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Withheld pursuant to/removed as

s.14;s.13

Fischer, Jennifer HLTH:EX

From: Brown, Stephen R HLTH:EX
Sent: Thursday, January 12, 2017 7:22 PM
To: van der Leer, Gerrit HLTH:EX
Cc: Glynn, Keva HLTH:EX; Hughes, Doug J HLTH:EX
Subject: Thanks
Attachments: s.13

Hi Gerrit

Please see attached what I will use tomorrow and that I will also use the s.13,s.14 . Thanks
for all of your great work on this over the last 24 hours. I will let you know outcome when I hear. Regards, Steve

MINISTRY OF HEALTH

REQUEST FOR INFORMATION / PATIENT COMPLAINT

(Pursuant to the *Ministry of Health Act*)

☐ IMMEDIATE (same day) ☐ URGENT (1-3 days) ☒ ROUTINE (3-5 days)

DATE REQUESTED: s.22

DATE DUE: s.22

PROGRAM AREA OR FACILITY: Abbotsford Regional Hospital and Cancer Centre

COMPLAINANT: s.22

PATIENT NAME: s.22

PHN: s.22

DOB: s.22

DETAILS OF CONCERN RECEIVED:

- s.22

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INFORMATION REQUIRED:

s.22

The patient chart is protected under FOIPPA and a copy can be requested by family with proper written consent. The family may submit their request by completing and presenting the attached form to:

http://www.fraserhealth.ca/media/HealthRecords_AuthorizationforRelease.pdf

Abbotsford Regional Hospital
Health Records Department
32900 Marshall Road
Abbotsford BC V2S 0C2

Open Monday through Friday from 8:00am – 4:00pm

Thank you for your assistance,

Phil McKnight

Patient and Client Relations Officer

Performance and Issues Management | B.C. Ministry of Health

250-952-3113

5th Floor, 1515 Blanshard St. | Victoria, B.C. | V8W 3C8

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INFORMATION PROVIDED BY (PCQO OFFICER): Leona Falconer

DATE: s.22

Fischer, Jennifer HLTH:EX

From: Falconer, Leona <Leona.Falconer@fraserhealth.ca>
Sent: Wednesday, February 15, 2017 11:55 AM
To: McKnight, Phil D HLTH:EX
Cc: Suleman, Karim; PCQOffice
Subject: RE: RFI from MoH -- due February 20
Attachments: 1079922 MOH RFI to FHA re care complaint at Abbotsford Hospital.docx

Hello Phil,

Please see the attached completed MOH Query, our responses highlighted in **red font**. If you have any additional questions, please do not hesitate to contact me directly.

Best Regards,

Leona

Leona Falconer
Patient Care Quality Officer
Clinical Quality and Patient Safety
Tel: 604-463-4111 ext 552685
BB: 604-562-6320
Fax: 604-463-1888
email: Leona.falconer@fraserhealth.ca

Office hours: Monday-Friday from 8:00am - 4:00pm; closed weekends and statutory holidays.

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From: PCQOffice
Sent: Tuesday, February 14, 2017 4:14 PM
To: 'McKnight, Phil D HLTH:EX'
Subject: RE: RFI from MoH -- due February 20

Hi Phil,

Acknowledging receipt of this query which I will forward to a Patient Care Quality Officer for follow up and response.

Thank you.

Regards,

Rani
Fraser Health Patient Care Quality Office
Clinical Effectiveness and Quality
11762 Laity Street, 4th Floor
Maple Ridge, BC V2X 5A3
Tel: 1-877-880-8823
Tel: 604-476-7844

Fax: 604-463-1888
Email: pcqoffice@fraserhealth.ca

Hours of operation: Monday-Friday from 8:30am - 4:30pm; closed weekends and statutory holidays.

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From: McKnight, Phil D HLTH:EX [<mailto:Phil.McKnight@gov.bc.ca>]
Sent: Tuesday, February 14, 2017 3:32 PM
To: PCQOffice
Subject: [WARNING: MESSAGE ENCRYPTED AND UNSCANNABLE]RFI from MoH -- due February 20

Good afternoon,

Please find attached an RFI. If you have any questions, please call me.

Thank you,

Phil McKnight

Patient and Client Relations Officer

Performance and Issues Management | Health Services Policy Division | B.C. Ministry of Health

250-952-3113

5th Floor, 1515 Blanshard St. | Victoria, B.C. | V8W 3C8

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Stearn, Anne HLTH:EX

From: Gayle Duteil <gayleduteil@bcnu.org>
Sent: Wednesday, March 1, 2017 6:55 PM
To: Brown, Stephen R HLTH:EX
Subject: Abbotsford ER
Attachments: Abbotsford Hospital March 2.pdf; ATT00001.txt

Gayle Duteil RN, CPHR
President
BC Nurses' Union

P: 604 433 2268 Ex. 2250 | 1 800 663 9991
F: 604 433 7945 | 1 888 284 2222
C: 604 908 2268
E: gayleduteil@bcnu.org

4060 Regent St | Burnaby, BC V5C 6P5
www.bcnu.org

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Stearn, Anne HLTH:EX

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
Attachments: s.22

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

February 23, 2017 – Patient care complaint at Abbotsford Regional Hospital

The ^{s.22} who died after attending Abbotsford Regional Hospital, has concerns about the care provided.

Key Messages:

- Our hearts go out to the friends and family who have lost a loved one. This person ^{s.22} 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 it is 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 ^{s.22}
^{s.22}
-
- 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.

Background:

^{s.22}

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- They intend to follow-up with the Coroner's office.
- Fraser Health has reviewed the patient's chart.^{s.22}
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- 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 have reached out to the Coroner's office for more information. We will work with the coroner and will wait for the findings to learn more about this case.
- No formal complaint has been received from this patient's family through the Patient Care Quality Office (PCQO).
- A vice president at Fraser Health has spoken to the family twice to determine what their concerns are and discuss our process.

Contact information			
Contact	Name	Title	Phone
Program	Val Spurrell	ED – ARH	(604) 613 - 5328
Communications	Dave Lefebvre	Public Affairs	(604) 613 - 4397

February 15, 2017 – **Unexpected patient death at Abbotsford Regional Hospital**

s.22

s.22

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.

Background:

- s.22
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- 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.
- s.22
-
- 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

Stearn, Anne HLTH:EX

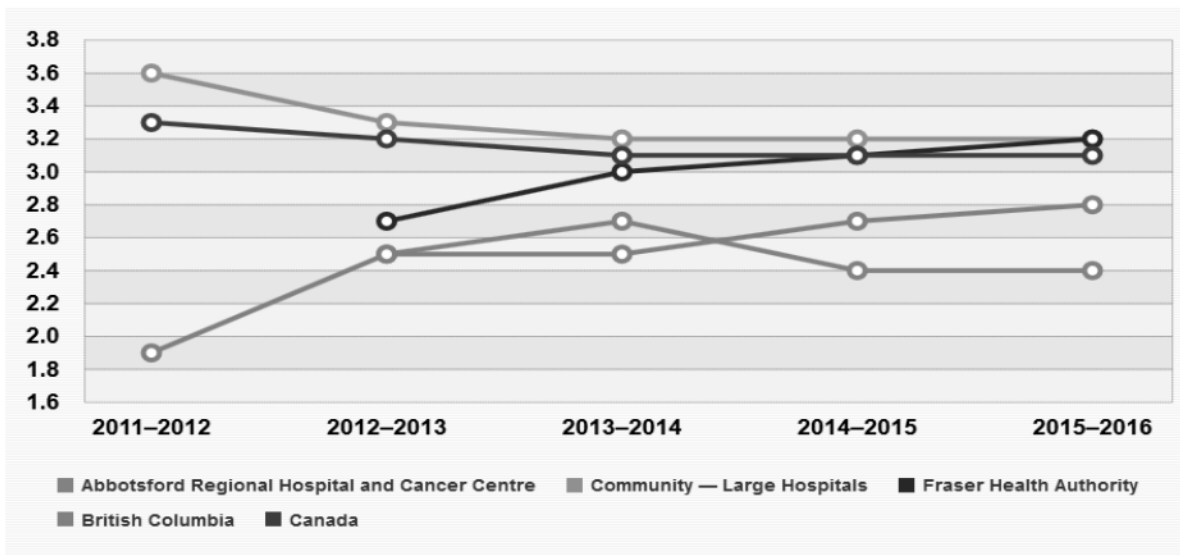
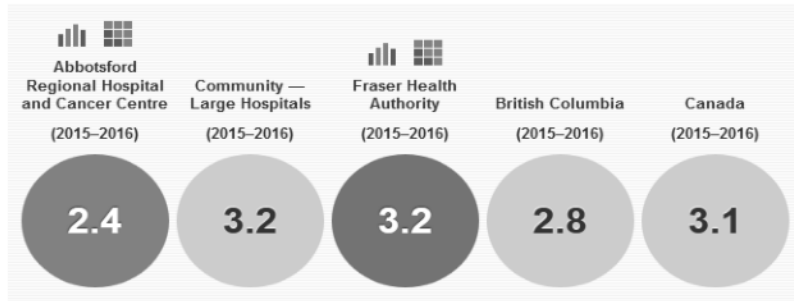
From: Anderson, Kristy GCPE:EX
Sent: Sunday, February 26, 2017 9:12 AM
To: O'Brien, Kellie HLTH:EX
Cc: Brown, Stephen R HLTH:EX
Subject: Abbotsford 2
Attachments: Copy of In Depth_Trend Data Export.pdf; ATT00001.htm

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

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



Stearn, Anne HLTH:EX

From: Anderson, Kristy GCPE:EX
Sent: Sunday, February 26, 2017 9:11 AM
To: O'Brien, Kellie HLTH:EX
Cc: Brown, Stephen R HLTH:EX
Subject: Abbotsford
Attachments: InformationtoincludeinFHInformationNote-February252017.docx; ATT00001.txt

Hi Kellie. Please see the first of two attachments FH prepared. We also have separately the INs on the two cases if you would like those as well.

Kristy Anderson
778.678.5200.

Emergency Department Strategies

KEY MESSAGES

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.

One of the priorities that 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 so we 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 congestion and to manage congestion in the Emergency department. They know this is a challenge and have specific strategies in place to deal with this. This takes shape in many ways. By investing in the community they have been trying to reduce the reliance on emergency departments.

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.

Abbotsford Specific

I am aware of recent media on congestion at Abbotsford Hospital. Those claims were made by an anonymous doctor and I would encourage them to talk directly to leadership at Fraser Health.

There is seasonal fluctuation in hospital congestion, and winter is typically a season where we see more people come to hospital. Fraser Health has the ability to flex beds when they need them and I understand this is what they have done in Abbotsford. 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 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.**

They have a quick response team in Abbotsford as well 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 that was a proposal from the emergency physicians and early measurement shows it has avoided admissions to hospital.

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.

Background

Emergency department congestion is a complex issue because it is caused by demand for acute and emergent care and availability of community capacity/services to provide alternatives to hospital care : Community based resources need to be available to meet people's' health care needs so they don't need to go into the hospital or so they can be discharged after just a short stay.

Fraser Health is implementing a series of strategies to try and manage not only demand on the ER's but also to shift the way we think about ER's and ensure we have resources in the community to support patients to receive care where it is more appropriate. This shift allows us to reserve the hospital and emergency room for those that really need it.

What Fraser Health is doing:

Our current performance:

Our number of emergency visits in Fraser Health continues to grow each year. The number of Emergency Department visits has increased about 10% in the past 2 years.

However the number of patients waiting in emergency departments across Fraser Health has **decreased** year over year when comparing last fiscal year (2015/16) to this fiscal year (2016/17). Last fiscal year, our average number of patients waiting for an inpatient bed was approximately 192, this year (year to date) it is approximately 183.

Our average length of stay in hospital has **decreased** by about 5% in the past 2 years, while readmission rates have remained stable. This shows that we are able to more quickly transfer patients back to community with appropriate supports.

The number of long stay patients (>30d) has decreased to our lowest level in 5 years. It has increased each year between 2012/13 and 2015/16, and in 2017/18 it has decreased and Fraser Health is currently meeting our performance target.

Managing Demand / Emergency Department Initiatives:

Fraser Health has a number of initiatives underway to decrease emergency department visits, these include:

- Public education campaigns (Use your ER Wisely). In some communities the Divisions of Family Practice is partnering with Fraser Health on this campaign. We have seen success in this campaign in White Rock and are rolling out to other communities.
- Familiar Faces. Frequent users of our emergency departments (e.g., 20 visits or more a year) account for 12,000 visits in FHA 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 . The goal of this work is to improve outcomes and provide care community health service area teams comprised of staff from: Emergency, Home Health, Mental Health, Primary Care, BCAS, Fire Chiefs and Shelters.
- PREVIEW-ED. Fraser Health, in partnership with Canadian Foundation for Healthcare Improvement and our Residential Care partners, has worked together to implement the PREVIEW-ED© tool. The research based screening tool helps staff recognize and intervene early when signs of health decline are identified, and significantly decreasing the number of avoidable transfers to emergency departments. We have seen a significant decrease in the

- number of transfers to hospital from faculties using this tool.
- We have Quick Response Professionals and Geriatric Educator Nurse Clinicians in Emergency Departments. These professionals 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.

Community Capacity:

One of our strategic priorities in the organization is building community capacity to provide more effective coordination for individuals in the community thereby decreasing the use of an emergency departments

- We are working closely with Divisions of Family Practice to connect Fraser Health community health care providers more closely with GPs.
- We are trialing new models of interdisciplinary care teams in the community. For example, in Fraser Northwest, we have linked a community nurse with a group of family physicians to provide enhanced care to some of the most frail seniors in each of their practices.
- We have begun community 'rapid response' teams in Abbotsford and Langley to provide quick, community based assessment and service to clients who might otherwise need to go to the emergency department.
- We have opened 403 new residential care beds, which has helped reduce the number of individuals waiting in hospital for admission to a residential care facility.

Efficient Hospital Processes

We are encouraging clear care plans that are developed early. That means a clear care plan and goals of care. When have efficient processes in the hospital, patients can be transferred back to community quickly, making beds available for patients waiting for emergency.

We continue efforts in our hospitals to use every inpatient bed efficiently. Some of the current initiatives underway are:

- Decreasing length of stay for long-stay / complex patients (>30d length of stay). Over the past year, each community has worked to improve care and discharge planning for some of our most complex patients. As a result, we have seen the average length of stay for >30d patients decrease by about 5 days.
- We are refreshing our daily care and discharge planning processes to ensure consistent use of best practices such as the 48/6 care planning tool, establishing estimated dates of discharge to help families and care teams plan for transitions out of acute care, and structured daily care planning rounds.
- The interdisciplinary care team is working to increase weekend discharges. To support weekend discharges we are initiating targets for each hospital to meet on weekly and daily basis. Part of this work will includes simplifying discharge processes.
- We are reviewing emergency room physicians admitting practices