

### Excerpts from the Fraser Health Authority Service Plan 2007/08

#### Page 1: Message from the Board Chair

“Unfortunately, as the result of available financial resources, this plan, by necessity, reflects too little investment in Acute Care service and Community programs. The risks and likely impacts of this plan are significant. The lack of current capacity in Acute Care as well as delay in the growth of community services will continue to manifest as emergency department congestion, delays and cancellations of surgical and diagnostic procedures, medical units operating at overcapacity, and delays in rehabilitation and access to community services. Vitrally important plans for service and program growth to deal with current and future demands will be delayed or deferred. We will not be able to enhance our processes as much as we would want to in key areas such as patient safety. Key infrastructure projects such as our information technology plan will be slowed. Some of the expectations set out in the Government Letter of Expectation are unlikely to be achieved in full measure, as we do not have the available funds to expand programs, although we hope that projects that may be initiated through the Innovation Fund will relieve some of this stress in the later part of the fiscal year.”

#### Page 5: Introduction

“It is possible to reach a ‘tipping point’ where the entire system is under siege due to lack of acute care capacity and we are perilously close to that point. Whereas Fraser Health used to experience ‘surges’ during winter months due to flu, we now experience surges throughout the entire year, which further demonstrates the need to grow capacity to keep pace with strong population growth.”

“Unfortunately, as the result of available financial resources, the Fraser Health Service Plan by necessity reflects too little expansion of Acute Care services and programs. The risks and impacts of the plan are significant. The lack of current capacity in Acute Care and delays in the growth of community services will continue to be visible as emergency department congestion, delays and cancellations of surgical and diagnostic procedures, medical units operating at overcapacity, and delays in rehabilitation and access to community services. Plans for service and program growth to deal with the current and future demands will be delayed. Infrastructure, projects strengthening care and service, such as our information technology plan will also be slowed.”

#### Page 12: Current Capacity Shortfalls

“Significant changes in service delivery and available bed capacity is needed to keep pace with the rapidly growing and aging population in Fraser health. As part of a two year study, the Acute Care Capacity Initiative examined acute service needs in Fraser Health today and out to 2020. Clinicians identified new service models and changes in practice to mitigate Fraser Health’s very large bed requirements. After taking these mitigation strategies into account, and compared with the current capacity of 2102 beds, a bed gap of 1,348 additional acute care beds between today and 2020 was identified with 722 of the identified additional beds required by 2010.”

“Lack of appropriate capacity is one of the most serious issues facing Fraser Health.”

#### **Page 14: Human Resources**

“Fraser Health currently has a shortage of key professionals, a shortage projected to grow over the next five years, as exemplified by the current and projects future vacancies”

See graph

#### **Page 22: Aboriginal Health & Wellness**

“Implementation of the Aboriginal Health Plan initiatives requires targeted funding in order to achieve the objectives of increasing the number of Aboriginal staff, and developing partnerships to improve primary care. No enhancements have been identified for fiscal year 2007/08.”

#### **Page 24: Mental Health and Addictions**

“However, there are no additional community based clinical resources available to support adult and seniors coping with a serious and persistent mental illness, resulting in delays in follow-up from acute inpatient care and increases in the number of Emergency Department crisis visits for this population. Without new-targeted resources for additional supported housing units, wait lists for residential care and those at risk for homelessness with a mental health or addiction issue will continue to grow.”

#### **Page 26: Acute Care (including Rehabilitation)**

“There is no financial room in 2007/08 to grow patient care capacity and in many areas there is a need to contain patient care services.”

#### **Page 28: Strategies to Optimize Acute Care Efficiency**

“Without the operating and capital resources identified above, including very significant community resources, it will not be possible to realise many of the key mitigation strategies, thereby dramatically growing the need for acute beds (to 2000+ rather than the 1350) and severely impacting the service delivery pressures and delays that will be experienced by residents of Fraser Health. Note that the forecasted acute care bed requirements are predicated on an increase to resources in community sectors in order to reduce pressure on the acute care sector and reduce the need for overcapacity acute care beds.”

#### **Page 29: Emergency Departments**

“Over the last number of years Fraser Health has experienced increased congestion in all our acute care hospitals, which continues to escalate despite mitigation strategies such as opening more over capacity and residential care beds. Daily there are anywhere from 100-150 admitted patients in Fraser Health’s Emergency Departments waiting for an inpatient bed and 120-10 overcapacity patients in undesignated beds.”

“While many hospitals in BC experience similar congestion problems, there are several indicators which suggest Fraser Health hospitals experience the most significant and sustained congestion. One indicator is the percentage of patients who need admission to hospital and wait over 10 hours to be moved from the Emergency Department to an inpatient bed. On average, 43-45% of patients experience this delay.”

## **Page 32/33: Home and Community Care**

“No growth is funded in the 2007/08 budget therefore demand will need to be managed with either reduced services or increased wait times for service. Impact on acute may impede discharge efficiency.”

“With the exception of additional day program spaces, all other home health programs will remain at status quo. Given the population growth in Fraser, staffing and service levels will fall further behind the Provincial mean.”

## **Page 37: Operating Revenue and Expenditures**

“The gap between out total costs and total revenues is in the magnitude of \$65.0 million, which represents 3.3% of our total expenditures. It is a significant challenge to close this gap and balance the budget, given the demands experienced within Fraser Health over the past several years and those anticipated for 2007/08, which are driven by population and demographic changes.”

**Page 40** - use of Health Innovation Fund to help close the gap in operating funds.

## **Page 41: Non-Provincial Government Sources**

“Fraser Health have collaborated with other health authorities and have identified a number of revenue generation opportunities which will require Ministry approval and regulatory or policy changes. Management has targeted revenue increases totalling \$25.0 million, which includes increasing residential care co-payments, implementing co-payments for home support clients, recovering WorkSafeBC surpluses, etc.”

**Page 52/53** – This is the list of funding assumption (the hope of contributions by the government) made on the part of Fraser health – including the Riverview Replacement Project and Surrey Health Services Capacity Initiative

**Page 55: Assumptions and Limitations, Impacts and Risk** – this is the list of risks facing the Health Authority and ultimately patients in the region.

- Health services demands in Fraser health continues to increase
- Government Letter of Expectation targets are uncertain
- Programs deferred
- Etc.