

# Community Report

February - April 2016



April 21, 2016

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# Report of the President and Chief Executive Officer

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**April 2016**

*“Smoking, unhealthy alcohol consumption, poor diet and physical inactivity play an important role in overall health. Previously, our research team at the Institute for Clinical Evaluative Sciences (ICES) examined the impact of these four health behaviours on hospitalization costs. The...report demonstrated that 32% of hospital bed-days between 2001 and 2012 were attributable to these behaviours.”<sup>1</sup>*

Horizon Health Network uses approximately 600,000 bed days annually. Can it really be true, if we were to apply the results of this peer-reviewed Ontario study to New Brunswick, that 192,000 bed days, or about 500 beds in our system, are occupied due to the effects of these unhealthy behaviours? No. It actually is probably more than 500 beds given our relative poor performance in these behaviours.

At our April’s Board meeting, the public will hear about the success we have earned for our efforts to eliminate smoking from our property at the Saint John Regional Hospital (SJRH). Last week, we applied our policy to the Miramichi Regional Hospital, where, before we even had our kick-off, 87 employees had committed to quit the habit. Nearly 300 at SJRH have made the commitment and we look forward to having at least 1,000 employees break the habit within the year and full deployment of the policy.

This effort fits in so well with the recent report of the New Brunswick Health Council (NBHC) which repeated a message that we have continued to make – we need to do more in health dimensions (i.e., behaviours, social and economic factors and physical environment) other than simply health services to truly improve the health of New Brunswickers. Specifically NBHC states that “...health behaviours have a 40% influence on how long and how well we live...health services only have a 10% influence.” New Brunswick spends more than \$2 billion on health services.

April’s Board meeting was planned around a theme of community and non-acute matters. The reduction of smoking and tobacco is very clearly a community initiative that takes all stakeholders to make it a success. Board members, management, employees, physicians, unions, members of the public and patients all need to support the effort.

We will also speak today about the themes that have arisen in our more than one dozen Community Health Needs Assessments. Our point is that some common issues are being experienced in almost all of our communities that have an impact on the health of citizens. We, as the sponsoring agent in the assessments, have a duty to either begin to address the concerns or assign the matter to a most responsible agency such as Social Development, non-governmental organizations or others. It is important that the public hear that there are coherent community-based voices for making changes to how we invest in improving the health of our population, namely in mental and primary health efforts, obesity and food insecurity, transportation and recreation. In our upcoming operational plans, we hope to make some small steps in addressing some of these community-defined priorities.

And finally, we will hear from our First Nations communities whom we meet in our First Nations Liaison meetings throughout the year. These are unique communities with unique needs who are frustrated and caught in complex jurisdictional matters that only impede making substantive progress in improving population health and health outcomes. We know from following both history and current events that federal and provincial authorities have a practice of reactive emergency measures to address health needs of these communities. We need to move far upstream in our approach. This will require listening more carefully and paying less attention to bureaucratic lines of authority. This is a community that needs help.

I cannot end this report without stating that our repeated calls to pay more attention to community and non-acute care does not mean we do not have hospital pressures as well. As I write this, we have what many would call a crisis in one of our major emergency rooms where there is no proper place to deal with more than two dozen patients who need beds. Our dedicated and competent clinical staff will deal with this event as they always do; but the long-term solution is, as always, restructuring and having more care capacity in our community to ensure our hospitals are able to care for those who truly are in need. For lack of any other solutions, the emergency room, then the inpatient beds, is the default response.

1. Manuel DG, Perez R, Bennett C, Laporte A, Wilton AS, Gandhi S, Yates EA, Henry DA. A \$4.9 Billion Decrease in Health Care Expenditure: The Ten-Year Impact of Changing Smoking, Alcohol, Diet and Physical Activity on Health Care Use in Ontario. Toronto, ON:

Institute for Clinical Evaluative Sciences; 2016.



# Board Members

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W. David Ferguson  
Board Chair



Linda Aitken  
Upper Kingsclear



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



Roxanne Sappier  
Tobique First Nation



Luigi Rocca  
Moncton



Mary Louise Schryer  
Quispamsis



Kay Simonds  
Woodstock



André Veniot  
Shediac

# Committees of the Board Reports

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## Finance, Audit and Resource Committee

**Michael McCoombs, Chair**

The Finance, Audit and Resource Committee met on March 17, 2016.

### **Audit Plan**

Representatives from KPMG LLP, Corporate Auditors, joined the meeting to review the 2015–16 audit plan with the Committee members. The audit plan details several items including the areas of audit focus, new and emerging audit guidelines that could impact Horizon Health Network in the coming years, and recommends levels of materiality.

### **Financial Results (January 31, 2016)**

Horizon is reflecting a deficit of \$2.25 million as of January 2016. This deficit does not reflect any of the additional revenue that is available from Department of Health as it has not been received. With additional funding it is anticipated that Horizon will have a balanced result at year-end.

### **Financial Dashboard (January 31, 2016)**

The financial dashboard at January 31 showed that performance in overtime and sick hours improved compared to the December report, reflecting reduced usage of both categories as compared to January 2015. Patient days and occupancy continue to trend slightly lower than the previous year, although not a significant reduction. Dialysis and Oncology visits are trending higher, as are Laboratory tests and Diagnostic Imaging exams. These increases have continued to put pressure on staffing levels.

### **Regional Health and Business Plan**

A draft of the plan was provided for discussion, with Committee members aware that submission to the Minister of Health is due on May 6. The plan was developed with the strategic direction set forth by the Government of New Brunswick, the principles outlined in the Provincial Health Plan, and Horizon's Strategic Plan.

### **Capital Equipment Budget 2016–17**

A letter from the Department of Health was provided which showed that Horizon has been allocated \$12,705,551 for Capital Equipment acquisition for fiscal year 2016–17. A recommendation will be made to the Board.



### **Capital Equipment Year-End**

Committee members were provided a breakdown of actual purchases from the Capital Equipment Budget for 2015–16.

### **Capital Improvement Projects**

A letter was received from the Minister of Health confirming approval of 2016–17 capital improvement projects submitted by Horizon, for a total of \$3,100,000. These included emergency power generators for Miramichi Regional Hospital, emergency power generators at The Moncton Hospital, emergency power generator at Saint John Regional Hospital and upgrading isolation rooms in emergency departments in Fredericton and Miramichi.

### **Employee Engagement Presentation**

Employee engagement sessions have been held over the past year, and four key areas of focus from these sessions are Values, Recognition, General Orientation, and Leadership. Information was provided on the work carried out on the key areas and the objectives for incorporating the initiatives into the organization.

### **Workplace Violence Prevention**

Also provided was an update on the Workplace Violence Prevention Program, with information on the Implementation Committee. They have focused, over the last few months, on key program priorities including establishing a Code White pilot, ensuring staff members are appropriately trained in workplace violence prevention, preparing for enhanced reporting capabilities, and planning for a community pilot.

Following a successful Code White Response pilot at the Saint John Regional Hospital, roll-out has now moved to The Moncton Hospital where the same format will be followed. Work will continue on the roll-out across all regional hospitals over the coming months. Additional pilot work is being planned for three different community settings with plans to roll out the workplace violence prevention program across a total of 87 community sites.

### **Quality of Worklife Indicators**

The Quality of Worklife dashboard contains outcome measures that have been tracked by Horizon over the past six years. The Human Resource Department is currently reviewing the indicators to determine their ongoing suitability and effectiveness for decision making and direction setting. The revised 2016–17 dashboard will be used as an assessment and evaluation tool to ensure trends and correlations are identified and appropriately actioned in a timely manner.

## STATEMENT OF OPERATIONS

Unaudited - Provided For Internal Purposes Only

Ten months ended January 31 Comparison to Budget	Jan. 31 Budget 2016 \$	Jan. 31 Actual 2016 \$	Jan. 31 Actual 2015 \$
<b>Revenues</b>			
Department of Health	753,073,747	753,293,296	738,404,765
Medicare	121,345,989	111,988,076	120,449,916
Federal	14,979,669	13,741,328	13,092,118
Patient recoveries	36,278,927	36,220,056	33,364,667
Recoveries & sales	18,075,454	22,219,762	17,859,190
ServiceNewBrunswick savings - revenue offset	(1,739,279)	(2,275,296)	(1,970,093)
	942,014,507	935,187,222	921,200,563
<b>Expenses</b>			
President / CEO	3,196,293	3,379,965	3,142,666
Chief Operating Officer / Corporate Resource	145,827,905	147,161,001	139,910,130
VP Clinical	391,198,128	391,159,342	385,410,097
VP Medical / Academic / Research Affairs	19,883,775	17,208,622	16,359,984
VP Quality / Patient Care	3,813,415	3,639,305	3,391,015
VP Professional Services	144,867,356	149,649,063	144,092,091
VP Community	114,054,242	111,549,532	106,282,884
Chief of Staff	732,821	643,264	805,971
Medicare	121,229,047	113,054,724	121,633,487
Corporate challenges	(1,250,000)	-	-
	943,552,982	937,444,818	921,028,325
Surplus (deficit) from Hospital operations before amortization, capital grants and sick pay	(1,538,475)	(2,257,596)	172,238
Other operating expensses			
Amortization of tangible capital assets	(29,376,462)	(29,154,268)	(27,578,365)
Capital grant funding	8,109,661	408,834	2,719,763
Sick pay obligation	(419,115)	(350,015)	(415,481)
Net surplus (deficit) for the period	(23,224,391)	(31,353,045)	(25,101,845)

## **Governance, Nominating and Planning Committee**

### **Jane Mitton-MacLean, Chair**

The Governance, Nominating and Planning Committee met on March 16, 2016.

### **Community Health Needs Assessments**

The Committee heard from Mr. Jean Daigle, Vice President Community, on the results of two assessments.

### **Web Development for Prospective Board Members**

Members were informed that the Board section on Horizon's website was enhanced to increase the general awareness of Horizon and the role and responsibilities of the Board; to assist the public in learning more about Horizon's Board in determining their interest in becoming an appointed or elected board member; and to assist the public to participate at the public board meetings. Enhancements include a variety of new web pages and related/helpful links. The site will continue to be monitored to identify what is the most popular and important information to the public.

### **Board Evaluation 2016**

Following last year's evaluation exercise, minor changes were made to the process. Board members will have just completed the evaluation and results will be reported to the May meeting of this committee.

### **Board Director Self-Evaluation 2016**

Individual director's self-evaluation form has been provided to all board members asking that completed forms be returned as private and confidential communication to the Board Chair.

### **Facility/Program Planning**

There are currently many facility and program planning projects underway in various stages of completion. All projects are tracking to schedule. Highlights were provided on several initiatives including the Fredericton Community Health Centre, on which a government decision on location is imminent.

Confirmation has been received that \$2.5 million has been allocated in the Capital Projects budget for the next phase of the Dr. Everett Chalmers Regional Hospital (DECRH) redevelopment. This funding will be available in 2016–17 for the Design and Construction Document Development that is required to move the project to the next phase of construction.

Leased space has been secured for the Oromocto Community Health Centre in the newly constructed Oromocto Special Care Home, with final layout details reviewed by the program. A completion date is being discussed, with move in and opening in the spring 2016.

The contract has been awarded for the Master Program and Master Plan for the Saint John Regional Hospital and work is well underway. It is anticipated the project will take 11–12 months to complete. The Chalmers Regional Foundation has approved \$2.2 million for renovation to the paediatric nursing unit at the DECRH. The intention is to renovate the existing paediatric unit to allow for segregation of the adult and paediatric populations.

Ms. Andrea Seymour, Chief Operating Officer and Vice President Corporate, also explained that the ventilation system in Labour and Delivery at The Moncton Hospital has degraded to the point that rust has been found in the Operating Rooms on the OR tables. There are no capital improvement dollars available in 2016–17 to address the issue, and the Board may soon be asked for reconsideration of priorities.

### **Accountability Framework**

The Regional Health Authority (RHA) Act calls for the establishment of an accountability framework that describes the roles of the Minister and RHAs, and that specifies the responsibilities each has towards the other within the provincial health care system. A draft framework was provided for discussion, and Committee members were asked to review the document for further input at the next meeting.

## 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 March 1, 2016 and on April 12, 2016.

At the meeting of March 1<sup>st</sup>, RMAC had a presentation from Dr. Lynn Murphy-Kaulbeck, Medical Director of the Perinatal Program and Gaetane LeBlanc-Cormier, Program Director, on the structure and future plans of the perinatal program in an effort to improve antenatal intra-partum and postpartum care. This is a provincial program created by the Department of Health with the support of the New Brunswick Medical Society.

Dr. Haken Buyukdere, Chair of the Regional Blood Transfusion Committee, made a presentation on plans to improve the practices involved with the utilization and administration of blood products within Horizon Health Network. This is an active group of clinicians and laboratory people with great expertise and hopefully will be able to continue to educate health care workers on changing trends in the administration of blood products.

Dr. Aller Marrero, Neurologist from Moncton, made an excellent presentation on some of the clinical and research work being done in the province and across Horizon with cooperation from neurologists of all major centres and the Stan Cassidy Centre for Rehabilitation. This presentation was very well received by the RMAC as many of us were unaware of the depth and quality of the research and how it has attracted national attention.

Reports were presented by Mr. John McGarry, President and Chief Executive Officer, and members of the Executive Management Team who were present. Dr. Jennifer Russell, District Medical Officer of Health, presented on management of some infectious diseases. Ms. Cathy Cormier, Chair of the Regional Professional Advisory Committee, reported on the most recent meeting of that Committee. The credentialing reports and recommended motions from the Medical Advisory Committee were also presented.

The RMAC was able to achieve the completion of a medical records policy which allows a framework for graduated disciplinary actions for physicians who do not complete their medical records in a timely fashion. This policy guarantees an improvement in communication and patient safety issues.

A discussion as to the problem with consistency with administrative support for salaried physicians was brought to the table by Dr. John Dornan of Saint John and a call to Ms. Maura McKinnon, Chief Human Resource Officer, and her staff was requested for help with this issue.

The Regional Medical Advisory Committee recommended Mr. McGarry writes to the Minister of Health to have legislation changed to allow pharmacists within Horizon facilities to prescribe in a similar manner as pharmacists in the community.

A Physician Worklife Pulse survey was reviewed and a subcommittee of the Regional Medical Advisory Committee will be constructed to try to fill the voids in the gap analysis. Most of the issues were related to communication.

At the April 12<sup>th</sup> meeting of the RMAC, a presentation was made by Dr. Michael Armitage and Mr. Tim MacLaggan of the Provincial Drugs and Therapeutics Committee regarding Antimicrobial Stewardship. The Antimicrobial Stewardship Committee which Dr. Armitage chairs is a subcommittee of the Provincial Drugs and Therapeutics Committee and its job is to educate, enhance and encourage the appropriate and safe utilization of antibiotics. This is a large mandate with significant effects on patient safety and patient care as well as infection control. A motion was made by the RMAC to support a pilot project on antimicrobial stewardship in the Miramichi Area.

A report was made by Dr. Pam Jarrett, Medical Director of the Extra Mural Program for the Province of New Brunswick. Dr. Jarrett enlarged upon the rehabilitation and reablement program created by the Extra Mural Program and the Regional Health Authority in an attempt to shorten hospital stays, support people with illness that allows them to go back into their home at an earlier stage and rehabilitate at home. This program has been introduced first in Fredericton and over the next year will be spread around the province.

Reports were received from Mr. McGarry and most members of the Executive Leadership Team as well. The Associate Dean of Medicine of Dalhousie New Brunswick, Dr. Jennifer Hall discussed the strategic plan of Dalhousie Medicine which included the pillars of education, research and service.

Credentialing reports were reviewed and there was discussion on some of the motions brought from the Local Medical Advisory Committees.

Ms. Margaret Melanson, Vice President, Quality and Patient Centred Care, presented the process for physician engagement in privacy incident reviews. It is an ongoing process in evolution and the RMAC endorsed the process to date.

Dr. Jayson Dool, Plastic Surgeon from Moncton, provided information on the value of having a Healthcare Economist review the decisions for cost benefits in the decision making process of how resources are allocated. Ms. Maura McKinnon, Chief Human Resources Officer and Ms. Erin Crandall, Human Resource Advisor, followed up on the administrative support issue brought by Dr. Dornan in a previous meeting. A document was reviewed by the RMAC for information and efforts are being made to improve the process for salaried physicians and their patients.

There was a discussion in response to the Medical Leaders' meeting held on March 3<sup>rd</sup> in Fredericton. There will be further meetings with medical leaders and support staff within the surgical and anesthesia programs to discuss the recommended ways and best practices for surgical services within Horizon. Other specialties will follow.

The RMAC was pleased to hear that Dr. Patrick Feltmate, Geriatrician from Fredericton, has agreed to assume the position upon request of his Geriatric colleagues to head up the medical side of the Aging and Eldercare Group. This is the second Clinical Group to be formally created in Horizon.

## Regional Professional Advisory Committee

### Cathy Cormier, Chair

The Regional Professional Advisory Committee met on February 18, 2016.

The RPAC received a presentation on the results of the Patient Safety Culture Survey carried out last fall. The online Canadian Patient Safety Culture Tool survey was available through the Accreditation Canada portal. It was promoted to all staff and physicians from October 19 to November 20, 2015, with reports disseminated to all stakeholders on February 8, 2016.

An overview of the areas of strength and areas of opportunity from the survey was provided. Ms. Melissa Stark, Patient Safety Consultant from Moncton, explained that a culture of patient safety is focused on minimizing patient harm, learning from patient safety incidents and promoting the well-being of patients and health care providers.

### Midwives

Ms. Geri Geldart, Vice President Clinical, explained that in the recently released budget estimates, the Minister of Health announced the introduction of midwives to maximize the use of health professionals. A pilot project will be started, with four midwives being hired.

### Health Estimates

Ms. Geldart also provided an overview of the recently released Health Department budget for the coming year. The \$2.58-billion budget includes establishing a formal cancer patient navigation system, the introduction of midwives; providing funding to support a task force evaluating the role of community support orders; expanding the Child-and-Youth-Centred Integrated Service Delivery framework to three regions; providing funding for 24-hour, professional end-of-life care at Fredericton's Hospice House; implementing accountability agreements with the Regional Health Authorities (RHAs); and investing additional funds in provincial drug plans. Funding of \$2.5 million was also announced for the design and engineering work for an expansion to the Dr. Everett Chalmers Regional Hospital in Fredericton.

### Medical Assisted Death

The Committee was also made aware that the Department of Health has established a provincial steering committee on the topic of medical assisted death. This group will include representatives from both RHAs. Horizon Health Network has also established a working committee with multidisciplinary representation to guide the development and introduction of operational guidelines toward the provision of medical assisted dying.

## **Update on Pharmacist Prescribing Policy**

Mr. Douglas Doucette, Regional Pharmacy Manager, updated the committee on the status of the draft policies shared last year regarding Pharmacist Ordering and Interpretation of Laboratory Tests. The policies remain in draft form pending changes to provincial legislation (Regulations to RHA Act) that would authorize pharmacists to give “orders for care” in RHAs.

Dr. Doucette explained that during the stakeholder consultation process, questions were raised by some physicians, nursing and lab leaders about the mechanism for communication of abnormal test results to/from pharmacists. A revision was proposed to the draft policy for pharmacist ordering/interpretation of laboratory tests and the RPAC was satisfied with this revision.

## **Professional Practice Council and Clinical Network Reports**

RPAC’s Professional Practice Councils and Clinical Networks continue to meet regularly. Summaries provided to RPAC give a great overview of all the work being done by the professionals throughout Horizon. Reporting at this meeting were Nursing Council, Social Work, Clinical Nutrition, Pharmacy Professional Practice Councils and two Clinical Networks, Emergency and Surgery.

## **Credentialling**

RPAC is also responsible for ensuring the annual credentialing of all regulated health care professionals other than physicians and surgeons.

## **Therapeutics**

Mr. Gary Foley, Vice President Professional Services, advised that 100% of the professionals within the following eleven therapeutic groups complied with their renewal of credentials which expired on December 31, 2015 and January 1, 2016: Medical Laboratory Technologists, Electroneurophysiology Technologists, Physiotherapists, Cardiac Medical Sonography Technologists, Ultrasound Medical Sonography Technologists, Audiologists, Speech Language Pathologists, Pharmacists, Clinical Psychologists, Medical Radiation Technologists, and Nuclear Medicine Technologists.

## **Nursing**

As per the Professional Registration Verification for Registered Nurses and Licensed Practical Nurses Policy, Registered Nurses are required to provide proof of registration by November 15 and Licensed Practical Nurses by December 15 of each calendar year. The date for requirement for Registered Nurses reflects a change to the registration year as defined by the Nurses Association of New Brunswick. For the registration year 2017, Association of New Brunswick Licensed Practical Nurses will change the registration year for Licensed Practical Nurses to December 1–November 30.



Ms. Courtney Budgell, Regional Director of Nursing Practice, provided information reflecting nursing professionals who did not meet the registration deadlines as per policy as reported by the directors who have responsibility for these employees.

### **Complementary Therapy Update**

Mr. Foley updated the committee on the draft policy which has undergone review by several bodies. Risk Management is developing an information package which includes documents required to be reviewed and signed by the complementary therapist prior to initiating intervention with an inpatient. The information packages will be available on the nursing units. Should the patient or complementary therapist have questions regarding the package, they can be directed to the Director of Therapeutic Services for that area. (The Directors of Therapeutics have agreed to receive inquiries on a pilot basis for a year, at which time the process will be re-evaluated.)

### **Other**

Chief of Staff Dr. Thomas J. Barry provided an update from the January 19 meeting of the RMAC, where various topics were discussed. RPAC also received an update on Accreditation, noting that Accreditation Canada has extended Horizon's "Accreditation Award with Commendation" to 2018 indicating their confidence in Horizon's ongoing ability to provide quality safe patient care. Mr. Foley also provided information on a Blood Shortage Simulation Exercise underway in the province.

## **Patient Safety and Quality Improvement Committee**

### **Linda Forestell, Chair**

The Patient Safety and Quality Improvement Committee met on March 14, 2016.

The Committee had an update on the ongoing work of the Aging and Eldercare Centre of Expertise steering group, as well as an update on the clinical programs that were announced with Health Estimates in the Legislature on February 18.

### **Ottawa Smoking Cessation Project**

The Manager of Smoking Cessation, Ms. Kelly Hurley, provided an overview of the smoking cessation project which started in the Fredericton Area in 2007, based on the Ottawa model. The work has been done hand in hand with the smoke-free policy group, working with over 50 sites across Horizon Health Network with key performance indicators collected and reported each month.

### **Laboratory Services Simulation Exercise**

The New Brunswick Blood Emergency Management Committee held a two-day paper-based blood shortage exercise in February. This was a good opportunity to meet and go through scenarios that may come to pass in the future.

### **Risk Management Dashboard 2015–16 Q2, July to September 2015**

The Regional Director of Risk Management provided information on the Risk Management Dashboard for Quarter 2. Risk Management reports are an example of information required to support decision making. There are seven incident classifications that were defined provincially by the Department of Health and Risk Management in the Regional Health Authorities.

Although there has been an increased reporting of sentinel events over the past five fiscal years, there are no trends at a particular location or by a particular team. The top three incident types for Quarters 1 & 2 are treatment/test/procedure, falls, and medication.

### **Accreditation Update**

Accreditation Canada had asked for Horizon to defer its on-site survey until 2018 due to the number of surveys scheduled and ability to provide the required surveyors. Horizon's "Accreditation Award with Commendation" has been extended to 2018 indicating their confidence in Horizon's ongoing ability to provide quality safe patient care.

Horizon is participating in a pilot survey which will assess the provision of care for linguistic minorities. Two Board members will participate in the exercise, with the results being used to apply the standards across the organization.

### **Quality and Safety Committee Vice President Portfolio Reports**

Reporting for this meeting were Diagnostic Imaging, Nephrology Network, Stan Cassidy Centre for Rehabilitation, Organizational Development Corporate Performance Group, Extra-Mural Program, and Population Health/Chronic Disease Management.

### **Alternate Level of Care Patients**

As of January 31, 2016, there were 490 ALC patients in Horizon facilities, compared with 518 at this time last year. The percentage of beds occupied by ALC patients has remained steady throughout the year. Significant overcapacity concerns in the Upper River Valley Hospital have led to the opening of eight additional beds. There are 10 ALC patients at the Ridgewood Veterans Unit in Saint John. Committee members learned that there have been new nursing home beds available in Fredericton, and 31 patients have been transferred from Horizon to these new beds.

### **Rehab-Reablement Roll-Out**

This pilot initiative in Fredericton and Upper River Valley offers seniors 65+ access to expedited intensive rehabilitative services up to a maximum of nine weeks. As of February 2016, there were 96 seniors who received services, the majority entering have fractures and/or fall or musculoskeletal injuries. The Committee was pleased to learn that there have been 45 seniors who have completed the program. Implementation in Saint John and Moncton will take place in 2016–17.

### **Patient and Family Centred Care**

Ms. Penny Ericson, Co-Chair of the Patient and Family Advisory Council, joined Ms. Margaret Melanson, Vice President, Quality and Patient Centred Care, in providing the update. Highlighted was Horizon's national patient and family centred care conference, Experience 2016, being held on November 7 and 8 in Moncton.

The New Brunswick Health Council is carrying out an acute care survey with discharged patients from all N.B. facilities using a mailed survey. There will also be a pilot Horizon Ambulatory Care services survey conducted internally during May 2016 at Saint John Regional Hospital within endoscopy, plastics and orthopaedics clinics.

Ms. Ericson explained that food is the top topic for the Patient and Family Advisory Council, and at the Council's next meeting there will be a tour of the Saint John Regional Hospital food facility.

# Horizon Updates

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The following updates were provided to the Board on April 21, 2016.

## **Community Health Needs Assessments**

Horizon Health Network has committed through its strategic plan to reallocate resources into the community while enhancing tertiary and primary care. Within five years, 12% of Horizon's budget will be dedicated to community-based care (up from 10%). Shifting to community care will provide better care for people that don't necessarily need to receive their care in a hospital setting. Together with our health and community partners, we and other agencies use the results from Community Health Needs Assessments (CHNA) to guide our priorities and develop action plans to improve the community's overall health. The CHNA is a tool that identifies the unique strengths and needs within each community.

Measuring the health of our communities and improving upon it is very important yet complex task that goes far beyond looking at rates of disease and the availability of health care services. According to the New Brunswick Health Council, Health services represent one of four determinants of health making up 10% of that pie. The other factors include health behaviours (40%), social and economic factors (40%), and physical environment (10%).

Horizon cannot do this alone as we are not the traditional provider of primary care. But we recognize the solution means shifting people and money from our institutions into the community and giving health care providers a better opportunity to influence health promotion, prevention and management.

## **Smoking Cessation**

Smoking is the most preventable cause of death and disability in the world. It is recognized as a key risk factor for the top four reasons people get admitted to hospital: heart disease, stroke, respiratory disease and cancer.

New Brunswick has continued to have a higher smoking rate than the rest of Canada, further contributing to poor health and the need for hospital care among its citizens.

Research has shown that smoking cessation is the only prevention activity that can be expected to save money, with the reduction in events more than offsetting the cost of smoking cessation programs.

Horizon has been working hard to make smoking cessation a priority when patients access services at any point in the health system. Regarded as a standard of care for patients, Horizon has partnered with the University of Ottawa Heart Institute, developers of the internationally recognized Ottawa Model for Smoking Cessation (OMSC), to support embedding smoking cessation into daily interactions with patients. This initiative is about transforming the practice within health care settings, and making cessation a part of your care plan.

OMSC is an evidence-based, best practice model for clinical smoking cessation. It has been effective in increasing rates at which health providers deliver cessation treatments.

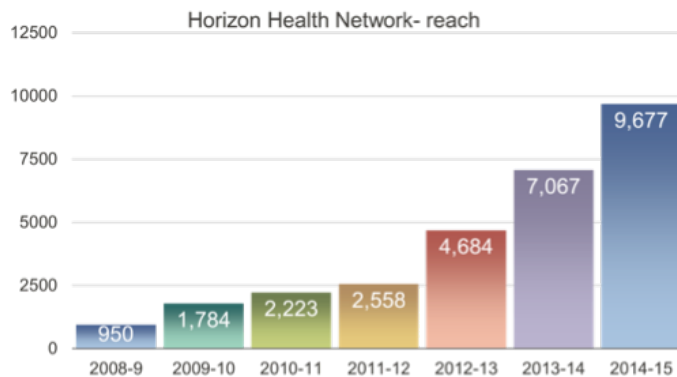
The model gives health providers the clinical tools and systems-level support to be effective in supporting patients within our organization.

A small team within Horizon is responsible for smoking cessation programming. The team works with more than 50 sites within Horizon.

Outreach facilitation is key to the success of embedding smoking cessation into our standard of care as it helps to guide each site toward building a consistent process to address smoking cessation as part of its existing practice.

**What do we measure and why do we measure it?**

The primary indicator for this program is reach, which refers to the number of smoking cessation consults completed - the number of patients who were screened for tobacco status and offered support. The reach of this program has grown every year since programming was introduced by Horizon in 2007.



This smoking cessation program team has also been involved in supporting all sites with Horizon’s newly introduced smoke-free policy. They have worked with teams to provide comprehensive patient supports in all areas, and have worked with Employee Health and Wellness staff to implement the OMSC, so employees have access to smoking cessation and acute nicotine withdrawal support.

The teams in Employee Health offices across Horizon are doing tremendous work supporting staff. They report that introducing smoking cessation into their practices has been some of the most meaningful work they have done, and that Horizon staff have been incredibly appreciative of the comprehensive approach Employee Health has provided. To date, Horizon has provided support to 465 employees with 126 reporting they are smoke-free.

This team is also actively engaged in project and research work.

The smoking cessation team has partnered with the New Brunswick Cancer Network to participate in an externally funded project through the Canadian Partnership against Cancer (CPAC). The focus of this project is to integrate smoking cessation support as a standard of care within outpatient cancer care settings in the Saint John area.

# The Art of Natalie Sappier

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New Brunswick Aboriginal artist Natalie Sappier of Tobique First Nation recently attended a meeting of Horizon's First Nations Committee. Her artwork, explaining how the health care system works, has been translated in three languages and is proudly displayed in most of Horizon's community health centres.

Sappier was recently named Theatre New Brunswick's (TNB's) Artist in Residence and has joined the team at TNB to create a new multidisciplinary play exploring the voice of New Brunswick's Wolastoq people.

## **About Natalie Sappier and her work**

"My name is Natalie Sappier. My spirit name is Samaqani Cocahq, which means the water spirit. I am of Aboriginal descent from Negotkuk (Tobique First Nation), New Brunswick. We are the Wolastoqiyik, which means people of the beautiful river – the St. John River.

Traditional ceremonies and teachings remain close to my heart and carry a strong influence through my art. When I began painting, I immediately felt a cleansing. I felt unraveled and reborn. My painting colours are drawn from my dreams, natural surroundings – the light illuminated by the sun and the moon. I have always been fascinated by elements that circulate us, what I call the four dancers that carry the teachings of our four directions: the earth, the water, the fire and air.

The four dancers began my journey of creating storytelling through symbolic designs. My designs are rooted from traditional Wolastoqiyik motifs on ceremonial regalia, baskets and birch bark canoes. I use a circle motif that symbolizes life and breath, and flowers and plants representing earth medicine.

As I paint the four-direction journey, the breath travels from one direction to another, dancing together in unity. Family, human spirit and vision quests are some of the subjects of my storytelling. My figurative movements on the surfaces give a representation of embracing love and welcoming healing. The animals carry medicine of teachings such as strength, courage and patience."



### **We are Together in a Circle**

The images in this painting are about understanding each other in the province. Walking together, helping one another and sharing our teachings and welcoming new teachings that help our wellness. The dream catcher represents, that we all share the same dreams for our people which is good health and happiness. I believe the missing puzzle is balance of spiritual, mental, physical and emotional.



### **Exchanging of Gifts of Help**

Reflects sharing and exchanging of gifts of help. Taking time to help and comfort the ones in need. Sitting around and talking and creating good friendships and relationship with the nurses and people helping. And have good support for the ones who are the helpers also, because the jobs they take on can be tough.



### **The Healing Journey**

The healing journey speaks of the time when the person realizes he/she has cancer and they are speaking to their family and they are comforting each other. Then they go on a journey of healing keeping each other strong with the medicines. One spoke of how they felt dehumanized, I shared that story with the person becoming animal spirit.



### **Spirituality**

Spirituality is about sharing of religions. And respecting ones path of faith.



### **Don't Forget the Sun**

Don't forget the sun, is about taking the time to live life the best that you can. With spending time with love ones, nature, stories and love.



### **The Medicine Tree**

The Medicine tree is about sacrifice. In the community when we know of someone who is struggling. We all feel that. We need to take the time to pray. Sing for them. Do Ceremony for them. Make the tree stronger. We know of someone who is struggling.

