

Community Report

April - June 2015



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Report of the President and Chief Executive Officer



June 2015

Over the course of the last few months, I have been delivering presentations regarding the four strategic priorities set out in our new [five-year strategic plan](#), to staff, physicians and community groups.

Strategic Plan

The key to a successful implementation of these priorities is in the hands of our committed staff. I am happy to report that employees have been supportive of the new strategic directions and look forward to being part of the bigger picture and moving the plan forward.

One of our early actions on our priorities relates to our intent to develop five [Centres of Expertise](#) over the next five years. We are about to begin discussions this month with our clinical leaders in geriatrics and Healthy Ageing to create a preliminary vision for what such a centre for [Ageing and Eldercare](#) might mean for our organization, and, more important, the people we serve. Given the predominance of this sector within our organization's facilities and programmes, it is logical to begin here. We will soon be moving to involve many stakeholders in this first initiative, including government departments, outside agencies, foundations and patients. We plan to have much more on this matter coming to the Board in the fall meeting.

Hospital Congestion

I must be frank in saying that New Brunswick's hospitals are becoming more and more crowded. We are in a [congestion crisis and our current situation is not sustainable](#). Let me be clear: our seniors are not the problem, the system is the problem. Our hospitals are not nursing homes. They are, for the most part, designed to treat acute care patients.

There is a trickle effect to having an abundance of alternate level of care patients (ALC) who occupy beds that are designated for acute care patients. It harms the health of our citizens, forcing many to wait to have the procedure rescheduled. It inconveniences them as they often have to cancel their recovery plans at the last minute. Sometimes, delays cause the patient's health to deteriorate, increasing the costs of providing the care the person needs. It also creates waste in the health care system, leaving operating rooms empty, employees idle and medical specialists with gaps in their schedules that could have been used to care for other patients.

As CEO it is my job to advocate for the health care community that we serve. Our Board members, physicians and nurses recognize the urgency of this issue. I think other agencies and the public are equally aware now. I hope Government will soon assemble all stakeholders to consider the issue from a system perspective. We all want what is best for the seniors of the province of New Brunswick, and together, we must collaborate and find a long-term care solution.

Environmental Services Staff Appreciation

I am also an advocate for our employees, and would like to recognize one group in particular. The media has paid particular attention to the cleanliness of our hospitals. Horizon has made significant progress, expanding our efforts in five regional hospitals as well as St. Joseph's in Saint John. I would like all employees to know the entire organization is proud of the efforts our hard working Environmental Services (EVS) team is making to help us address legitimate concerns.

We do not pretend we will ever be perfect, but no one can challenge the 'can do' approach of our EVS employees and their leaders in making continuous improvement. Our union is working with management and patient advisors in making the effort – and we are making improvements! Thanks to these efforts, all six hospitals measured are exceeding our target of 85% on the cleanliness scale. Without a doubt, health care continues to face challenges, but these are being met head on by our staff.

Support Opportunities and Assistance for Research (SOAR)

This Board approved a process to support Saint John Regional Hospital based research from a restricted fund established by the organization several years ago. Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, has been working closely with our research community in Saint John to develop a framework for making decisions and supporting local research initiatives. This is completely aligned with our goal of giving research a higher profile in Horizon. Nearly \$200,000 annually will be available from this restricted fund, held in trust by Saint John Regional Hospital, to support this initiative. The first investments will be made in the very near future, on the advice of the clinical research advisors and our management team.

Auditor General Report

Although criticism is always difficult, it is much like medicine – once tolerated, it will make us better. This report, which is a result of work undertaken one year ago, points out several areas where we were deficient. The issuance of this report was not our first point of awareness. The staff of the Auditor General was very fair in letting us know their preliminary findings as they occurred and we have done much in the past 12 months to address these issues. We will continue to work on issues that can be solved with better training, education and supervision.

Facility issues will always be, to some extent, a constraining factor but we assure all patients that we have their safety in mind at all times. As we see from our public website, our last reported nosocomial (acquired in hospital) MRSA rate is 1.49 per 10,000 patient days – under the target 1.83 per 10,000 days. Our C. difficile rate is 2.86 per 10,000 patient days – under the target 6.25 per 10,000 patient days. Our relative infection results are good – we need to work on our processes that will ensure we continue to be a quality performer.

Patient Surveys

Our third semi-annual survey of patients took place in May of this year. Thousands of patients have given us their opinion on how well we are doing – and where we can do better. We will have results to the Board members, our staff and the public in the fall.

Canadian Institute of Health Information (Your Health System)

Board members may have noted a letter to the editor of *The Daily Gleaner* that I felt compelled to write this week. I felt it was necessary to challenge the contention by media, and others, that administrative costs have not been reduced as a result of amalgamation. This is simply a ridiculous claim and the notion needed correction. There might be many concerns about the negative consequences of regionalizing, but the claim that administration costs have increased defies logic, and, we can prove, defies data as well. New Brunswick, at 3.6%, is a stellar performer in administrative efficiency behind only Alberta and British Columbia. More relevant, it is a far better performer than any of the provinces that follow behind, to the tune of about 0.7% or, in dollar terms in NB, about \$11 million. I would say these leading provinces (NB, AB and BC), being the most regionalized in the nation, quite clearly have demonstrated that administrative efficiency results from amalgamations.

Also notable in this time of fiscal restraint, is the cost of a standard hospital stay, where NB has a cost of \$5,456 as compared to Canada at \$5,632. In this case, only Ontario and Quebec, with their huge populations and hospitals, are lower. So, we clearly have some kudos to accept in this province.

On clinical indicators, we also have some excellent results that everyone can see for themselves by accessing the interactive site of the Canadian Institute for Health Information. It is somewhat difficult to navigate initially, but once a bit of time is spent on the site, everyone can see how well we are doing.

Respectfully submitted,

John McGarry
President and CEO

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
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Dr. Erik Klein
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Michael McCoombs
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John B. McKay
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Kathleen McMullen
Sackville



Jane Mitton-MacLean
Moncton



Roxanne Sappier
Tobique 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 May 21 and June 8, 2015.

Updates were provided on the Human Resource leadership, with Brian Durelle being introduced as the interim lead while an executive search is undertaken for the position of Corporate Director of Human Resources. The Committee reviewed and approved a work plan for the upcoming year, and received certification reports for Occupational Health and Safety and Statutory Remittances.

Financial Results

The financial results at February 28, 2015 were reviewed, with Mr. Dan Keenan, Corporate Director of Financial Services, explaining that after eleven months, the organization was tracking lower in expenditures in many areas compared to budget, and that it was possible the organization could end the fiscal year (March 31, 2015) in a deficit position.

Financial Dashboard

The financial/operational monthly summary update for February 2015 showed a slight increase in the number of Full-time equivalents (FTEs). However, there was a reduction of worked hours which was offset by an increase in overtime hours and sick hours. Emergency Room visits and patient days are up, and the number of surgical procedures is down.

Letter from Minister Boudreau regarding the 2015-16 Budget

Minister Victor Boudreau's letter confirming the amount of funding Horizon will receive for the fiscal year 2015-16 with respect to Hospital Services, Addiction and Mental Health, Primary Health Care Services, Chronic Disease Management and Extra Mural Program, and Public Health Services, was provided for information.

Committee members received an update on meetings held with the Minister and Deputy Minister following the submission of Horizon's Regional Health and Business Plan, as approved by the Board members. An official response has not been received from the Minister at this time.

Capital Equipment Budget Confirmation Letter 2015-16

The Committee also reviewed a letter from the Minister of Health confirming Horizon's allocation of \$12,583,761 for capital equipment for 2015-16. This included regular equipment (\$2,783,810), major capital equipment (\$8,919,088) and contingency funds (\$880,863).

Employee Engagement Survey Results and Action Plan

The results of the first Horizon-wide Staff Engagement Survey carried out in December 2014 were provided. Approximately 5,000 staff completing the survey and the information provided will be instrumental as Horizon moves forward in implementing its new strategic plan. Survey respondents represented a good cross section of staff positions and demographic breakdown for Horizon. Horizon leadership and staff will work together to create direct action plans to respond to feedback obtained in the survey. The long-term objective of this work is to create a work culture that is engaged, thereby improving care for patients.

Workforce Adjustment

A summary of the workforce adjustment events over the past year was provided. Of the adjustments made over the last year, there were 1.9 FTE reductions in staff in total. More adjustments are anticipated for this year.

Legal Issues

The Committee received a risk management claims report for the current year, which showed that for the fiscal year 2014-2015 to Quarter 3, Horizon has reported 22 potential claims to Healthcare Insurance Reciprocal of Canada (HIROC) and has been served with five actual claims. Horizon's role is to report potential liabilities to HIROC; HIROC's role is to undertake a review and manage them to eventual disposition with Horizon's concurrence.

Quality of Worklife Summary

Key Quality of Worklife Indicators for Quarter 4 were provided for information. Average days of paid sick leave and overtime hours are both reporting below base.

Horizon Health Network

STATEMENT OF OPERATIONS

| Eleven months ended February 28 Comparison to Budget | Unaudited - Provided For Internal Purposes Only | | |
|--|---|--------------------------------|--------------------------------|
| | Feb 28 Budget 2015 \$ | Feb 28 Actual 2015 \$ | Feb 28 Actual 2014 \$ |
| Revenues | | | |
| Department of Health | 807,197,813 | 811,271,661 | 825,113,227 |
| Medicare | 146,828,557 | 131,500,769 | 149,312,367 |
| Federal | 15,721,852 | 14,386,460 | 14,858,918 |
| Patient recoveries | 36,389,112 | 36,531,366 | 35,013,881 |
| Recoveries & sales | 18,523,712 | 20,128,430 | 20,667,884 |
| FacilicorpNB savings - revenue offset | (2,022,669) | (2,069,378) | (2,176,125) |
| | 1,022,638,377 | 1,011,749,308 | 1,042,790,152 |
| Expenses | | | |
| President / CEO | 4,141,620 | 3,584,342 | 4,009,686 |
| Chief Operating Officer / Corporate Resource | 150,274,229 | 154,666,544 | 156,375,947 |
| VP Clinical | 417,568,594 | 422,268,685 | 425,702,549 |
| VP Medical / Academic / Research Affairs | 20,061,963 | 18,365,694 | 18,431,877 |
| VP Quality / Patient Care | 4,167,149 | 3,946,199 | 3,485,945 |
| VP Professional Services | 158,604,993 | 158,314,940 | 160,061,210 |
| VP Community | 123,456,389 | 116,701,649 | 118,910,031 |
| Chief of Staff | 983,362 | 888,180 | 1,003,875 |
| Medicare | 147,125,992 | 132,899,510 | 149,737,497 |
| Corporate challenges | (3,885,213) | 0 | 0 |
| | 1,022,499,078 | 1,011,635,743 | 1,037,718,617 |
| Surplus (deficit) from Hospital operations before amortization, capital grants, retirement allowances and sick pay | 139,299 | 113,565 | 5,071,535 |
| Other operating expenses | | | |
| Amortization of tangible capital assets | (30,607,692) | (30,942,687) | (29,817,506) |
| Capital grant funding | 8,863,088 | 3,600,303 | 1,607,605 |
| Sick pay obligation | (460,659) | (457,380) | (1,617,857) |
| Net surplus (deficit) for the period | (22,065,964) | (27,686,199) | (24,756,223) |

Report of Governance, Nominating and Planning Committee

Jane Mitton-MacLean, Chair

The Committee met on May 20, 2105.

Progress of Community Health Needs Assessments Priorities

Mr. Jean Daigle, Vice President Community, informed the Committee members of the status of action plans that had come from previous Community Health Needs Assessments. Community Advisory Committees, which oversee the creation of these assessments, establish the priorities and assign accountability to relevant individuals and organizations. Horizon may only have certain assignments within this community-based process.

Board Evaluation Results

The members' assessment of Board effectiveness was carried out and reported to the Committee. There was a 100% response from Board members and, for the most part, members were satisfied with the effectiveness of the Board's operations. Questions regarding having sufficient time for full discussion of agenda items, and the linkage between the Board and the community were answered less positively. These opportunities for improvement will continue to be taken under discussion at the Committee.

Facility Planning

All site status matters were brought to the Committee for information. It was pointed out that there has been no final decision by government on a permanent location for the Fredericton Community Health Centre.

Support for local Medical Staff Presidents' Letter to Minister

Committee members expressed support for a recent letter from the local medical staff presidents on the alternate level of care patients congestion issue and its ramifications.

Regional Medical Advisory Committee

Tom Barry, MD FCFP C

Chief of Staff; Chair, Regional Medical Advisory Committee

The Committee met on May 19 and June 9, 2015.

A significant amount of the meetings was taken up with the discussion of the issue of perceived and real breaches of privacies that occur from physicians. Because of the nature of medical practice in this day of information technology, there is a significant potential for there to be a perception of privacy breach when actually one does not occur. The Committee has been working with the Chief Privacy Officer, Ms. Kathleen Snow, and also the Chief Privacy Commissioner of the Province of New Brunswick to clarify the nature of medical practice and the impact of a perception of strict privacy law interpretation and how it could affect patient safety. This is an ongoing educational process for the Committee and for the people involved in the decision-making process. Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, and Ms. Snow are making tours of the various hospitals to educate the medical staff as to the practical application of the Privacy legislation.

As well the Horizon Dress Code Policy, which was implemented on June 1, 2015, has been discussed. There has been some concern although there had not been major issues on that situation. The Committee's chair plans to ask the Presidents of the Medical Staff Organization from around Horizon to have an expression of their concerns regarding this policy. Ms. Margaret Melanson, Vice President of Quality Patient Centred Care, has been educating all staff including physicians on the purpose and rationale behind the Dress Code Policy.

At the June meeting of the Regional Medical Advisory Committee (RMAC), there was considerable discussion on the topic of Community Treatment Orders for non-compliant patients with mental health diagnoses. There is a long history of this change since the Charter of Rights and Freedoms and the Regional Medical Advisory Committee, with the help of some education and information provided by Mr. Jean Daigle, strongly endorsed Community Treatment Orders for the non-compliant patients who are at risk to themselves or to others. This of course most recently stems out of the Serena Perry inquest in Saint John; however, it has been an ongoing topic of discussion from all physicians and psychiatrists in the past ten years.

In the interest of patient safety and because of some non-consistency in the application of a procedure across Horizon, a process for incomplete charts which will standardize across Horizon is in process. Ms. Andrea Seymour, Chief Operating Officer and Vice President, has asked Ms. Claire Esson, Regional Director Health Information Management, to review the procedures around the region and create a standardized process which will ensure better compliance with chart completion and enhance patient safety for the patients of Horizon.

This Board is as familiar as anyone with the overcrowding of hospitals and the problem of caring for alternate level of care (ALC) patients. With the endorsement of the Chair of the Board and the unanimous agreement of the Regional Medical Advisory Committee, the Committee's chair is writing a letter to the Minister of Health to ask the Department, along with their partner Social Development, to come up with short and long-term plans to deal with this burgeoning problem.

In the spirit of cooperation, which the Committee has tried to encourage all across Horizon, members are in the process of trying to develop a hematopathology call schedule for specialists of critical diseases of the blood. The practicality is that they will have a physician on call 24/7 for interpretation of bone marrow and peripheral smears samples when a patient becomes acutely ill with what may be a malignancy or other very critical disease of the bone marrow which produces the blood. The pathologists from Saint John and Moncton, where the specialists are located, are working well together and hopefully the Committee will be able to achieve this by the fall 2015.

In the interest of enhancing physician involvement within Horizon and also improving physician access to relevant information and policies, the Committee chair's assistant, Ms. Susan Dickie, has been working with FacilicorpNB and others to develop a Skyline physician home page (Skyline is the intranet for physicians and staff). This will allow the Committee to know where it has physician expertise around the region, standardize the information package and also allow the physicians to access relevant policy documents which are used across Horizon in an expeditious manner. Horizon Communications staff, along with the rest of the group, are working hard on the development of this which will be extremely useful and also impact patient care for the better.

The Committee has been struggling with creating a Medical Care Post Infectious Disease Exposure Policy for patients or staff who have been exposed to an infectious disease. Because of the varied way that primary care is done across the province, they were having difficulties creating a standardized policy. They turned to the sister health network, Vitalité Health Network, which had developed an algorithm for ensuring that the patient gets treated. Rather than the emergency room being the first choice, it would be the last choice if the other options failed. The Committee's chair is very thankful to his counterpart Dr. France Desrosiers of Vitalité and the Vitalité RMAC for helping out and sharing their information.

The Regional Medical Advisory Committee also recommended, at the urging of the NB Trauma Program, that all Emergency Room physicians within Horizon have mandatory Advanced Trauma Life Support certification within four years. At the present time about 50% are certified. This again is a patient safety issue and will improve care to trauma patients. The Committee will be working with the local Chief of the Emergency Rooms to facilitate the transformation from 50% to 100% over the next four years.

Accreditation Canada has come out with an Accreditation Survey to develop sensitivity for Work Life Pulse specifically for physicians. Hopefully the Committee will be able to seek input from its physician population in the fall of 2015 to obtain this information which is a required organizational practice for Accreditation Canada.

Physicians in Saint John were very strong on creating an entirely smoke-free environment on hospital property and within the buildings; however, at the present time it is not enacted but the Committee is hopeful it will be able to do so in the fall.

At the most recent meeting, the Committee had presentations from Ms. Heather Kyle, Director of Laboratory Services, regarding the program on effectively utilizing laboratory resources; NB Trauma Program at the May 19 meeting; and Dr. Bridget Freeman, Chair of the Utilization Committee. The Committee is pleased to have the leadership from Dr. Freeman, a Moncton paediatrician, to educate and facilitate the proper and safe utilization of blood products.

Report of the Regional Professional Advisory Committee

Cathy Cormier, Chair

The Committee met on May 14, 2015.

At the meeting, two new members were welcomed.

The Committee had a number of presentations at the meeting, including an update on the status of the recommendations from the last Accreditation Canada survey of Horizon facilities in September 2013, and an overview of the new standards which will be used for the next survey by Accreditation Canada in 2017.

Three clinical networks reported at the meeting – Ambulatory Care, Health and Aging, and Women and Children – along with reports from three of the Professional Practice Councils – Occupational Therapy, Respiratory Therapy, and Psychology.

The Committee received a follow-up presentation and information on the Clinical Order Set project just completed for Horizon. A standardized framework has been developed for the region based on best practice; standardizing the format and required elements within each type of clinical order set; and promoting regionalization of these forms.

As identified stakeholders, Committee members provided feedback on two draft policies under development in Horizon. The Committee also received a professional credentialing report from the Vice President of Professional Services for five professional groups required to renew their licensure within the last six months, and all groups completed this requirement with 100% compliance. The Committee also received an update on the work of the Oversight Committee on Primary Health Care Reform and a report on the proceedings of the Provincial Drugs and Therapeutics Committee.

Report of Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

The Committee met on May 20, 2015.

Along with reviewing reports from the Quality and Safety Committee's February 19 and April 22 meetings, the Committee received the Risk Management update for Quarter 3, and an update on Patient and Family Centred Care. Vice President of Quality Patient Centred Care Margaret Melanson and Ms. Penny Ericson, Co-chairs of the Patient and Family Advisory Council, reported that the importance of patients and their families at the centre of the circle of care is progressing steadily. The number of patient advisors continues to grow, and a patient's perspective is being introduced in many areas – everything from environmental services to physician recruitment.

The Committee also received an update on Accreditation and information on the new and revised standards which will be used in the 2017 Accreditation Survey for Horizon. From the last survey, there were two minor Required Organizational Practices (ROP) that required follow up to Accreditation Canada by August 2015, and ten major/minor ROPs for follow-up by December 15, 2015. Instrument tools requiring completion were highlighted, and the Committee is aware of action plans that are to be submitted to Accreditation Canada one year prior to the on-site survey.

Alternate Level of Care Patients

The Committee again spent considerable time discussing hospital congestion and alternate level of care patients (ALC) and what Horizon's Board could do and/or say about the major chronic congestion issues that are not going away.

The Committee learned of capacity growth options for ALC patients – opening additional beds at a few of Horizon's facilities, which would require additional staff and money to happen. And if the process was started today, it would take until October/November before it is ready for patients. The Committee encouraged senior staff to initiate action on these funded beds immediately, given the lead time to actually open them and move patients in.

The Patient Safety and Quality Improvement Committee also received an update on the Smoke-free Environment Policy implementation planning. It is expected a 'soft launch' of the new policy will occur in late spring 2015 through public and staff awareness, with the actual implementation of the policy beginning in September 2015 at Saint John Regional Hospital, to be followed through a graduated introduction to all other Horizon facilities within

the next 18 months. Communication planning is ongoing, with a message to be issued to the organization from the President and CEO regarding the policy implementation.

Final Dress Code Policy

The policy, developed in consultation with various stakeholders including patient advisors, volunteers and staff, took effect on June 1, 2015. The new policy promotes professional standards of dress which must comply with health, safety, and infection prevention and control standards; promote a professional and respectful work environment; and reflect Horizon's public image while in the workplace or while attending Horizon-sanctioned events off site.

Laboratory Accreditation

The Committee also received an update on the recent accreditation carried out in Horizon by the Institute for Quality Management in Healthcare (formerly the Ontario Laboratory Accreditation - OLA). This service assesses the ability of a facility to perform medical testing or the collection of specimens with formal recognition of this competence. Overall compliance was 94%, and the organization has 90 days from the date of the survey meetings to respond to the non-compliance areas. Mr. Gary Foley, Vice President of Professional Services, expressed optimism that Horizon will meet the requirements.