3



To: Joel Palmer, Executive Director, Capital Branch, Ministry of Health

From: Brenda Liggett, Chief Financial Officer, Fraser Health Authority

RE: Abbotsford Regional Hospital and Cancer Centre - Emergency Expansion

Background

Abbotsford Regional Hospital and Cancer Centre (ARHCC) was opened in August 2008. Since that time there has been a significant increase in the number of Emergency Department (ED) visits to a physical space that was not built for the current volumes resulting in congestion and inefficient flow for trauma, cardiac, acute and Mental Health and Substance Use (MHSU) care.

Over the past several years the volume of individuals coming to the ED with MHSU presentations has been growing. The average daily number of visits now stands at almost 11 (3,979 total visits), an increase of 20% from 2014/15 and now accounts for more than 5% of total emergency visits. Admissions of MHSU patients have also been increasing. The range of admitted mental health patients in the ED is typically between 4 and 6 per day with periodic spikes up to a recent high of 12 admitted patients. The average daily occupancy of the psychiatric units is 104%.

Currently there are 3 mental health nursing units operating at ARHCC - a 28 bed General Unit, a 4 bed High Acuity Unit and a 4 stretcher Psychiatric Clinical Decision Unit (PCDU) which is located in the ED.

Although the PCDU was originally conceived as being part of the Emergency Department (ED), the volume of admitted patients and the physical layout has resulted in the unit operating as an independent Mental Health inpatient assessment unit with relatively short stays of 48-72 hours. It primarily receives patients from the ED.

Current clinical space in the ED for the MHSU patients is extremely constrained. Available space consists of 2 stretcher bays - patients sit in chairs in close proximity facing each other. This space is not conducive to patient-centred care and can, for patients with psychosis and/or agitation, increase the risk of acting out behavior and violence. Currently the ED has no seclusion rooms to contain behaviourally out of control patients.

Adding care space for the agitated and aggressive patient in the ED at ARHCC has been recommended as one component of a larger strategy to reduce episodes of agitation and acting out behaviour including violence.

Issue

The ED at ARHCC is undersized for the current volume of patients and lacks a dedicated MHSU Zone.

In December 2015 ARHCC and Fraser Health explored a number of options to address the ARHCC ED issues (overcrowding and the increasing volume of MHSU patients). The following option was identified as the option that would best service the interests of the patients and staff:

- Develop an Emergency MHSU Zone in an expanded footprint adjacent to the ED, improve triage space, move the Adolescent Day Treatment Program (ADTP) into leased space offsite and the PCDU out of the ED into the ADTP space.

Expanding the footprint of the ED allows for a dedicated MHSU Zone and provides sufficient space in the department to address current volumes. However, due to affordability constraints, Fraser Health was previously not able to proceed with this option. Discussion with the Fraser Valley Regional Hospital District made it clear that the District was not in a position to support a project of this size at this time because of previous commitments to the replacement of the MSA Residential Care facility.

Recommendation

Expand the footprint of the ARHCC ED, add a dedicated MHSU Zone into the ED, improve/renovate acute care space (including trauma, cardiac and triage), relocate the ADTP offsite and move the PCDU into the vacated ADTP space.

Benefits and Rationale

This project will address improvements in the flow and care of patients presenting to the ARHCC ED and reduce congestion in the department.

Acute Care Zone

- Increased ED capacity to meet current.
- Triage redesign in the ED to support improved workflow.
- Bed heads in the ED currently used to cohort MHSU patients will be made available for acute care patients eliminating the need to care for these patients in the hallway by the triage desk.
- Improvement for trauma/monitoring bays.
- Improved clinical workflow in the ED.
- Dedicated nursing substation to manage Emergency Health Services/Ambulance offloads.

MHSU Emergency Zone

- A dedicated MHSU Zone within the expanded ED offers the advantage of safely assessing and treating admitted patients awaiting transfer to inpatient psychiatric units and provides crisis stabilization for up to 48 hours for unstable MHSU patients where inpatient admission may not be required.
- Creation of a secure Emergency MHSU Zone with collaborative Emergency RN and MHSU staffing that aligns with current best practice for MHSU patients and builds on the Surrey Memorial Hospital model.
- Direct access to the MHSU Zone from triage.
- Dual purpose function. Clinical space to care for patients who:
 - are being assessed and/or admitted and awaiting transfer to an inpatient unit
 - require up to 48 hour crisis stabilization but who either do not require inpatient admission or for whom inpatient admission is contra-indicated
- Staffing efficiencies for the assessment and crisis stabilization areas.
- Ability to admit non-medically cleared patients into the Zone.
- Access to seclusion rooms for agitated patients certified under the Mental Health Act.
- Current PCDU space freed up for other clinical uses to be determined.
- ADTP relocated to the new Integrated Youth Centre to create a hub of youth services co-located in Abbotsford.

Project Scope

The project scope includes a 7,200 square foot ED expansion (single story build out to the west of the existing ED in the space currently utilized for ambulance bays), relocation of the ambulance bays next to the new build out and renovations within the existing ED footprint to:

- Provide for an appropriately sized and designed ED to address congestion issues.
- Accommodate a MHSU zone adjacent to but secured from the rest of the ED.
- Renovations to the existing ADTP and PCDU space. The ADTP will be moved into offsite leased space and the PCDU will be moved to the renovated ADTP space.
- Improved space for trauma, cardiac care and acute care areas.
- Enhancement to the emergency registration function to include an element of triage.
- Renovations to the triage area.
- Dedicated stretcher bays.
- Creation of a nursing substation to manage Emergency Health Services/Ambulance offloads.
- Relocation of the ambulance bays to space adjacent to the new expanded footprint.

Schematic drawings have been developed with Fraser Health stakeholders, including a 7,200 square foot expansion to the ED and renovations to the triage area, acute care/trauma areas, PCDU, and ADTP areas.

Attached is the most recent schematic drawing which shows the planned footprint expansion beside the existing ED. This drawing which was completed over year and a half ago and shows the space being used for the MHSU Zone; however to address current congestion and workflow issues the use of this space may be changed to better address updated clinical workflow plans.

Financial Impact

Capital cost estimate is \$15.0M based design drawings with a confidence interval of +/- 25%. A Class C estimate has not been completed. Source of capital funding will be Ministry of Health.

| | (\$000's) |
|---------------------------------|---------------|
| Construction | 11,000 |
| Design & Engineering | 1,800 |
| Furniture, Fittings & Equipment | 1,350 |
| Project Admin & Soft Costs | 300 |
| Construction Contingency | 550 |
| Total Capital Cost | 15,000 |

Ongoing operating costs of \$2.7M plus one-time operating costs (amount to be determined) will be funded within Fraser Health global funding allocation.

The following table provides a breakdown of the ongoing operating costs.

| | (\$000's) |
|---|--------------|
| P3 Facility Management (includes lifecycle) | 600 |
| ADTP Lease Costs | 400 |
| Staffing and supplies | |
| 1 RN 24 X 7 | |
| 1 LPN 24 X 7 | |
| 1 MH Case Worker 24 X 7 | |
| 1 MH Social Worker 7.5 X 7 | |
| 1 Unit Clerk 15 X 7 | |
| Total Staffing and Supplies | 1,700 |
| Total Ongoing Operating | 2,700 |

Procurement

Project procurement will be undertaken by ARHCC's Public Private Partner (Project Co.). Project Co. will consider the following procurement options for this project.

- Construction Management (CM)
- Design-Bid-Build (DBB)
- Design Build (DB)

Implementation Schedule

The following table outlines the estimated schedule for the completion of this project. Action # 2 and # 3 will be undertaken concurrently.

| Action | Estimated Duration | Estimated Start Date | Estimated End Date |
|---|--------------------|----------------------|--------------------|
| 1. Government approval of the project | | n/a | Mar 31, 2017 |
| 2. Finalize clinical workflow, schematic design, design development, and construction documents | 6 months | Apr 01, 2017 | Sep 30, 2017 |
| 3. RFP consultant team – development, issue and review | 6 months | Apr 01, 2017 | Sep 30, 2017 |
| 4. Tender, contract award, permits | 6 months | Oct 01, 2017 | Mar 31, 2018 |
| 5. Project construction | 18 months | Apr 01, 2018 | Sep 30, 2019 |
| 6. Commissioning and occupancy | 1 month | Oct 01, 2019 | Oct 31, 2019 |

NEWS RELEASE

For Immediate Release
2017HLTH0075-001007
April 3, 2017

Ministry of Health

Abbotsford emergency department receives \$15 million for expansion

ABBOTSFORD – The Abbotsford Regional Hospital and Cancer Centre will receive a \$15-million boost from the Province to expand the emergency department and add a dedicated area for mental-health and substance-use care, Finance Minister Michael de Jong announced today on behalf of Health Minister Terry Lake.

The project, which is expected to be completed by October 2019, includes a 668.9 square metre emergency department expansion to improve the flow and care of patients in the busy facility. A dedicated area for mental-health and substance-use patients will also be created to better care for these patients. The space will be adjacent to, but secured from, the rest of the emergency department. This will allow for crisis stabilization of patients who require immediate help but may not require inpatient admission.

As well, the expansion will include:

- Improved space for trauma, cardiac-care and acute-care areas.
- Enhancement to the emergency registration function to include an element of triage.
- Renovations to the triage area.
- Dedicated stretcher bays.
- Creation of a nursing substation to manage ambulance offloads.
- Relocation of the ambulance bays to a space adjacent to the new expanded emergency department.

The B.C. government is making record investments in modern, safe infrastructure projects throughout the province. Capital spending on infrastructure in the health sector will total \$2.7 billion over the next three years for health facilities, medical and diagnostic equipment, operating rooms and information management/technology systems.

Quotes:

Michael de Jong, Finance Minister, Abbotsford West MLA –

“This community is growing, and we need to make sure health facilities can meet the increasing demands on emergency services that come with that growth. With more space, a redesigned work flow and a dedicated mental-health and substance-use area, this expansion will give staff the tools and space they need to do their jobs and continue providing top care for their patients.”

Valerie Spurrell, executive director, Abbotsford Regional Hospital –

“An expanded emergency department is welcomed news for us. This expansion will make a

significant difference for our patients and will support our health care providers to deliver the high-quality care they provide every day.”

Darryl Plecas, Abbotsford South MLA –

“This expansion is going to help emergency room staff better care for critically injured or ill patients across this region. I’m glad government can work with the health authority to make this expansion a reality.”

Simon Gibson, Abbotsford-Mission MLA –

“Providing better infrastructure for emergency care will benefit all patients who come to this hospital, and that’s especially true for mental-health and substance-use patients. A new dedicated area for these patients will help medical staff provide the targeted care these patients need.”

Contacts:

Ministry of Health Communications:
250 952-1887 (media line)

Fraser Health Authority:
Fraser Health Media Pager: 604 450-7881
media@fraserhealth.ca

Connect with the Province of B.C. at: www.gov.bc.ca/connect

SPEAKING NOTES FOR

**ANNOUNCEMENT OF FUNDING FOR ABBOTSFORD HOSPITAL
EMERGENCY EXPANSION**

**HON. MICHAEL DE JONG
MINISTER OF FINANCE**

ABBOTSFORD

**APRIL 3, 2017 & 10:00 A.M.
LOBBY ATRIUM
ABBOTSFORD REGIONAL HOSPITAL AND CANCER CENTRE
ABBOTSFORD, B.C.**

| Time | Event Itinerary |
|----------------|--|
| 8:00 a.m. | Nafisa Abdulla (Fraser Health) and Kettner Creative AV Specialists on site for technical setup |
| Event Summary: | This is an indoor podium event in the Abbotsford Hospital Atrium. There will be a poster board with a rendering image on display. |
| | Media relations: Nafisa Abdulla
Photographer: Nafisa Abdulla |
| 9:45 a.m. | Pre-brief with speakers, led by Nafisa Abdulla
Location: Sacred Space <ul style="list-style-type: none"> • Finance Minister Micheal de Jong • Michael Marchbank, President and CEO of Fraser Health • Dr. Michael Newton, Site Medical Director and Emergency Physician, Abbotsford Regional Hospital • MLA TBD (emcee) |
| 9:59 a.m. | Podium guests move to event area – led by Nafisa Abdulla |
| 10:00 a.m. | MC welcomes guests, Introduces the guest speakers and invites Minister de Jong to the podium |
| 10:01 a.m. | Minister de Jong delivers remarks |
| 10:06 a.m. | MC thanks Minister de Jong and invites Michael Marchbank to the podium |
| 10:07 a.m. | Michael Marchbank delivers remarks |
| 10:10 a.m. | MC thanks Michael Marchbank and invites Dr. Newton to the podium |
| 10:11 a.m. | Dr. Newton delivers remarks |
| 10:14 a.m. | MC thanks Dr. Newton, delivers closing remarks and invites podium guests to gather for a group photo. PHOTO-OP. |
| 10:15 a.m. | Media availability – Scrum format |
| 10:55 a.m. | Event concludes |

INTRODUCTION AND ACKNOWLEDGEMENTS

- Thank you.
- When I released the budget a couple of months back, I talked about the growth we're seeing across all sectors of this province.
- Most indicators show that B.C. performed well compared to other provinces in 2016 and, leading the country in economic growth, and we're supposed to be among the leaders this coming year.
- Our economy is strong, our businesses are booming and our communities are growing.
- Including Abbotsford...a region that's which is growing by the day. I'm intimately familiar with that fact since I'm proud to call this community my home.
- However, a growing community also means increased pressures on the infrastructure that supports that community – like our hospitals.
- I might be biased because I live here, but I believe that patients in these parts get some of the best care anywhere.
- And we want to make sure we help provide the infrastructure to help health care providers provide that care.

ANNOUNCEMENT

- This government committed to making record investments in modern, safe infrastructure projects throughout the province.

- And that includes capital spending on infrastructure in the health sector totally \$2.7 billion over the next three years for health facilities, medical and diagnostic equipment, operating rooms and information management/technology systems.
- And today I'm pleased to announce that the B.C. Government will be providing \$15 million to expand the emergency room in this hospital.
- It's a project that will add 7,200 extra square feet to the department, make changes to improve the intake and flow of patients, and provide a space that will allow for better care of mental health and substance abuse patients.
- It's a much-needed expansion for this growing community, and I can't wait to see it come to completion.

CONCLUSION

- As a representative of government, I'm pleased we've been able to provide financial support to this facility
- But what really makes this organization work is the dedication of the people who work here on the front lines every day.
- Your dedication to keeping the people of this community healthy and safe during some of their toughest hours is both admirable and incredible...
- ...and as someone who lives here and relies on your facility for the health of myself and my loved ones, I can't thank you enough.

- Again, thank you for being here today and thank you for your tireless work to help this community.
- Thank you.

SPEAKING NOTES FOR

ANNOUNCEMENT OF FUNDING FOR ABBOTSFORD HOSPITAL EMERGENCY EXPANSION

EMCEE NOTES

**APRIL 3, 2017 & 10:00 A.M.
LOBBY ATRIUM
ABBOTSFORD REGIONAL HOSPITAL AND CANCER CENTRE
ABBOTSFORD, B.C.**

INTRODUCTION AND ACKNOWLEDGEMENTS

- **Good morning everyone and thank-you all for being here.**
- **I'm Simon Gibson. MLA FOR Abbotsford-Mission, and I'm very pleased to be your Emcee for this important announcement.**
- **I'm joined today by the Honourable Michael de Jong, Minister of Finance and MLA for Abbotsford West...**
- **And Darryl Plecas, MLA for Abbotsford-South.**
- **Also joining me today are:**
 - **Michael Marchbank, President and CEO of Fraser Health**
 - **Dr. Michael Newton, Site Medical Director and Emergency Physician, Abbotsford Regional Hospital**

- **We are here today for an announcement that will help this facility continue doing important work to keep the people of Abbotsford and surrounding communities healthy and safe.**
- **To tell you more, please join me in welcoming the Honourable Michael de Jong to the podium.**

<MINISTER DE JONG SPEAKS>

- **Thank you Minister de Jong.**
- **I can also attest to the importance of this facility in this community as one of three MLAs that serve this region.**
- **And I know the kind of work the Fraser Health Authority does to create a system of health care that serves those of us who live here so well.**
- **I'd now like to welcome Michael Marchbank, President and CEO of Fraser Health, to say a few words.**

<MICHAEL MARCHBANK SPEAKS>

- **Thank-you.**
- **We can all stand here and talk about how important this expansion will be, and how important this hospital is, for this community.**
- **But no one knows the impact better than our next speaker.**
- **He's one of the dedicated professionals who heads to the front lines of care to help care for people who are most in need of help.**
- **I'm very pleased to introduced Dr. Michael Newton, Site Medical Director and Emergency Physician here, who will say a few words.**

<DR. NEWTON SPEAKS>

- **Thank-you, Dr. Newton.**
- **This announcement is something that I am passionate about because I care for my community, just as we all do, and I want the best care for the people in it.**

- **And I'm pleased I could take part today.**
- **Thank you.**