

Community Report

July - October 2014



October 29, 2014

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Report of the President and Chief Executive Officer



October 2014

Strategic Planning

The months of summer and early fall have been taken up with major activity in developing a new five year strategy as a result of work started through stakeholder consultations last winter. The management team has prepared several iterations of a draft plan for the Board's consideration. With highlights from the latest draft, we have held, in the past few days, stakeholder validation sessions in Moncton, Saint John and Fredericton. More than 125 individuals, including outside stakeholders, have given us their input to our strategy. Although we expect to make significant wording changes as a result of their input, a very strong consensus gives us confidence we are on the right track.

We look forward to having a full day with the Board in November to develop a final plan that should be released publicly in January 2015.

Staff Engagement

We are cognizant that positive staff engagement is essential to achieve a Patient and Family Centred culture which we have decided is so important in Horizon Health Network. This fall, we will formally provide an opportunity for all of our more than 12,000 employees to tell us how engaged they consider themselves within the organization. Much as we have now done with patients, by communicating with them formally twice yearly, we plan to measure and monitor employee engagement on a regular basis at both the Organization level and the Department/Manager level. Our externally controlled survey results will be provided to management in summary fashion where we will have formal reporting to our Board with action plans developed to address the highest priorities.

Patient Satisfaction Survey

This month we will present to our Board the results of a Patient Satisfaction Survey undertaken in May of this year. Nearly 1,000 patients took time to give us their impressions on many dimensions of their care experience. While some results show improvement from a provincial survey done more than one year ago, we have many areas where we can make substantial improvement, cleanliness being one of the more obvious areas of dissatisfaction. We look forward to a full presentation on this subject at our board meeting this month.

Ebola Preparations

Of course, this report would not be complete without providing a few words on the issue of Ebola preparations within Horizon Health Network. We will have one of the Medical Officers of Health for the province at our board meeting to let members, and the public, hear about the risk environment and the general state of readiness of public health agencies and hospitals. The work we do in Horizon on this issue is driven by many factors, mostly our need for clear communications to our staff. Our prime objective in these next few weeks is to ensure we provide our front-line employees and physicians with confidence. If suspected cases arrive at our facilities, they will have the appropriate education, training and protective equipment to safely deal with the patient and, just as important, protect themselves. Once a positive case is confirmed, only Saint John Regional Hospital (and Dr. Georges-L.-Dumont University Hospital Centre within Vitalité) will be managing such confirmed cases.

John McGarry
President and Chief Executive Officer

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 Committee met on September 18, 2014.

The Committee reviewed and approved a work plan for the upcoming year, and received certification reports for Occupational Health and Safety and Statutory Remittances (both attached for information). The Financial Results at July 31 were also reviewed, and Mr. Dan Keenan, Corporate Director Finance, will elaborate on the results later in the meeting. The proposed capital equipment submission for 2015-16 were also reviewed later in the meeting.

Details on Horizon's Administration expense as a percent of total expenses were provided. Ms. Andrea Seymour, Chief Operating Officer and Vice President Corporate, explained that this measure has improved annually for the last four years, and the organization's performance is now better than the Canadian average. This indicator will be included on the new public Canadian Institute for Health Information website, launched on September 18, 2014.

The Committee reviewed the Financial Dashboard for July 2014. The percentage of overtime hours to total worked hours is increasing; and the average number of paid sick leave days continues to grow. This is not entirely unexpected given tight fiscal restraint in recent years and the Committee will continue to monitor.

In April 2014 the Board accepted the recommendation to support Metro Health Inc.'s operational plan for 2014 allowing it to live within its resources, recognizing there is a slight risk of subsidization if necessary. Management updated the Committee with the summary operating results for the seven months ending July 2014 showing that Metro Health is running a small surplus as compared to a deficit last year for the same period. Based on those, results risk of subsidization being required for the year is extremely low.

The Workplace Violence Prevention Committee has been meeting since March to develop a Violence Prevention program for Horizon. Ms. Vicki Squires, Corporate Director Organizational Development, provided information on the Committee's work, noting that to date the Committee has been focused on the various care settings and what is required to prevent workplace violence. Target completion date for program document and implementation plan is October 2014.

Information provided showed that staff engagement levels at Horizon, based upon results from a public service employee survey instrument, are lower than ideal. Results from the 2013 Government of New Brunswick engagement survey pointed to a number of areas that required focus and attention. While broad focus areas were identified, the results did not provide sufficient detail to base employee engagement improvement initiatives upon. As a result, Horizon will conduct its own external Staff Engagement Survey in November with detailed reporting and the ability to action specific results by area. As well, Mr. John McGarry, President and Chief Executive Officer, will be undertaking a collection of staff meetings with staff members and local departments throughout the region to support this important initiative.

A status update was provided on the efficiency improvement projects under the benchmarking umbrella. There are currently 21 projects underway and six planned to start later in the fall, with preliminary estimates for savings at \$3.5 million. Board Chair Mr. David Ferguson noted the implementation of strategic sourcing of prostheses, focusing on replacements for hips and knees, with a minimum savings estimated at \$750,000 for this fiscal year. He suggested that the board express its appreciation to the orthopedic surgeons in Horizon for their cooperation and collaboration in the project.

Mr. Keenan explained an emerging issue for Horizon related to WorkSafeNB. Horizon self-funds WorkSafeNB costs; i.e., all payments made by WorkSafeNB to Horizon employees are billed back to Horizon. As a result of a recent court decision, retroactive payments are being made by WorkSafeNB to former employees of Horizon that are collecting pensions. The impact to Horizon could be substantial. As of August 2014, payments totaling \$414,000 have been made. Only a small portion of cases have been reviewed. WorkSafeNB hopes to have all cases reviewed by April 2015.

Horizon Health Network

STATEMENT OF OPERATIONS

Four months ended July 31 Comparison to Budget	Unaudited - Provided For Internal Purposes Only		
	July 31 Budget 2014 \$	July 31 Actual 2014 \$	July 31 Actual 2013 \$
Revenues			
Department of Health	294,453,121	293,957,028	300,709,680
Medicare	53,310,871	49,137,330	53,519,414
Federal	5,738,743	5,452,473	5,351,069
Patient recoveries	13,260,816	13,190,221	12,649,188
Recoveries & sales	6,601,606	6,942,543	7,622,496
FacilicorpNB savings - revenue offset	(275,122)	(351,517)	(257,707)
	373,090,035	368,328,078	379,594,140
Expenses			
President / CEO	1,516,808	1,317,244	1,519,442
Chief Operating Officer / Corporate Resource	53,770,474	53,149,051	56,433,148
VP Clinical	153,001,926	154,969,548	155,710,628
VP Medical / Academic / Research Affairs	7,169,638	6,463,998	6,508,966
VP Quality / Patient Care	1,525,565	1,367,048	1,238,136
VP Professional Services	58,016,402	56,822,154	58,754,352
VP Community	45,119,851	42,627,764	43,666,077
Chief of Staff	358,752	333,970	379,729
Medicare	53,502,080	49,532,585	53,799,444
Corporate challenges	(1,413,235)	0	0
	372,568,261	366,583,362	378,009,922
Surplus (deficit) from Hospital operations before amortization, capital grants, retirement allowances and sick pay	521,774	1,744,716	1,584,218
Other operating expenses			
Amortization of tangible capital assets	(11,130,069)	(11,037,371)	(11,007,673)
Capital grant funding	3,223,523	11,000	64,748
Sick pay obligation	(167,741)	(295,836)	(588,308)
Net surplus (deficit) for the period	(7,552,513)	(9,577,491)	(9,947,015)

Report of Governance, Nominating and Planning Committee

Jane Mitton-MacLean, Chair

The Committee met on September 17, 2014.

The Committee reviewed a revised Governance, Nominating and Planning Committee work plan for the current year.

Ms. Andrea Seymour, Chief Operating Officer and Vice President Corporate, provided an overview of facility planning status for our members. Renovations at Hotel-Dieu of St. Joseph in Perth are complete; Fredericton Community Health Centre is in temporary quarters and a permanent building is in design stage with the Government of New Brunswick; The Moncton Hospital Oncology clinic is due to open in November; the Dr. Everett Chalmers Regional Hospital's Functional Program is nearly complete, and the Oromocto Community Health Clinic is somewhat behind schedule due to issues with Department of National Defence.

Mr. John McGarry, President and Chief Executive Officer, made a point that he had requested support from Department of Health for a full Master Plan renewal for the Saint John Regional Hospital. In a related item, Mr. McGarry informed members that he had participated in several meetings over the summer as a member of the Tucker Park Development Commission. Discussions are still very conceptual and no major issues have arisen that require board action at this time.

Mrs. Janet Hogan, Corporate Director of Communications and Community Relations, presented a new Social Media policy for review. As well, the bylaws of three auxiliaries were presented. All of these items will be recommended to the Board for approval.

The major item on the agenda was a progress report on the new Strategic Plan that the Board will hopefully approve in January, 2015. Members provided management with significant input to a preliminary document that will serve as a basis for community/staff review in October's public sessions, and Board review at its November meeting.

Regional Medical Advisory Committee

Tom Barry, MD FCFP C

Chief of Staff; Chair, Regional Medical Advisory Committee

The Committee met in Fredericton on September 9, 2014.

Four new members of the Regional Medical Advisory Committee (RMAC) were welcomed: Dr. Patricia Bryden, Local Chief of Staff in the Fredericton area, Dr. Jayson Dool, Plastic Surgeon and Dr. Serge Melanson, Emergency Room Physician both from the Moncton area, and Ms. Cathy Cormier, Chairperson of the Regional Professional Advisory Committee.

Presentations were received from Dr. Erik St. Pierre who is the new Medical Director of the NB Trauma Program and Mr. Ian Watson, Administrative Director of the NB Trauma Program. Introductions were made.

The DNAR policy (Do Not Attempt Resuscitation) was reviewed. The rationale for some suggested changes was brought to the Committee by Dr. Pamela Mansfield, Chair of the DNAR Committee. These were accepted by the RMAC and these will be communicated after a review by the stakeholders.

Mr. John McGarry, President and Chief Executive Officer, as well as a few Vice Presidents, provided an update to the RMAC on the status of their portfolios. Mr. Gary Foley, Vice President Professional Services, highlighted the program to try to decrease incidents of missed or cancelled appointments. Dr. Na-Koshi Lamptey, Medical Officer of Health, talked about the management of potential Ebola patients should they present and indicated that they will be managed in the Saint John Regional Hospital or the Dr. Georges-L.-Dumont University Hospital Centre.

Dr. Anne O'Brien, Chairperson of the Peer Review/Incident Reporting subcommittee of the RMAC, reported on a template for medical departments to do peer review and incident reporting. There is also a draft template for medical quality assurance reporting and key performance indicator reporting.

Dr. Hanson and Dr. Moore presented on the Quality Care and Efficiency Committee and the restrictions for some lab testing to the frequency of the testing. Credentialing reports were received from around the region.

The RMAC was updated on the Provincial Neurology/Telestroke call program which was implemented on September 15 initially in the areas of Moncton, Fredericton and Saint John. This will be expanding to other areas of Horizon in the next few months. The program will allow the provincial neurology call schedule to be available 24/7 without interruptions.

Ms. Andrea Seymour, Chief Operating Officer and Vice President Corporate, accompanied by Mr. Jeff Carter, Corporate Director Support Services, spoke about the capital equipment recommendations for the upcoming year. The RMAC felt this was a very thorough report and felt the business cases captured the rationale for the need of the equipment. The RMAC endorsed the major capital equipment list as presented for 2014-2015.

Dr. Michael Dickinson made a brief presentation on the concept of assessment for aging physicians. This is an ongoing topic and of course was not resolved at this meeting. There was also some discussion about a possible joint meeting of Horizon and Vitalité Regional Medical Advisory Committee to deal with common issues.

The medical staff rules and regulations are in the process of being developed and hopefully we will have them completed by the fall. There are three levels; the first level is the level of legalities, the second level is rules and regulations common to all departments and the third will be the local medical department regulations and rules of engagement of the members.

As Chief of Staff, I reported on the recent Electro Convulsive Therapy review done in the Miramichi and Fredericton hospitals and also the status of the hospitalist program reviews which have been done in six hospitals including Upper River Valley Hospital, Charlotte County Hospital, Saint John Regional Hospital, The Moncton Hospital, Miramichi Regional Hospital and the Dr. Everett Chalmers Regional Hospital.

Several policies were reviewed and motions were passed in relation to medical appointments.

Report of the Regional Professional Advisory Committee

Cathy Cormier, Chair

The Committee met in Fredericton on October 9, 2014.

The Regional Professional Advisory Committee met on October 9, my first as chair. We received scheduled reports from three Clinical Networks: Oncology, Stroke, and Palliative Care; along with four Professional Practice Councils: Speech Language, Physiotherapy, Medical Laboratory Technology, and Occupational Therapy. We are impressed with the progress made by each of the networks and councils, along with the level of participation throughout the organization. We also received an update from Dr. Tom Barry, Chief of Staff, on the Regional Medical Advisory Committee's work.

As a stakeholder, the Committee was given an opportunity to provide feedback on two policies relating to pharmacists prescribing within the Regional Health Authorities in New Brunswick, the result of legislation changes. This generated a great deal of discussion.

Decisions taken by the Provincial Drugs and Therapeutics Committee are reviewed by the Regional Professional Advisory Committee and the Regional Medical Advisory Committee in the form of receiving the provincial committee's minutes for review. Along with endorsing the provincial committee's work from its June 2014 meeting, the RPAC endorsed a number of policies it passed in the last year. This provincial committee has completed an amazing amount of work since it was established in 2010.

Gary Foley, Vice President Professional Services, provided the members with an overview of the 'Missed Appointments' campaign underway to create awareness of the impact of missed appointments in the health-care system.

We had discussions on the need for clarity regarding inter-professional referral policies within Horizon.

Although there were no professional groups with expiring registrations/licenses during this reporting period, Ms. Geri Geldart, Vice President Clinical, noted that there have been a small number of staff who failed to renew their registration prior to returning from an extended leave of absence. In such situation, penalties are applied by the regulatory body and disciplinary action is also taken by Horizon.

Report of Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

The Committee met on September 17, 2014.

The Committee reviewed and approved a proposed work plan for 2014-15. A number of items were discussed, including the results and implications of the patient experience survey carried out on inpatients at discharge in May 2014; Patient Safety Key Performance Indicators; and an Update on Patient and Family Centred Care.

At the meeting, the Committee received the Vice Presidents' reports from the Quality and Safety Committee's June meeting.

Ms. Geri Geldart, Vice President Clinical, reported on a recent meeting with Department of Social Development, Department of Health, and Horizon representatives where strategies for ALC (Alternate Level of Care) patients were discussed. From discussions, there are issues that will be reviewed with immediate action, including proactive management of the wait list in each facility; augmenting capacity as a coping mechanism; exploring the possibility of recreation therapy-type services being provided to the ALC patients in hospital beds; and Social Development has launched a special care homes and specialized care beds study. At the time of our meeting there were 319 ALC patients in Horizon's regional hospitals.

The Committee also received information on Horizon's missed appointments campaign to raise awareness of the impact of missed appointments in the health-care system. The awareness campaign will begin by concentrating internally to educate staff and physicians on the project and its benefits. This will be done through staff meetings, directors' councils, local medical advisory committee meetings, internal memos, and articles in Horizon Connects. The campaign will initially target the Fredericton area where some programs have a high rate of no shows. The information and plans were shared with the Patient and Family Advisory Council.

Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, provided the Committee with a listing of the physicians recruited to Horizon from June to October 2014. Overall there were no recruitment challenges in Moncton, Saint John or Miramichi. Fredericton remains a challenge with 7 to 8 vacancies.

Updates

Facilities and Programming Planning Update

There are currently multiple facility and program planning projects underway in various stages of completion. All projects are tracking to schedule. The following information outlines the current status of each project:

Community Health Centre - Fredericton

A community health centre has been established in the downtown area, as recommended by the Fredericton Primary Health Care Improvement working group. The health centre opened its doors in August 2014 at its temporary location in the Centennial Building. The location of the health centre's permanent building has been identified at the present location of the Victoria Health Centre Nurses' Residence building. The demolition package tender closed in September 2014. Work is scheduled to start in the spring of 2015, with an expected completion date by the end of March 2016.

Community Health Centre - Oromocto

Plans to establish the Oromocto Community Health Centre resulted from the Oromocto Needs Assessment (July 2011), which recommended that a health centre be built to accommodate the medical needs of military dependents. The development of the centre is a partnership between the military base and Horizon and will service the entire community. Horizon is currently working with the Department of Transportation and Infrastructure and the military base to approve construction documents this fall.

Dr. Everett Chalmers Regional Hospital - Refurbishment Project

The project began in the fall of 2013, and was undertaken to coincide with the renovation of several surgical units. To date work has been completed on Orthopaedics, Surgical Recovery, Transitional Care and the front lobby. Select shower rooms in the Obstetrics department were also completed, as was the vestibule, specimen collection waiting area and information desk.

Dr. Everett Chalmers Regional Hospital - Redevelopment Project

Since October 2013, consultants, health care & facility planners, and Agnew Peckham, a health care and facility planning firm, have been meeting to review and update the 2007 Functional Program for the Dr. Everett Chalmers Regional Hospital. Agnew Peckham conducted User Group and Steering Committee meetings in September regarding Clinical Records space programming. A final draft of the Clinical Records space programming plan was completed this month. The full functional plan will be presented to the Horizon Board for approval to advance to the next phase of development options.

Hotel Dieu St. Joseph (Perth) - Refurbishment Project

The majority of this project was restricted to the newest area of the building as it is located above the flood plain. A small portion of the work overlapped into the second floor of the original building, where storage and staff lockers are housed. The area renovations are intended to reintroduce some hospital services that were displaced by flooding, and also include the creation of an Ambulatory Care area. Some of the administrative services, which were temporarily housed in portable trailers, will be moved into the newly renovated space.

Interventional Radiology Suite - Saint John Regional Hospital

The Interventional Radiology Unit at the Saint John Regional Hospital was decommissioned and a purchase order for a new unit was issued to Phillips Healthcare in March 2014. Construction and installation of the new unit is currently underway and expect to be in operation by end of November.

New Oncology Clinic - The Moncton Hospital

This project, which was announced in July 2012, included the construction of a new 17,000 square foot wing at The Moncton Hospital, as well as adjacent space for Oncology Clinical Trials. The \$9.2 million project was completed on budget and is scheduled to open in November.

Stanley Health Centre

Stanley Health Centre is currently located in the old section of the former Stanley Nursing Home. Construction is currently underway on the new health centre, which is scheduled to finish in January 2015. The move-in date is scheduled for February 2015.

Missed Appointments

Horizon has identified the reduction of missed appointments as a major corporate initiative. A high number of missed appointments are occurring throughout Horizon, affecting our ability to provide timely and quality care to patients. In fact, of 400,000 medical appointments booked across Horizon last year, 24,000 patients failed to show up for their appointment.

Horizon recently launched a 'Missed Appointment Awareness' initiative to educate patients of the importance of showing up for medical appointments, or calling to cancel and rebook. This will translate to a decrease in wait lists and improved access to patient services.

We are initially targeting the Fredericton community as some programs in this area have more than 10 per cent of 'no shows.' Awareness initiatives include clinic/medical office posters, lobby posters at the Dr. Everett Chalmers Regional Hospital and the Upper River Valley Hospital, calendar stickers included in all reminder letters, a comprehensive multi-media campaign and a video, which is currently in production. The number of patients who miss appointments is being tracked by clinics and is reported on a monthly basis.

What happens when you miss a medical appointment?

Horizon Health Network is committed to ensuring its patients receive the best quality care, but in order to do so patients must do their part and show up for appointments.

Does missing an appointment really matter?

ABSOLUTELY!

It not only impacts your health but the health of others.

A failure to call and cancel and rebook makes it difficult to fill that missed appointment with another patient, causing delays in health-care services.

Of **400,000** appointments booked across Horizon last year, **24,000** failed to show.

Check out the facts:

Wait Times

In most cases, fewer missed appointments can improve wait-times and access to services.



In certain professional services and locations more than

20%

of patients fail to attend their scheduled appointments.

Timely Quality Care



A high number of missed appointments affect Horizon's ability to provide timely quality care to patients.

Reminder

Horizon reminds patients about upcoming appointments by telephone and letter.



Productivity

"No shows" impact the daily work and productivity level of Horizon employees.



Cancelling or rescheduling an appointment will only take a moment of your time.



If you can't make an appointment, chances are, someone else can.

Do your part by attending or cancelling your medical appointment and remind your friends and family to do the same.



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