

Community Report

April-June 2014



#MonctonSpirit

June 19, 2014

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Report of the President and Chief Executive Officer



June 2014

As I write this we have just come through what has probably been the most traumatic few days in Moncton's recent history.

As CEO, within a half hour of hearing the confusing details of events unfolding that Wednesday evening (June 4), I felt I had to be there to offer support as required. On the drive to Moncton, for probably the first time in my career, I was truly uncertain and fearful regarding what I was supposed to do. I need not have worried. Without naming names – for fear of missing someone – I saw that evening, and for the next 36 hours, the very best of teamwork, leadership, and community service.

From my Wednesday evening arrival at the hospital – and meeting security officers who challenged me, then accommodated me with assistance – to the last handshake and hug on Friday with the Chief of Staff and Executive Director, it was clear that all were ready and able to meet the challenge of this tragedy. Doctors, surgeons, nurses, technologists, social workers, psychologists, pastoral care staff, environmental services, plant operations, managers – **all** were at the ready to serve the first arrivals and to receive the additional casualties that never came.

Beyond the readiness to provide care, the site and team members supported the officers and families who needed information, comfort and assistance. It was Moncton's only *safe house* that night.

We call these events code orange. That name is far too benign to reflect the hurt and trauma on not just the officers, their families and co-workers – but our health-care team. This event had very close and intimate connections with our staff. Like the officers who had to do their job knowing their comrades were badly hurting or gone, our staff knew that our own people were closely connected to the victims.

I was most impressed with the respect, and privacy given to the affected families. Although I was well aware within minutes that one of our nurses had lost her husband, there was not one inappropriate mention of her name to me, or in my presence to others, for the full 36 hours until Friday morning when I learned the name through the RCMP news conference. At the time, I had no reason to be told that personal detail. That is quality care every bit as much as that provided through our services and technology.

As Wednesday's confusion and 'busy-ness' turned to Thursday's interminable quiet and uncertainty, I expect others were, like me, thinking that we were not matching our resources to our current needs. We had too many people than we actually needed and we would probably need more later – and for various reasons, might not be able to get them here. Several times we discussed the frustrations of waiting, listening, guessing, presuming, planning – then revising.

As CEO, I watched as others provided leadership at every level. Planning for what might come; adjusting the schedule of regular clinics and procedures; staffing the areas; and communicating the situation. Once in a while, someone would say they had an external problem and I might take it on. *[We have to give him something to do.]* But for much of the time, it was just waiting. But, in the final non-violent wind-down, all of the waiting was worth it. Nobody really wanted to be needed for more tragic arrivals. And everyone did their job, even as many might feel, like me, that they really did nothing at all. As Milton said – and I thought of this obscure phrase dozens of times on that Thursday, "...they also serve who only stand and wait."

During those 36 hours, The Moncton Hospital and its staff exemplified the very best in service, and community.

Thank you.

John McGarry
President and Chief Executive Officer



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Board Members



W. David Ferguson
Board Chair



Linda Aitken
Upper Kingsclear



François M. Beaulieu
Saint John



Mike Coster
Miramichi



Jo-Ann Fellows
Fredericton



Linda G. Forestell
Saint John



Dr. Erik Klein
Hampton



Michael McCoombs
Miramichi



John B. McKay
Miramichi



Kathleen McMullen
Sackville



Jane Mitton-MacLean
Moncton



Chief Candice Paul
Saint Mary's First Nation



Luigi Rocca
Moncton



Mary Louise Schryer
Quispamsis



Kay Simonds
Woodstock

Committees of the Board Reports

Report of the Finance, Audit and Resource Committee

Michael McCoombs, Chair

The Finance, Audit and Resource Committee met on May 22, 2014 for its regular quarterly meeting and on June 9, 2014 to carry out functions related to the annual meeting.

Financial results continue to show a surplus of \$5.1 million in regular operations.

Financial Dashboard: The Financial Dashboard for February 2014 showed Supplies (medical and surgical) below target.

Collective Bargaining Update: The Province is bargaining with three health-care groups at this time: Nurse Managers, Medical Science Professions, and Specialized Health-Care Professionals (the latter two expired on December 31, 2013 and negotiations started in late May). A commissioner has been appointed and meetings with affected parties are anticipated to conclude in early July 2014.

Violence Prevention Update: Horizon's Violence Prevention Steering has been active since February 2014 under the leadership of Vicki Squires and Jeff Carter, with membership including the New Brunswick Nurses Union, CUPE New Brunswick, Vitalité Health Network, and a wide cross-section of Horizon leaders. Comprehensive deliverables have been identified with related work plans. As deliverables are completed, they are approved by the steering committee with a completion target of mid-June 2014. Recommendations will be made to the Executive Leadership Team.

Horizon Labour Trends 2013-14: A PowerPoint presentation provided members with information on Horizon's workforce and current labour trends.

Capital Equipment Allocation 2014-15: A copy of the approved allocation for capital equipment for 2014-2015, showing the item, area and costs, was provided for information.

Horizon Monthly Investment Performance Update: The investment funds monthly performance report for March 2014 was shared. The investment portfolio continues to make positive gain.

The Quarter 4 **Balanced Scorecard** was provided, showing information on "living within our means." The committee was pleased to see that as a result of management's efforts, two measures have exceeded target:

- Overtime hours as percentage of total hours worked
- Ratio of actual to budgeted expenditures

Horizon Health Network

STATEMENT OF OPERATIONS

Eleven months ended February 28 Comparison to Budget	Unaudited - Provided For Internal Purposes Only		
	Feb. 28 Budget 2014 \$	Feb. 28 Actual 2014 \$	Feb. 28 Actual 2013 \$
Revenues			
Department of Health	818,250,226	812,443,873	816,599,180
Medicare	152,065,148	149,349,858	147,160,980
Federal	15,331,971	14,858,918	14,116,830
Patient recoveries	34,940,734	34,976,390	32,066,161
Recoveries & sales	21,249,747	20,667,884	20,547,242
FacilicorpNB savings - revenue offset	(2,348,167)	(2,176,125)	(3,237,410)
	1,039,489,659	1,030,120,798	1,027,252,983
Expenses			
President / CEO	5,036,832	4,009,686	4,598,909
Chief Operating Officer / Corporate Resource	148,638,483	143,748,953	144,640,575
VP Clinical	430,181,173	425,873,564	419,531,328
VP Medical / Academic / Research Affairs	21,125,521	18,431,877	19,127,249
VP Quality / Patient Care	3,718,112	3,485,945	3,249,501
VP Professional Services	162,709,447	159,811,839	158,529,836
VP Community	124,511,941	118,946,028	118,837,335
Chief of Staff	981,184	1,003,875	936,804
Medicare	152,415,273	149,737,497	148,493,881
Corporate challenges	(9,775,714)	0	0
	1,039,542,252	1,025,049,264	1,017,945,418
Surplus (deficit) from Hospital operations before amortization, capital grants, retirement allowances and sick pay	(52,593)	5,071,534	9,307,565
Other operating expenses			
Amortization of tangible capital assets	(30,602,572)	(29,817,506)	(30,575,807)
Capital grant funding	12,020,636	1,607,605	13,175,209
Retirement allowances - net of recoveries	0	0	0
Sick pay obligation	(1,650,393)	(1,617,857)	(1,285,215)
Net surplus (deficit) for the period	(20,284,922)	(24,756,224)	(9,378,248)

Report of Governance, Nominating and Planning Committee

Jane Mitton-MacLean, Chair

The committee met on May 21, 2014.

The committee discussed a facility-feature naming situation whereby an individual will be honoured. More details will be made public at the appropriate time.

A presentation was made to the members regarding planning work underway for the planned redevelopment of the Dr. Everett Chalmers Regional Hospital. Members were informed that the basis for the planning work is the Functional Program of 2007 updated to reflect current data. For the most part, this project focuses on the areas surrounding surgical suite and recovery areas, day surgery, and labour, delivery, and neonatal. The Executive Leadership Team has also asked for the document to be updated to reflect needs for improved records management. All planning is predicated on predictions of 2023 expected volumes.

The committee and board members will have an opportunity to view options once functional programming is complete and prior to submission to government. It is expected that design work will be completed by March 2015, with construction over the four years ending March 2019.

The progress of the Strategic Planning process was discussed in length. A short document listing predominant themes was reviewed and executive leadership members are working to develop a draft plan for stakeholders to be considered in the fall of this year. After the expected consultation on the draft, a formal plan will be reviewed and approved by the board in late fall.

Both board member self-assessment and board assessment evaluations were reviewed by the committee. Regarding the board assessment, several areas were identified for improvement, namely:

1. Improving link between Horizon and community;
2. Board actively advocating for health issues; and
3. Board speaking with one voice in all communications.

Horizon's social media policy was provided to members with a commitment to have a further review at another time.

Several motions were made for full board approval. They include:

1. Approval of Hospital Auxiliary Bylaws;
2. Two Community Needs Assessments for Moncton area and Saint John area; and
3. Nominations (at the annual meeting)

Report of Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

The Patient Safety and Quality Improvement Committee met on May 21, 2014.

The committee received updates on the staff photo identification cards redesign, quality and safety portfolio reports, follow-up information on the initiatives from the Accreditation Survey Report, information on the 'enhanced quality of life' indicator out of the balanced scorecard, along with the patient safety key performance indicators. The committee also had a lengthy discussion on the Alternate Level of Care patients and a recommendation will be made under a separate agenda item.

Report from Francophone Liaison Committee: The Director of Official Languages, Ms. Pauline Gallant, presented an overview of the continuing work to fulfill Horizon's commitment to providing patients, their family and all members of the public with quality health care in the language of their choice.

Patient and Family Centred Care: Ms. Margaret Melanson, vice president of Quality and Patient Centred Care, provided a status report for Patient and Family Centred Care, and Ms. Penny Ericson, co-chair of the advisory committee, joined the meeting as well.

The committee was pleased to learn that the Patient and Family Advisory Council has met and will meet again in early June. A meeting with a group of physicians to introduce the initiative is being planned. Members of the council will participate in a panel discussion during the upcoming Leadership Advisory Council. This will be an opportunity for the leadership team to meet the members and hear from them directly regarding their involvement with the advisory council.

Infection Prevention and Control Audit: The New Brunswick Auditor General's Office has reviewed infection prevention and control practices in four of Horizon's facilities. The objective for this project is to determine if the Department of Health and Regional Health Authorities have an infection prevention and control program to protect people from hospital-acquired infections.

Ms. Lauza Saulnier, Regional Director of Quality and Patient Safety, explained that the review was very detailed and a final report will be issued and included as a chapter in the Auditor General's Annual Report. Horizon will have an opportunity to review and comment the report before it is made public.

Governance Training as it relates to CPSI: As a follow-up to the effective governance for quality and patient safety session held in March 2013, the Canadian Patient Safety Institute is planning to provide a final coaching opportunity to assist board members in addressing issues with implementing the action plan developed at the training session. This will be done by telephone.

Regional Medical Advisory Committee

Tom Barry, MD FCFP C

Chief of Staff; Chair, Regional Medical Advisory Committee

The Regional Medical Advisory Committee met in Fredericton on May 13, 2014 and again on June 3, 2014.

Presentations were received from Mr. Doug Doucette who is the Regional Pharmacy/Clinical Manager. He presented an update on the new legislation which allows pharmacists to expand their prescribing. Considerable and useful discussion ensued about the communication regarding the pharmacists and physicians, particularly in respect to medication changes and interpretation of critical lab values.

At the June meeting, Ms. Mary Gatien who is Director of the New Brunswick Eye and Tissue Bank presented new recommendations and the provincial creation of a committee to deal with all organ donations. The Organ Donor Programs conducted out of Moncton and Saint John have had some difficulty when there is a strong desire upon the part of the province and both health networks to make an attempt to harvest more organs for transplantation. Considerable discussion ensued regarding the process and the sensitivity of harvesting organs. The committee will work closely with Ms. Gatien and the provincial committee to increase successful harvesting of transplantable organs. Reports were received at the May meeting from the CEO, the Chair of the Board, the Chief Operating Officer, VP of Corporate Resources and the VP of Clinical Services as well as the VP of Medical, Academic and Research Affairs and VP of Community. Mr. Foley reported on his portfolio of Professional Services and Ms. Margaret Melanson, VP of Quality and Patient Centred Care, presented a report on her Patient Quality Care initiatives. Reports were also received from Ms. Janet Hogan, Corporate Director of Communications and Community Relations, and Dr. Na-Koshi Lamptey, the District Medical Officer of Health who sits as an ad-hoc member of the committee and provides valuable input.

Ms. Danica Wallace provided a report to the RMAC and, at the June meeting, the committee thanked her for her contributions to the RMAC. She chaired RMAC for the last two years making a huge progress in the work of that committee.

Dr. Anne O'Brien, who chairs the Peer Review/Incident Reporting Committee of the RMAC, reported on the development of key performance indicators, morbidity and mortality reports for all the medical quality reviews of Horizon's Medical Departments. The goal is to provide common key performance indicators (KPI's) for each medical speciality to enable comparisons and learning between geographic areas within Horizon's network. Dr. Dana Hanson reported on the progress of the Quality Care and Efficiencies Committee of Horizon for which he has been reporting on a monthly basis. His reporting has been augmented by the excellent work of Dr. Jeff Moore who brings an update on implementation of guidelines for laboratory testing. This is an ongoing committee in an effort to safely decrease laboratory utilization without risk to patients.

The RMAC is making an effort to look at the assessment of aging physicians and their ability to perform their speciality and to ensure competence. The committee is looking at the way to measure clinical skills and health of senior physicians. Some of the resources include the College of Physicians and Surgeons of Ontario and the Canadian Association of General Surgeons. This will be an ongoing effort over the next six months or so to come to some conclusions.

The RMAC commented on the development of standard of practice for communication of unexpected results for either laboratory or diagnostic imaging. The conclusion was that if it was an urgent result, the only way it should be conveyed would be to the ordering physician or the physician who is substituting or filling in for the ordering physician is done verbally. The converse of that is this will allow RMAC to ensure that physicians have a way of being contacted easily on a 24/7/365 basis. This is of course a huge patient safety issue.

The RMAC, in conjunction with the Diagnostic Imaging Department, was able to implement a standardized Horizon (Cat Scan) CT scan referral form. This is the first of many pan-Horizon initiatives to be used to further enhance access to services in whatever area of the network is able to look after the patient. Various policies were reviewed over the two meetings including Surgical Count Policies, Point of Care Testing and Evaluations, as well as the Authority to Admit Policy.

At the June meeting, reports were received from the Associate Dean of Medicine at Dalhousie Medicine New Brunswick. Congratulations were extended to Dr. John Steeves by the RMAC and the Chair of the Board on the graduation of the first class of the Dalhousie Medicine New Brunswick Program. Reports were again received from all the subcommittees of the RMAC.

Credentialing reports were reviewed and motions will be presented along with the credentialing reports.

On May 29, the Provincial Neurology group met in an effort to formulate policy and distribution of education materials on the Provincial Stroke call. Hopefully, a pilot will start later this summer. There has been a delay unfortunately not because of lack of representation but rather some delay in the delivery of equipment. The day was an excellent one with presentations by Nicole Tupper, who is Horizon's leader of the Stroke Network, facilitated by members of the Department of Health. Dr. Lyle Weston and Dr. Alier Marrero from Moncton chaired the sessions and some excellent educational materials and discussion regarding the structure of the system was given by Dr. Stephen Phillips from Dalhousie Medical School in Halifax. Also Dr. Dylan Blackquiere who will be a new neurologist in Saint John, specializing in stroke, gave an excellent presentation as well.

The RMAC was asked to fill out a satisfaction survey which has been done annually for the last few years in an effort to ensure that the committee is functioning in the best possible manner.

Mr. Jean Daigle, VP of Community, provided an excellent description of the structure of the community needs assessment that have been done and their role in the formulation of Health Care Policy for Horizon.

Report of the Regional Professional Advisory Committee

Danica Wallace, Chair

The Regional Professional Advisory Committee held its last meeting of the year on May 8, 2014.

The committee received scheduled reports from the Women and Children's Health Network, the Ambulatory Care Network and the Health and Aging Network. The reports continue to provide insight into the valued work being done across Horizon by the networks. This also allows the councils to provide feedback and more timely input. Professional Practice Councils providing their annual reports were from Psychology and Respiratory Therapy.

Dr. Carole Deveau, RPAC member representing physicians, provided an overview and update regarding New Brunswick's Primary Health Care Reform. The committee discussed the Terms of Reference for Horizon's Oversight Committee on Primary Health Care Reform. Dr. Tom Laughlin joined the meeting and feedback was provided regarding the committee's proposed membership and clarification regarding its relationship with the Provincial Networks related to Primary Health Care Reform. The RPAC endorsed the TOR with the acknowledgement of feedback.

RPAC member Mr. Doug Doucette, Regional Pharmacy/Clinical Manager, provided information on the Pharmacists Prescribing Policy. The presentation provided information regarding pharmacists prescribing within the Regional Health Authorities in N.B., the result of legislation changes and work done by the Provincial Drug and Therapeutics Committee. Minutes from the Provincial Drug and Therapeutics Committee were presented along with updated terms of references for the N.B. Regional Health Authorities Provincial Drugs and Therapeutic Committee, N.B. Provincial Health Authorities Anti-infective Stewardship Committee, Provincial Parenteral Drug Therapy Committee, and the N.B. Provincial Health Authorities Formulary Review Committee. All TOR reviewed were endorsed by the RPAC.

VP of Professional Services, Mr. Gary Foley, reported 100% compliance with renewal of credentials for groups whose registration expired in April and May. He expressed his appreciation and respect for these groups and those who also had 100% compliance in December 2013 and January 2014. The professionals and their managers were given special acknowledgment for their commitment and accountability.

The update from the Regional Medical Advisory Committee was reviewed and the Horizon Antimicrobial Stewardship program was further discussed with input from Mr. Doucette.

The RPAC has had a busy year and is looking forward to the upcoming year with new members and ongoing growth.