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October 2015

In my June report, I said “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… I hope Government will soon assemble all stakeholders to consider the issue from a system perspective.”

The summer months have been relatively quiet on the issue of hospital congestion. However, this should be no cause for celebration that we have slayed the dragon, or delayed, in any significant manner, the pressures we will face in keeping our hospitals focused on acute care. There are enormous numbers of citizens who now, or will soon, require more care at home or in the community. Summer is a natural ebb of a tide that has already begun to turn to flow in September within our facilities. A few weeks ago, late in the week, The Moncton Hospital was in full divert stage that, thankfully and with hard work by staff, turned itself around by the weekend. We still have 25% of our approximately 1,600 beds occupied by patients awaiting placement – a very high proportion of which require services equivalent to nursing home care.

But there are clear signals of serious review of the problem and its implications. First, there have been two major events with clear focus on the matter. The first was under auspices of the Canadian Medical Association/New Brunswick Medical Society with very public involvement. The second, an Alternate Level of Care summit sponsored by Government, clearly articulated some realities about immediate and long-lasting implications and solutions – and required new investment even in these difficult fiscal times. It appears providers and Government are coming to a position of convergence that many new initiatives such as Home First offer excellent opportunities to better care for these patents. Appeals for better integration of the two silos of acute and home health care delivery (through RHAs) and Social Development’s long-term care division were, if not unanimous, clarion calls for attention.

As well, there has been the recent announcement of investment for new, and additional, nursing home beds in Miramichi. This good news is tarnished somewhat by debates about public versus private structure but that will, we trust, be worked out as we make our way through this very positive announcement. New seniors’ capacity in Saint John and Fredericton are on the verge of coming on stream and we hope there may be some traditional nursing home capacity that can be factored into that investment. As I write
this, a public private investment that will help has been announced at the Université de
Moncton. Once again, these are private capital investment but are, nonetheless, examples
of private and public collaborations that can work for the common good of the population
if we dispose of old, tired ideology.

And, in Horizon Health Network, we have made a few initial steps in achieving our first
Centre of Expertise (although the nomenclature may change as we advance) in the aging
and eldercare sector. Simply put, we decided to start our work on these centres where
the pressure is greatest and the bulk of our inpatient capacity is concentrated. We have
moved beyond the corporate conception to one that has clinician involvement and great
consensus on what we want to achieve. We look forward to advancing this work with
others outside Horizon in the next few months as we organize our planning resources.
Committees
of the Board Reports

Finance, Audit and Resource Committee

Michael McCoombs, Chair

The Finance, Audit and Resource Committee met in Fredericton on September 10, 2015.

Financial Results – June 30, 2015
Year-to-date financial results for the three-month period ending June 30, 2015 continue to show a small surplus; with preliminary figures for July 31 showing a slight deficit. Mr. Dan Keenan, Corporate Director of Financial Services, provided an update on financials later in the meeting.

Financial Dashboard
The financial dashboard at June 30, 2015 was provided. The document shows an increase in the number of 134 full-time equivalents (FTEs) over last year, including an additional 68 positions approved through Horizon’s Executive Leadership Team approval process with most funded by the Department of Health. Another factor in the increase in FTEs related to a timing issue on posting of vacation credits earned. This was corrected in the following quarter, which will result in a better comparison to the previous year. Several service indicators reflected increases compared to last year, including patient days which increased 2.8% versus last year.

Employee Engagement
From the employee engagement summit in June, a draft strategic framework has been developed which will focus on development of short, medium and long-term actions in four specific areas. A plan for physician engagement is in the early stages. Employee engagement will be a priority for the incoming Chief Human Resource Officer.

Major Capital Equipment
As requested by the Minister of Health in 2013, Horizon’s five-year major capital equipment plan is updated and submitted for approval by October 31. The Committee recommended approval of the plan.
Workplace Violence Prevention
Members were provided with an update on the workplace violence program at Horizon. A great deal of work has gone into this program over the last two years. Code white pilot projects are underway – one in an acute care setting and the other in community settings. Staff education is provided on preventing violence as well as knowing what to do in the event of an incident. A Workplace Violence Prevention Policy has been finalized.

Funding for Allied Health Internship and Residency Programs
Members received information on the Allied Health Internship and Residency Programs which have been funded for the health care system for a number of years by the Department of Health. A letter was received from the Deputy Minister of Health informing Horizon that the funding for the programs within the specialized allied health professions will no longer be provided effective April 1, 2016. Information on this topic is included in the report of the Governance, Nominating and Planning Committee on page 12 of this document.
Horizon Health Network

STATEMENT OF OPERATIONS

Unaudited - Provided For Internal Purposes Only

<table>
<thead>
<tr>
<th>Three months ended June 30</th>
<th>June 30 Budget 2015 $</th>
<th>June 30 Actual 2015 $</th>
<th>June 30 Actual 2014 $</th>
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<td>Revenues</td>
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<td>Expenses</td>
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<td>282,398,786</td>
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<td>Surplus (deficit) from Hospital operations before amortization, capital grants, retirement allowances and sick pay</td>
<td>(259,725)</td>
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<td>Other operating expenses</td>
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<td>Amortization of tangible capital assets</td>
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<td>(8,834,121)</td>
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<td>Capital grant funding</td>
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<td>Net surplus (deficit) for the period</td>
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<td>(8,688,555)</td>
<td>(6,829,318)</td>
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Governance, Nominating and Planning Committee

Jane Mitton-MacLean, Chair

The Committee met on September 9, 2015.

Governance, Nominating and Planning Committee Work Plan 2015–16
The Committee reviewed and approved the current year work plan.

Board Education Session Agenda
The subject matter for October’s education session for Board members was decided. The Committee decided that the three subjects would be:

- Privacy/right to information legislation and application in Horizon
- Research organization, assets, current status and goals for the future at Horizon
- New Brunswick Health Council major findings of relevance to Horizon

Facility/Program Planning Update
The members were brought up to date on the facility and program planning projects underway and in various stages of completion.

It was noted that the location of the Fredericton Community Health Centre has not been officially decided by Government at this point.

The Redevelopment Project for the Dr. Everett Chalmers Regional Hospital is listed as ‘on hold’ pending allocation of funding for design. Management was directed to enquire on potential for moving this forward.

The Oromocto Community Health Centre has been temporarily located in functional space on the main level of the Oromocto Public Hospital pending a final permanent site.

Strategic Planning Update
Mr. John McGarry, President and Chief Executive Officer, reported on the progress of the four priorities found in the Strategic Plan explaining that after six months, progress is being made in most areas of priority. Key amongst these was the start of work on Horizon’s first Centre of Expertise, being that of Aging and Eldercare. Mr. McGarry stated that management felt that, given the Alternate Level of Care (ALC) issues that have to date and continue to affect our ability to provide some other acute services in a timely manner, this would be a logical first program.

The Board can expect a full first year report of the plan’s progress in the winter meetings.
**Funding for Allied Health Internship and Residency Programs**

Committee members were provided with a copy of a letter received from the Deputy Minister of Health informing Horizon that funding for the internship and residency programs within the specialized allied health professions will no longer be provided effective April 1, 2016. Mr. McGarry explained that residency programs affiliated with accredited universities have been offered throughout New Brunswick for a number of years, funded by the provincial Department of Health. Not only are these programs helpful for recruiting and retaining professionals following completion of their studies, but of greater significance are the many benefits to patients and Horizon as a result of having the residents/interns training in Horizon’s facilities on an annual basis. In addition to being learners, these individuals are licensed practitioners who provide patient care, enhancing access to services within Horizon.

Mr. McGarry added that Horizon trains, educates and aspires to be an academic centre. Committee members agreed that the programs should be retained and that funding be established as part of the operational budget.

**Vacancy on Horizon’s Board**

The resignation of a former Board member was noted and it was requested that when a new member has been named, that this person become a member of this Committee.
Regional Medical Advisory Committee

Tom Barry, MD FCFP C
Chief of Staff; Chair, Regional Medical Advisory Committee

The Regional Medical Advisory Committee (RMAC) met on September 15 and October 20, 2015.

The usual credentialing was presented as well as other motions in respect to nominations to positions.

The RMAC welcomed two new members: Dr. Brian O’Neill, Family Physician from the Sussex area representing the rural communities and Dr. Allison Dysart, Family Physician from Sackville. Dr. Jennifer Russell of Public Health was also welcomed as the Area District Medical Officer replacing Dr. Na-Koshie Lamptey.

At its meeting in September, the RMAC endorsed the submission of Major Capital Equipment list for 2015–16 for Horizon. The top 10 business cases were available to the Committee as well as an overview of the detailed process of determining the top priorities and needs was explained to the Committee. It was recognized by the RMAC this is a very detailed process involving many layers starting at local level committees to determine the top needs and priorities for all of Horizon. The RMAC members were happy with the process.

The topic of obesity was discussed by the RMAC, which is a concern due to the rising obesity rates in New Brunswick. It was felt the RMAC should look at what is being done within Horizon to address this problem. Mr. Jean Daigle, Vice President Community, reported there are many healthy eating initiatives throughout Horizon that will be brought to the RMAC to see how they align and how they can address this important topic of healthy eating for our population. This will be a standing agenda item for the RMAC.

Horizon geriatricians have been meeting with senior management to discuss the concept of a Centre of Expertise for eldercare. The meetings are in the planning and developing stages of what the framework would entail. As a result of this meeting, the geriatricians in each area are in agreement that a Clinical Service Group should be formed which will enhance the quality of care, research and clinical organization for older patients across Horizon. The Clinical Service Group as described in the Regional Health Authority (RHA) By-laws is to bring groups together that have the same interest to develop clinical guidelines and to perform process/peer reviews as well as enhance research.

The Medical Staff Rules and Regulations were presented for approval. The purpose of the rules is to guide the principles of medical staff privileging, medical staff organization and duties of various physician leaders and the conduct of quality medical care. This has been a long process involving many stakeholders.
At the RMAC meeting on October 20, Mr. Douglas Doucette, Regional Pharmacy Manager, presented to the RMAC on the extended scope of practice for pharmacists who work within the RHA as outlined in the *New Brunswick Pharmacy Act 2014*. Current legislation gives NB pharmacists the authority to prescribe medications or order laboratory tests to assist with the managing and monitoring of a patient’s drug therapy. To complement care provided by other health professionals in New Brunswick RHAs, policies and procedures have been developed to guide the implementation of the expanded scope of practice for pharmacists to include ordering and interpretation of laboratory tests and prescribing medications. At this time the *Regional Health Authorities Act* defines the requirements for “attending medical practitioner, attending oral and maxillofacial surgeon and dental or nurse practitioner” with regard to orders for care of the patients. Therefore, a request was made for endorsement of the RMAC of Horizon and the CEO to ask the Government of NB to amend the law in order to define who may write a prescription, which would also include pharmacists.

The RMAC endorsed this request with provisions so that there is clear direction on who is responsible and how the results of critical values are communicated to the patient, along with how attending physicians are kept up to date on the continuing care of their patients.

Dr. William Allanach, orthopaedic surgeon from Moncton, presented a proposal for a pilot project which would focus on a central referral intake for orthopaedic patients in the Moncton area. Dr. Allanach outlined the goal of the project would be to improve patient access by referring patients to the shortest wait time and balance the variation of total wait times for applicable orthopaedics surgeons at The Moncton Hospital. The RMAC endorsed Dr. Allanach’s proposal and it is anticipated that this method may be used in other medical services with high wait times. The long-term goal is a Regional Central Referral Centre.

Members of the Senior Management Team including ex-officio members; Chairperson of the Professional Advisory Committee, Medical Officer of Health, Dr. Jennifer Hall, Associate Dean of Dalhousie Medicine New Brunswick, attended the meeting and provided reports. Mr. David Ferguson, Board Chair, was also present and helpfully provided comments for information.
Regional Professional Advisory Committee

Cathy Cormier, Chair

The Regional Professional Advisory Committee met on September 24, 2015 with the following highlights noted:

• Orientation session completed for three new Committee members

• Review of Committee’s terms of reference with no changes noted

• Report by Ms. Margaret Melanson, Vice President of Quality Patient Centred Care, including highlights on patient experience survey, proactive rounding, communication boards for patient use, language line service, and implementation update on smoke-free policy

• Reports were reviewed by Family Medicine Network and Stroke Network

• Annual report from Clinical Practice Committee – Speech Language Pathology was reviewed with highlights including New Brunswick-based conference for multiple disciplines on patients with tracheostomy and speech and swallowing disorders, public campaign to encourage reading and talking to your child while waiting for an appointment instead of the use of electronic devices, response to recent media release on potential changes in health care such as privatization of ambulatory care services, implementation of a communication screening tool for new onset of stroke, and development of an educational program for staff on supported conversations, an approach to enhance communication with patients diagnosed of stroke

• Annual report from Clinical Practice Committee – Physiotherapy was reviewed with highlights including private practice physiotherapists within Horizon, seamless access, and role of physiotherapist(s) in primary health care

• Review and feedback were provided on policies including Family Presence and Horizon Expectations and Responsibilities

• Dr. Tom Barry, Chief of Staff, attended and provided update and review from Regional Medical Advisory Committee meeting(s)

• Receipt of copies of minutes from Provincial Drugs and Therapeutics Committee
Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

The Patient Safety and Quality Improvement Committee met on September 16, 2015.

Committee members reviewed and approved the Committee Work Plan for 2015–16.

Missed Appointment Awareness Campaign

Members received an update from Mr. Gary Foley, Vice President of Professional Services, on the Missed Appointment Awareness Campaign. He explained ‘no shows’ are continuing to be tracked for the majority of the professional service groups. The common theme is that there needs to be a discussion with the patient as to why they are being referred to a service. The patients tend to not miss the appointment if they have the dialogue with the physician as to why they are being referred. The target remains at 50% reduction of no shows (compared to baseline at start of project).

Update on Utilization Efforts

An interdisciplinary utilization ad hoc group of the Regional Medical Advisory Committee (RMAC) has been working on opportunities and initiatives to reduce the number of unnecessary tests performed in Diagnostic Imaging and Medical Laboratory. One of the initiatives is to educate referral sources in terms of the under/over utilization and duplication of tests. With focus on certain blood tests, significant reductions have been made in the numbers; improving utilization as well as quality. Six month updates are provided to the RMAC from the ad hoc group.

Therapeutic Services Overview

Ms. Gwen Grondin, Regional Director of Therapeutics in Moncton, and Ms. Cathy Cormier, Manager of Speech-Language Pathology in Moncton and the Chair of the Regional Professional Advisory Committee, provided an overview of the Therapeutic Services portfolio in Horizon.

Therapeutic Services are provided to inpatients and outpatients of all ages in acute health care settings to meet physical, social, emotional, cognitive, functional, spiritual and psychological needs related to their presenting medical condition. Therapeutic Services assist and empower individuals in the development of new or improved skills or attitudes which help them function optimally despite challenges related to their health circumstances.

During discussion, the possibility of having private providers offering care for long-term patients, i.e. alternate level of care (ALC) patients, was raised. This is a topic for discussion at a future meeting.
**Home First Initiatives**

Mr. Jean Daigle, Vice President Community, provided information on a pilot project in the Fredericton/Upper River Valley area which provides seniors (65+) with intensive short-term care and services to help them restore their independence and remain at home following hospital admission or an event in the community. Nine weeks of intensive service are offered from a variety of providers. The positions are gradually being filled and the pilot is being promoted on limited units. Very preliminary figures of the Rehab-Reablement pilot show 16 patients have been accepted for the program to date.

**Alternate Level of Care Patients**

The number of ALC patients in Horizon facilities has not decreased and the organization is continuing to see approximately 25% of its beds occupied by patients awaiting alternate accommodations. Research by Dr. Pamela Jarrett and the Department of Social Development on ALC patients in Saint John and across the province show that over 90% of patients who are in those acute care beds need a nursing home bed. It remains a huge problem.

Committee members also discussed the two summits on long-term care patients – one hosted by the NB Medical Society in September and the Government’s October 7 summit. Dr. Jarrett presented her research information at the Medical Society’s session and the Committee’s Chair participated in a panel discussion.

**Quality and Safety Committee VP Portfolio Reports**

A summary report from Horizon Quality and Safety VP Portfolio Board Reports for June 1, 2015 was provided.

**Saint John Regional Hospital’s Inpatient Review Plan of Action**

Mr. Daigle provided an update on the actions taken as a result of the review of the inpatient psychiatry unit at the Saint John Regional Hospital. He explained that the review contained 21 recommendations which are being tracked diligently. Staff-led working groups were established in September 2014, with 126 actions developed, which were grouped into 53 specific tasks. Most are complete or in progress.

**Coroner’s Inquest Recommendations**

Mr. Daigle provided a status report on recommendations from the Coroner’s Inquest into a death of a psychiatric patient at the Saint John Regional Hospital in 2012. Most of the recommendations are on track or completed.

**May 2015 Patient Survey Results**

Horizon implemented its third Hospital Experience Survey in May 2015. Results from this survey are compared to data from the New Brunswick Health Council’s 2013 Acute Care Survey of medical and surgical patients. The May 2015 overall survey results remain similar
to results from Horizon’s two previous experience surveys. Ms. Lauza Saulnier, Regional Director Quality and Patient Safety Services, provided an overview of the results later in the meeting.

**Infection Prevention and Control’s Quarterly Results**

Patient Safety Key Performance Indicators for August 2015 were presented for discussion.

**Accreditation Update**

Ms. Saulnier explained that the follow-up requirements for Accreditation Canada were completed as required for February 2015, and approved by the Accreditation Decision Committee on September 3, 2015. Horizon will maintain the ‘Accredited with Commendation’ rating.

**Patient and Family-Centred Care Update**

Ms. Penny Ericson, Co-Chair of the Patient and Family Advisory Council, joined Ms. Margaret Melanson, Vice President of Quality Patient Centred Care, in providing the update to the Committee.

**Family Presence Policy**

Ms. Melanson provided a draft ‘Family Presence’ policy which was created to describe a change in practice allowing close family members/partners in care (as defined by the patients) to be present as the patient wishes to replace traditional visiting hours. The policy was created in consultation with patients and family members through focus groups, as well as additional focus group input and feedback from staff members. The policy was presented later in the agenda for approval.
Executive Committee

W. David Ferguson, Chair

The Executive Committee met on Wednesday, September 16, 2015 via teleconference at the request of the Finance, Audit and Resource Committee to review the asset mix of Horizon’s investment funds.

Horizon holds investment funds totalling $18.7 million that are currently being managed by Integra Capital Limited. This investment fund was created in Saint John from previous years’ Board surpluses. It is intended for use to benefit the Saint John Regional Hospital. The current investment guideline calls for approximately 50% of the funds be invested in equity and approximately 50% in fixed income or cash equivalent. Returns on the fund have been very good over the last several years. The year-to-date return (eight months) has been 6%, and the annual return since July 2011 has been 8.4%. However, markets are currently very volatile.

Mr. Dan Keenan, Corporate Director of Financial Services, explained that in 2014 the Department of Health directed that all non-shareable funds be transferred to them. Horizon received approval to retain these funds with the agreement that a request would be made for their use on a case-by-case basis. Subsequent to this agreement, Horizon asked for and was approved to use funds for renovations to 5A North ($2,300,000); Interventional Radiology ($2,200,000); and Saint John Regional Master Plan ($500,000). To date, the Interventional Radiology funds have been redeemed from the investment funds. However, a series of renovations to nursing areas is planned and broad estimates are that these will use roughly $2.5 million per year over the next five to six years. It was noted that there may be other requirements that come out of Master Planning as well.

Based on the volatility of markets, and on the fact that Horizon is expected to use the majority of the funds over the next several years, it is management’s opinion the fund investment mix should be reviewed and a more conservative approach be implemented that reduces Horizon’s exposure on the equity markets. The Finance, Audit and Resource Committee approved this recommendation on September 10, 2015.

The Executive Committee approved the recommendation for a revision to the investment policy to transition from an investment mix of approximately 50% equity and approximately 50% fixed income/cash equivalent to a mix that will start immediately with 75–80% fixed income/cash and 20–25% equity, and further transitioning over the next four to five years to a portfolio of 100% fixed income cash.
Horizon Updates

The following updates were provided to the Board on October 29, 2015.

Community Treatment Orders

Earlier this year, the jury in the Serena Perry coroner’s inquest recommended the implementation of community treatment order legislation in New Brunswick. As a result, the Department of Health established a task force including Regional Health Authorities, the New Brunswick Psychiatric Association, as well as people and families living with mental health issues. Horizon fully supports this initiative and as a member of this task force, intends to cooperate fully in efforts to implement the program.

Horizon’s mission of “Helping People Be Healthy” means putting our patients and clients at the centre of the health delivery system. Community Treatment Orders will help realize that mission by removing the traditional means of hospitalization to ensure a person who suffers from a serious mental disorder can be monitored in a community setting, rather than in a psychiatric facility. The program will provide the mentally ill with a treatment plan that involves the individual and their family, friends and health care professionals.

Family Presence Policy

Horizon is committed to working with patients, families and staff members to create and sustain an exceptional patient and family-centred care environment. To do that, we must ensure that patients have access to comfort and encouragement from close family members and partners in care at all times during a hospital stay.

Once implemented, the Family Presence Policy will allow Horizon to be more flexible, compassionate and accommodating in order to respond to the diverse and individual needs and preferences of each patient. Close family members or partners in care will be recognized and welcomed as essential members of the health care team beyond the traditional visiting hours, 24 hours a day. Care provider flexibility will ensure the patient’s wishes regarding the presence of close family and partners in care is respected and embraced. Other visitors will be encouraged to respect designated quiet hours to ensure all patients continue to receive the best care possible. The policy is expected to be in place by early 2016.