

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
Attachments: CopyofARHplans.docx; ARH ER Vacancy Action PlanJan 2017 (2).rtf

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
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Kristy.Anderson@gov.bc.ca

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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
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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</p> <p>Sept 2016</p> <p>Fall 2016</p> <p>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

From: Patterson, Ted HLTH:EX
Sent: Monday, March 6, 2017 9:47 AM
To: Anderson, Kristy GCPE:EX
Cc: Brown, Stephen R HLTH:EX
Subject: FW: Abbotsford
Attachments: ARH Governance and oversight spreadsheets.xlsx

FHA sending me some more info, but for now see below and attached – ER congestion was identified by BCNU as a contributing factor as part of the violence prevention initiative in 2015. Cam Brine suggests they have hired nurses to the ER since that time (12), but retention has been a real problem.

T

From: Howatson, Evan HLTH:EX
Sent: Monday, March 6, 2017 9:25 AM
To: Patterson, Ted HLTH:EX
Subject: Abbotsford

Ted, this is what I have found so far, these are agreed to action items. These two items were employer funded, for a full list of agreed items see the attached doc.

I will keep look to see what else I have.
Evan

Discussion	Progress to 11/24/2015	On track? If no please identify challenges	Employer Com
Abbotsford ED is routinely overcapacity and staffing levels are insufficient. A significant percentage of ED visits relate to psychiatric illness.		Yes	s.13
"Action plan to address ER congestion"		Yes	

Evan Howatson
Director, Labour Relations
Ministry of Health
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Action Item	Cost	Discussion	Progress to Nov 2015	On track? If no please identify challenges	Employer Comments	BCNU comments
Abbotsford Regional Hospital						
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Security						
Continue third security guard in ED put in place after recent assault s.13	Employer will fund	Further need for discussion on roles and responsibilities of security in relation to patient/family violence required.	funding approval has been received for 3rd guard.	yes	the third guard has been in place consistently even without the funds. Roles clarified.	
Monitoring or control in large areas						
Other Immediate Actions Identified in employer brochures(1)						
In ED review current staffing model		Abbotsford ED is routinely overcapacity and staffing levels are insufficient. A significant percentage of ED visits relate to psychiatric illness.	new funding approved for 24/7 psych RN in Emerg	yes	will be managed by mental health	

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From: Patterson, Ted HLTH:EX
Sent: Monday, March 6, 2017 11:05 AM
To: Anderson, Kristy GCPE:EX; Brown, Stephen R HLTH:EX
Subject: FW: SNE training
Attachments: ARH ER status MOH 2017 03 06 (2).docx

Attached are FHA’s specialty nursing training numbers. FHA ramped up in 2015/16 and approximately ¼ of its training is going to ER. However, note that of the 112 in training for ER in 2016/17, only 16 of those were for ARH ER.

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
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(250) 514-5455

From: Brine, Cameron [<mailto:cameron.brine@fraserhealth.ca>]
Sent: Monday, March 6, 2017 10:55 AM
To: Patterson, Ted HLTH:EX
Cc: Brown, Kevin HLTH:EX; XT: Wolff, Angela AVED:IN; XT:Marchbank, Michael HLTH:IN; XT:Nuraney, Naseem GCPE:IN
Subject: SNE training

Hi Ted,

In addition to the two plans I sent you re: ARH I’m attaching the training numbers you were looking for.

The summary table below shows we have been increasing the number of trained ER nurses for Abbotsford since 2015/2016...the rest of the attached document simply provides some more details.

Fiscal Year	FHA SNE Total Graduated	ER Total Graduated	ARH ER Graduated
13/14	231	65	4
14/15	302	81	5
15/16	428	109	16
16/17	402	112	16
17/18	398	108	8 + more in progress

I will call you to discuss.

Thanks,

Cameron Brine
Vice President, People and Organization Development
Fraser Health

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13450 – 102nd avenue

Surrey, BC. V3T 0H1

Office: (604) 587-4670

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Fraser Health Summary of ER Certification of RNs (March 6, 2017)

Table 1. Five Year Summary of Fraser Health Authority RNs Completing Emergency Certification

Fiscal Year	FHA SNE Total Graduated	ER Total Graduated	ARH ER Graduated
13/14	231	65	4
14/15	302	81	5
15/16	428	109	16
16/17	402	112	16
17/18	398	108	8 + more in progress

Further explanation:

In 2015/16, ARH had 16 RNs complete the Emergency certification, and 1 s.22 (total 17 sponsored).

In 2016/17, ARH had 16 RNs complete the Emergency certification (see Table 2). In total Fraser Health had 112 RNs received the Emergency certification (see Table 3).

In 2017/18 FH is expecting 108 graduates from the Emergency certification (see Table 4).

Table 2. Summary of RNs Receiving Emergency Certification for Fraser Health 2016 and 2017

	Enrolled	Graduated	Explanation
April 2016 (16/17 fiscal year)	12 enrolled	7 graduated end of Nov '16	2 s.22 2 1
Sept 2016 (16/17 fiscal year)	6 enrolled	3 expected to graduate	2 graduate end of March '17 1 from the April group to graduate end of March '17 1 s.22 2 s.22
Jan 2017 (16/17 fiscal year)	6 enrolled	6 expected to graduate	3 graduate end of Jun '17 3 graduate end of Aug '17
April 2017 (17/18 fiscal year)	8 enrolled	8 expected to graduate	8 graduate end of Nov '17

Table 3. Total number SNE Nurses Complete: 2016-17 (as of Jan 15, 2017)

#	Specialty Program	Actual RNs 16/17
1	Critical Care (ICU, PACU, Cardiac)	80
2	Emergency	112
3	High Acuity	70
4	Nephrology/Renal	10
5	NICU	42
6	Pediatrics	0
7	Pediatrics Emergency	6
8	Perinatal	47
9	Perinatal/Periop	4
10	Perioperative (OR)	31
Grand Total		402

Table 4. Total number seats Planned for 2017-18 (as of Feb 1, 2017)

#	Specialty Program	Plan
1	Critical Care (ICU, PACU, Cardiac)	91
2	Emergency	108
3	High Acuity	68
4	Nephrology/Renal	8
5	NICU	20
6	Pediatrics	4
7	Pediatrics ER	10
8	Perinatal	39
9	Perinatal-Perioperative	12
10	Perioperative (OR)	38
Total Seats		398

Stearn, Anne HLTH:EX

From: Anderson, Kristy GCPE:EX
Sent: Monday, March 6, 2017 2:24 PM
To: Stevenson, Lynn HLTH:EX; Brown, Stephen R HLTH:EX
Subject: Fraser Health Action Plan
Attachments: Action Plan for Abbotsford Regional Hospital.docx

Just FYI that MTL said the FH action plan would be overseen by you Lynn.

Attached is what I have on it so far. Kellie will be in touch about this. **s.13**
s.13

Kristy Anderson
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Stearn, Anne HLTH:EX

From: O'Brien, Kellie HLTH:EX
Sent: Monday, March 6, 2017 2:55 PM
To: Stevenson, Lynn HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Will, Jordan HLTH:EX
Subject: FW: Action Plan for Abbotsford Regional Hospital
Attachments: Action Plan for Abbotsford Regional Hospital.docx

Importance: High

Hi Lynn,

I know this plan has been bouncing around various levels. I wanted to send this to you so you have it. I understand you had a discussion with Stephen this morning and were made aware that Minister Lake, after a conversation with Michael Marchbank last night would be asking you to work with FH to facilitate this plan of action for ARH.

I will leave it in your very capable hands going forward.

Could I please also ask for a weekly update on action items and if those items are seeming to be making a difference. I am happy for the update to be by someone else or even in written form but would like us to be able to provide MTL with an update weekly until we see an ease in the congestion.

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

Stearn, Anne HLTH:EX

From: Anderson, Kristy GCPE:EX
Sent: Friday, March 10, 2017 5:45 PM
To: Brown, Stephen R HLTH:EX
Subject: FW: Abbotsford story correction

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

Kristy Anderson

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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

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Stearn, Anne HLTH:EX

From: Marchbank, Michael <Michael.Marchbank@fraserhealth.ca>
Sent: Friday, March 10, 2017 7:47 PM
To: Stevenson, Lynn HLTH:EX; Brown, Stephen R HLTH:EX
Subject: Fwd: MAC Support for Congestion Initiatives
Attachments: FH MAC Support for Congestion Initiatives - March 10 2017.pdf; ATT00001.htm

FYI

Michael Marchbank
President and CEO
Fraser Health

Begin forwarded message:

From: "Reynolds, Steven" <Steven.Reynolds@fraserhealth.ca>
Date: March 10, 2017 at 12:18:05 PM PST
To: "'HLTH.Minister@gov.bc.ca'" <HLTH.Minister@gov.bc.ca>, "Matty, Karen" <Karen.Matty@fraserhealth.ca>
Cc: "Reynolds, Steven" <Steven.Reynolds@fraserhealth.ca>, "Marchbank, Michael" <Michael.Marchbank@fraserhealth.ca>, "Morton, Roy Dr." <Roy.Morton@fraserhealth.ca>, "Schroeder, Tracey" <Tracey.Schroeder@fraserhealth.ca>, "Gudljek, Carmen" <Carmen.Gudljek@fraserhealth.ca>, "Williamson, Joan" <Joan.Williamson@fraserhealth.ca>, "Aujla, Kerri" <Kerri.Aujla@fraserhealth.ca>
Subject: MAC Support for Congestion Initiatives

Dear Minister Lake and Ms. Matty,

Please see attached letter regarding MAC Support for Congestion Initiatives.

Respectfully, on behalf of the Medical Advisory Committee,

Dr. Steve Reynolds, MD, FRCPC
Critical Care & Infectious Diseases

Royal Columbian Professorship in Critical Care at Simon Fraser University

Chair, Fraser Health Medical Advisory Committee
Regional Medical Director & Regional Department Head,
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March 10, 2017

Honourable Terry Lake,
Minister of Health
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HLTH.Minister@gov.bc.ca

Ms. Karen Matty, Chair
Fraser Health Board of Directors
Suite 500 – 13450, 102nd Avenue
Surrey, BC, V3T 0H1
karen.matty@fraserhealth.ca

Dear Minister Lake and Ms. Matty,

We, the members of the Fraser Health Medical Advisory Committee, are responsible to provide advice to the FH Board of Directors and the CEO. As senior medical staff leaders our primary focus is on the provision, quality and effectiveness of medical care within the facilities and programs operated by Fraser Health, and the availability of adequate resources to provide appropriate patient care in the Fraser Health.

Recently there has been public focus on some aspects of the care provided in Fraser Health. Firstly, our condolences go out to those affected by these cases. At the heart of these stories are families and loved ones who are grieving. As healthcare providers, we strive every day to improve the lives of our patients. Many times, we are successful, but there are occasions where we are not able to achieve our goal. When we cannot, we are saddened by the tragedy that has touched the patient and their loved ones and grieve along with those who have been affected.

Hospital congestion is one of the most important quality and patient safety issues facing our healthcare system today. This is compounded by the recognition that healthcare spending must be controlled. The Medical Staff understands we must become as efficient as possible with the resources that we have. Additionally, we cannot expect that strategies of the past will solve challenges of tomorrow. We must continually innovate if we are to be successful.

As the medical staff leaders of the Fraser Health Authority, we agree with the vision of Mr. Marchbank (Fraser Health CEO) and his leadership team in their focus on improving the flow of patients through our acute care hospitals and back to the community. The Medical Staff has collaboratively worked with leadership through extensive consultation to develop such solutions. Sustainable solutions to congestion involve careful utilization of hospital resources and reinforcing patients' ability to be supported in the community. This requires the development of "downstream" infrastructure, the positive effects of which is long-lasting but can take time to develop.

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Fraser Health Authority

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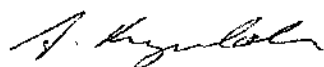
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It is recognized that some parts of or the healthcare system, especially the emergency departments, are subjected to disproportionately high stresses during times of congestion. This is further exacerbated by steadily increasing pressures of population and acuity. Working in these environments can take a significant toll on healthcare providers. We respect the work that our team members do and will do everything we can to support them and work towards solutions to our problems.

Attention needs to be given to immediate solutions in the acute care system, but this cannot be at the expense of developing longer term shifts in how we provide high quality and safe patient care to ensure sustainability. Mr. Marchbank has recognized that urgent attention is needed to address the system wide congestion we feel on frequent occasions. Many initiatives targeting this issue have been implemented within the last several months and are being monitored and modified as needed. A Summit meeting will occur with Emergency Department staff in March to consider sustainable solutions.

As a medical community, our collective efforts are integral to the development of a sustainable, high quality healthcare system to improve patient outcomes both now and into the future. We are committed to working with Mr. Marchbank and his leadership team to develop and implement solutions for both immediate problems and the larger issues of congestion and patient flow through the healthcare system.

Respectfully, on behalf of the Medical Advisory Committee,



Dr. Steve Reynolds
Chair, Fraser Health Medical Advisory Committee

cc: Mr. Michael Marchbank, President and CEO, Fraser Health Authority
Medical Advisory Committee Members:

Dr. Nigel Fisher	Dr. Greg Haljan
Dr. Peter Beresford	Dr. Michael Newton
Dr. Mark Sorial	Dr. Sarah Ostler
Dr. Neil Barclay	Dr. Richard Schwartz
Dr. Pamela Thornton	Dr. Dan Rubin
Dr. Sam Krikler	Dr. Julia Morley
Dr. Gerry Simkus	Dr. Josh Greggain
Dr. Roy Morton	Dr. Mitra Maharaj
Dr. Emil Lee	Dr. Andrew Edelson
Dr. Dean Jones	Dr. Gerry Roberts
Dr. John Diggle	Dr. Winston Gittens
Dr. Ralph Belle	Dr. Amyeen Hassanali
Dr. Vanda Yousefi	Dr. Robert McDermid
Dr. Peter Barnsdale	Dr. Neil Hilliard
Dr. Raymond Green	Dr. Daniel Schwartz
Ms. Wendy Bowles	Dr. Peter Blair
Dr. Victoria Lee	Dr. Dayan Muthayan
Dr. Eleanor Clark	Dr. Elizabeth Brodtkin
Dr. Elaine Mah	Dr. Dave Williams
Dr. Darryl Samoil	Dr. Drew Dawson
Dr. Sonia Singh	Dr. Akbar Mithani
Dr. Arlene King	Dr. Iain MacPhail
Dr. Grace Park	

Stearn, Anne HLTH:EX

From: Sidhu, Manjit HLTH:EX
Sent: Tuesday, March 14, 2017 11:42 AM
To: O'Brien, Kellie HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Feulgen, Sabine HLTH:EX
Subject: RE: ARH ER
Attachments: ARHCC Emergency Department - MHSU Zone v1.docx; OPTION 1 Mental Health Zone and ER Updates.pdf

The Briefing Note that was submitted last night is attached.

Sabine and I are working with Ministry of Finance to provide them a letter from MTL to MdeJ requesting approval for FHA to spend the \$15m required to upgrade the ER.

Manjit Sidhu
Assistant Deputy Minister
Financial and Corporate Services
250 952-2066

From: O'Brien, Kellie HLTH:EX
Sent: Tuesday, March 14, 2017 11:34 AM
To: Sidhu, Manjit HLTH:EX
Cc: Brown, Stephen R HLTH:EX
Subject: ARH ER

Hi Manjit,

DM advises a plan has been submitted to your team for review.

MTL wants to see it ASAP.

Can you please send it to me?

Thanks,
Kellie

Kellie O'Brien
Chief of Staff to the Hon. Terry Lake
Minister of Health
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Sent from my iPhone

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