

Community Report

June 2016



June 23, 2016

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Report of the President and Chief Executive Officer



June 2016

I have spent most of the past month meeting with employees and physicians in a round of talks entitled “Conversations with the CEO”. As of this meeting today, I will have met with staff in Dr. Everett Chalmers Regional Hospital/Stan Cassidy Centre for Rehabilitation in Fredericton, The Moncton Hospital, Saint John Regional Hospital, Miramichi Regional Hospital, Sackville Memorial Hospital, Hotel-Dieu of St. Joseph in Perth, Sussex Health Centre, Oromocto Public Hospital, and Charlotte County Hospital. I plan to visit Grand Manan Hospital, St. Joseph’s

Hospital and arrange for some health centre visits over the summer.

The discussions, which I begin with a short presentation on where we are with our five-year plan, are completely unrestricted in topic. Employees are encouraged to ask me questions on any issue that they have within their facility or Horizon Health Network. Most often, of course, the questions relate to matters of the future for their hospital, program, language issues (local and provincial) or possibly job security. The latter is most likely behind the vast majority of questions. I try my very best to be as transparent as possible. It would not surprise anyone to know that there is a significant level of apprehension regarding continuing stress of a great deal of change in our organization.

First of all, we have been through several tough rounds of benchmarking where we look at how well our services compare, in cost and productivity, to others across Canada. And even where we compare amongst ourselves, hospital to hospital, function to function, in different hospitals. Being compared to others is almost always threatening to any of us (unless we know we are perfect) but it does allow us to look ourselves in the mirror and wonder why we are different? Is it justified – because sometimes that may be the case – or is it because we have not looked to best practice in other places? I try to answer questions on this by bringing the focus back to the patients’ perspectives. How do we justify anything we do under the ethical concept of providing the most people in New Brunswick with the best

service, with the resources we have at our disposal. This often runs into conflict with local – and individual – perspectives. Maybe, for the good of the population, the next dollars spent are not where we have been spending them for years. This is the principle behind our third strategic direction where we plan to reallocate our spending.

Secondly, staff is tired of change initiatives. New ways to schedule staff, changes to staffing mix, parking changes and cafeteria adjustments, potential new models of managing our support services, new staff engagement programs. Won't the leadership team ever take a break and let a year pass without adding more stress and pressure to already hard-working employees? No, we can't stop – but we can be empathetic to the pressures and realities in the workforce, and on the front lines. And let's also not think that we in health care are unique in feeling these pressures for change. Ask other public service employees if they are facing constant change in their workplace? [Do they still have a workplace?] And, go further and ask private sector employees if they are under the gun? Look at the provincial workforce numbers and recognize that health care is by far the most sustainable employment sector in the provincial economy. Adapting – making change – is what allows that to happen. And don't think for a minute that we can avoid change by saying "You can't put a price on health care." At the population level you can put a price on health care and it is being done every day in every province.

Finally, they just want to know the game plan. Beyond our five-year strategy – which they seem to know fairly well – what are the operational plans to make all these things happen and when will they start? For some of our strategic initiatives, I have a quick answer. We are bringing patients closer to what happens each day in our organization. It is moving slowly, but it is progressing nonetheless. When 13,000 people understand that patients – the owners – need to be an equal part of the care team from start to finish, this will progress faster.

We are also making progress on our concept of increasing profiles of certain programs – Aging and Eldercare being our first. So too are we advocating loudly for change, and there are signs that Government is listening.

We await Government's approval to significantly address required changes in our hospital infrastructure. We have not given up on our ideas that might help address some of the pressures – not all – that our rapidly growing, and aging population faces each day. I know some people in government feel they are protecting the public from the changes we, and others, wish to make. I tell our staff, in these sessions, that in my opinion those people are wrong. But they have the authority to be so. And, I think they will come around in time to our position so we are not giving up.

I actually see a lot of nodding heads in these sessions.

Board Members



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

Finance, Audit and Resource Committee

Michael McCoombs, Chair

The Finance, Audit and Resource Committee met on May 19 and June 6, 2016.

Financial Results (February 29, 2016)

Horizon Health Network (Horizon) is reporting a deficit of \$3.2 million at February 29, 2016, which does not reflect any of the additional revenue that may be available from the Department of Health. Budget information for 2016–17 has not been received at this time, and there has been no response from the Minister of Health to the Regional Health and Business Plan submitted on May 6, 2016.

Financial Dashboard (February 29, 2016)

Mr. Dan Keenan, Corporate Director of Financial Services, explained that the Financial Dashboard provides an overview of key indicators of volume and cost drivers for Horizon. It also includes a summary of expenses by cost category for the current fiscal year and the comparable timeframe for the previous fiscal year. The indicator section of the report shows each indicator's three-month pattern, as well as the year-to-date and comparable year-to-date for the previous year. Together this provides a good indication of trend.

For this period performance in overtime and sick hours improved compared to the December report, reflecting reduced usage of both categories; patient days and occupancy continue to trend slightly lower than the previous year, although not a significant reduction; and 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.

Employee Engagement

Ms. Maura McKinnon, Chief Human Resource Officer, explained that the Human Resources (HR) team has been focused on the development of key employee engagement initiatives including Values, Recognition, Leadership and New Employee On-boarding and Orientation. With the commitment to use Horizon's Values as the thread that is woven through everything done organizationally, the implementation of corporate Values plan is now underway. Ms. McKinnon showed a video explaining why Values matter.

Human Resources (HR) Program Update

Ms. McKinnon provided an update on multiple HR projects and initiatives underway in various stages of completion. Plans are underway for the development of a Human Resources Strategic Plan, anticipated to begin in September. The HR team is beginning the assessment of a new disability management model which will see a percentage of employees who would normally be off work on leave remain in the workplace and perform modified work. A proposed approach, resource requirements, and timing are currently being developed.

Horizon Health Network

STATEMENT OF OPERATIONS

Eleven months ended February 29 Comparison to Budget	Unaudited - Provided For Internal Purposes Only		
	Feb. 29 Budget 2016 \$	Feb. 28 Actual 2016 \$	Feb. 28 Actual 2015 \$
Revenues			
Department of Health	825,509,121	827,821,069	811,271,661
Medicare	133,064,466	124,098,965	131,500,769
Federal	16,379,718	15,087,716	14,386,460
Patient recoveries	39,730,435	39,105,439	36,531,366
Recoveries & sales	19,049,516	24,295,621	20,128,430
Service New Brunswick savings - revenue offset	(1,874,529)	(2,373,233)	(2,069,378)
	1,031,858,727	1,028,035,577	1,011,749,308
Expenses			
President / CEO	3,487,531	3,759,774	3,584,342
Chief Operating Officer / Corporate Resource	160,112,317	162,313,237	154,666,544
VP Clinical	427,933,525	429,356,006	422,268,685
VP Medical / Academic / Research Affairs	21,975,219	18,878,432	18,365,694
VP Quality / Patient Care	4,172,289	4,027,316	3,946,199
VP Professional Services	158,682,850	164,859,381	158,314,940
VP Community	124,536,313	122,548,228	116,701,649
Chief of Staff	804,444	709,608	888,180
Medicare	132,951,349	124,773,305	132,899,510
Corporate challenges	(1,375,000)	-	-
	1,033,280,837	1,031,225,287	1,011,635,743
Surplus (deficit) from Hospital operations before amortization,			
capital grants and sick pay	(1,422,110)	(3,189,710)	113,565
Other operating expenses			
Amortization of tangible capital assets	(32,272,117)	(31,927,540)	(30,942,687)
Capital grant funding	8,910,590	1,117,522	3,600,303
Sick pay obligation	(460,843)	(384,876)	(457,380)
Net surplus (deficit) for the period	(25,244,480)	(34,384,604)	(27,686,199)

Governance, Nominating and Planning Committee

Jane Mitton-MacLean, Chair

The Governance, Nominating and Planning Committee met on May 18, 2016.

New Board Member Orientation Session – Summer 2016

With the recent election and impending appointment by the Minister of seven board members, there will be at least four and up to eleven new members on the board following the annual meeting on June 23rd. With major issues facing health care and Horizon Health Network (Horizon) in particular, as well as impending change in leadership at Horizon, there is urgency to having a comprehensive orientation for new members.

Committee meetings will ordinarily begin in the month of September with full board meeting and education session in October; therefore orientation should take place, if possible, over the summer months, with attendance mandatory for new members. Returning members may attend if they so choose.

President and CEO John McGarry agreed to contact the Deputy Minister regarding the importance of the Minister making the remaining seven appointments as soon as possible.

Nominations to Annual Meeting

One of the tasks of the Governance, Nominating and Planning Committee is to submit to the Annual Meeting of the Board nominations for the positions of Vice Chairperson and Treasurer, members of all Board Committees except for otherwise provided directly in the By-Laws and for the nominations for the positions on the Regional Professional Advisory Committee and Regional Medical Advisory Committee including nominations for replacement of positions vacated prior to completion of their appointed term.

Because the terms of all current board members expire at the Annual Meeting no slate of officers or committee chairs or members can be recommended at this time. This task will be carried out following the Annual Meeting of the Board after receiving the names of the Minister's appointments. Recommendations for officers, committee chairs, and committee membership will be made to a special meeting of the Board of Directors at a date to be announced.

Advisory Committee appointments will be recommended at the Annual Meeting later in the day.

Facility Update

The Committee was updated by management on most projects within Horizon's facilities.

Accountability Framework

Committee members were informed that the Regional Health Authorities Act requires the establishment of an accountability framework that describes the roles of the Minister and other government ministers and the Regional Health Authorities (RHAs), and that specifies the responsibilities each has towards the other within the provincial health system. The NB Provincial Health System Accountability Framework is being developed by the Department of Health, in consultation with the RHAs to address this need and ensure that it provides strategic guidance for the governance, planning, funding, monitoring and delivery of health care services.

The purpose of the agreement is to define the critical elements of the relationship between the Minister and the RHAs. This draft accountability agreement is focused on:

- the mechanisms by which the Minister and the RHAs will work in partnership to fulfill their respective mandates and objectives under the Act, including those related to improving quality and safety for patients, employees, physicians, families and citizens, and
- the mechanisms by which both the Minister and RHAs discharge their responsibilities effectively

The Board will be kept up to date on this topic as the draft document develops.

Potential Creation of Horizon Research Institute

Members were presented with an overview of the potential opportunity for a semi-autonomous research institute to be created by Horizon. Research is currently being carried out in various sites by medical and other professionals, and the development of a Horizon research institute might help consolidate all activities with long-term view to becoming self-sufficient (possibly for-profit organization). However, there would be need for seed money invested in the development of the research institute. This could be possibly supported by the current research endowment fund which has a capital balance of approximately \$4.5 million.

The Executive Leadership Team will continue to develop this file with the Board being kept up to date through the Governance, Nominating and Planning Committee.

Progress on Centre of Expertise for Aging and Eldercare

Mr. McGarry explained that the Steering Committee continues to meet and is making progress on what the 'centre' will look like. Dr. Patrick Feltmate has been appointed the Department Head of the Geriatrics Clinical Services group.

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 May 24 and June 14, 2016.

At the June 14th meeting, a Diagnostic Imaging Utilization presentation was made by Mr. Dan Hickey, Regional Director of Diagnostic Imaging accompanied by Mr. Cristhian Moran, Regional Director of Electronic Imaging and Ms. Linda Vair, who is the Quality Assurance Director of the Diagnostic Imaging in Horizon Health Network (Horizon). Mr. Moran provided a live presentation of the ability to dissect out utilization of all diagnostic imaging tests within Horizon by getting access to a central repository. This allows to have an assessment of utilization via individual physicians, specialties and also regions. The value of this will hopefully over time enhance the utilization of diagnostic imaging modalities and in future assess the amount of radiation that a patient may have been exposed to. There are obviously quality assurance and patient safety issues associated with this and RMAC congratulates diagnostic imaging people as well as Ms. Betty LeBlanc, Director of Radiology Services in Fredericton and the Upper River Valley Areas who is involved with acquiring this technology. RMAC also applauds Senior Management and the Board for their foresight in seeing the value of this tool.

An educational program was presented by Ms. Betty LeBlanc that was designed for physicians to advise patients regarding the proper utilization of MRI and CT modalities. It is hoped that this will educate physicians as to when and when not some investigations are of value but also to help in dealing with sometimes demanding patients who feel that exposure to expensive diagnostic imaging is representative of better care. The presentation was modified in minimal ways by the RMAC but was endorsed in moving forward on this educational program.

Further into utilization Mr. Gary Foley and Dr. Jeff Moore made a presentation on the laboratory utilization. There has been a two-year ad hoc committee of the RMAC that meets on a monthly basis to try to enhance appropriate utilization, prevent duplication of testing and also give guidelines as to the proper utilization of various expensive testing and

in particular this presentation related to Vitamin D testing as well as testing for common and not so common allergens. This utilization data allows RMAC to look at utilization per geographical area and per physician. Again this helps to educate physicians regarding the appropriateness and the extent of their own use of these at times expensive tests within their practice. Hopefully this educational process will enhance utilization.

RMAC was pleased to have at the meetings the Chairman of the Board who is always an asset as well as the CEO being able to attend the June 14th meeting. Reports were received from the Chief Operating Officer, Ms. Andrea Seymour; the VP Medical, Academic & Research Affairs, Dr. Hendriks; the VP Clinical, Ms. Geri Geldart and the VP Professional Services, Mr. Gary Foley as well as a report from Ms. Margaret Melanson, VP Quality and Patient Centred Care. A report was received from Mr. Jean Daigle, VP Community, who also was as part of the meeting doing a Grand Rounds on Ethics and Mental Health at the Dr. Everett Chalmers Regional Hospital (DECRH) which was video conferenced around the region.

Considerable discussion was had about the availability of translation of medical documents in urgent and not so urgent situations. There is concern by some members of the RMAC that the absence of the ability to translate documents from a foreign language or a second language may impede patient care. Ms. Janet Hogan, Corporate Director Communications and Community Relations, also presented a report at the meeting and discussed this problem extensively, she and in association with the Chief Operating Officer, Ms. Andrea Seymour have done great work on this topic. It is a difficult topic because of cost but also because of availability on a 24/7 situation. Continued work on this file is ongoing.

Motions were passed on credentialing for medical learners who are granted medical learners status within our facilities as per the By-laws as well as granting courtesy privileges of Vitalité Health Network physicians who access Horizon facilities for diagnostic and therapeutic services.

The Board of Horizon approved the October 2015 medical staff rules. As these have been in effect for nine months now there is a subcommittee of the Chiefs of Staff trying to review those during the summer months to come up with some editorial changes to the medical staff rules in relation to physician absences from illness and other issues of practice implications. Hopefully in the late fall of 2016, RMAC's Chair will be able to bring the amended rule changes to the Board for approval.

Dr. Hendriks did a report on medical assistance in dying and gave an update on this process.

A considerable discussion was held by the RMAC concerning the distribution of surgical and anesthesia services within Horizon, further discussion will be occurring on that issue with the Board.

An issue of transportation of mentally ill and at times violent patients was brought to the RMAC to be discussed and Mr. Jean Daigle is working with Ambulance New Brunswick for resolution of this issue which is particularly important for small facilities who do not have psychiatric services readily available to them. There is a need to ensure transportation from these small facilities where staff and patients are sometimes at risk because of mentally ill and sometimes violent patients.

There was considerable discussion of out of province physician ordering and at the present time the policy is that out-of-province physicians, unless they are credentialed within Horizon, cannot order a laboratory or diagnostic imaging test. This is because when an abnormal result occurs there is sometimes nobody to be contacted to deal with the issue. The tradition is if an abnormal laboratory or diagnostic imaging urgent result is found that a physician or a physician on call is available to deal with this issue. This is a patient safety issue and despite it may appear harsh it is an essence for the safety of the patient.

At the May 24th meeting, Mr. David Ferguson Chairman of the Board, talked about the relationships between Horizon and the various Foundations. The Board Chair and the CEO are working to establish a closer relationship with the Foundations so that all are on the same page and able to have certain priorities.

A report was given by Ms. Andrea Seymour; Chief Operating Officer, on Capital Infrastructure projects. This was an extremely comprehensive report and deals with multiple sites.

RMAC is very fortunate to have been able to establish after-hours radiology coverage from other sites to the Upper River Valley Area. At the moment, approximately 15 radiologists from around Horizon have volunteered to be on that slate of radiologists who are able from various locations around New Brunswick to view and report on urgent diagnostic imaging requests in the Upper River Valley Hospital where there are only two radiologists on site and they cannot be available 24/7 for coverage. Ms. Margaret Melanson, VP Quality & Patient Centred Care, discussed the upcoming Patient and Family Centred Care Conference

on November 7 and 8 in Moncton as well communication on whiteboard pilot projects in Sussex and the DECRH, efforts to develop a new Horizon privacy framework and the progress in smoke-free Horizon properties. Mr. Jean Daigle commented on Medavie/ Extra Mural Program memorandum of understanding and there has been consultation with medical groups on this issue in multiple areas.

Various credentialing motions and recommendations appointments of department heads will be brought to the Board in the reports as well.

The physician reappointments for 2016–18 will be presented the CEO.

The Geriatric Care Clinical Group which is RMAC's first effort at a virtual centre of excellence has made significant progress with the continued support of the CEO and Mr. Daniel Jardine as the Coordinator for this project. Dr. Patrick Feltmate of Fredericton has been appointed by this group of Geriatric physicians from across Horizon to head this group.

There are multiple physician issues that are dealt with at the RMAC and the agendas are long and are dealt with. RMAC also distribute an evaluation and feedback form at the end of every year to see what changes the RMAC members wish to make in the conduct and content of the meeting.

Regional Professional Advisory Committee

Cathy Cormier, Chair

The Regional Professional Advisory Committee met on May 12, 2016.

At the Committee meeting on May 12th, members received various clinical care and health-related updates. Information included an update that no further communication on the introduction of midwives into New Brunswick's health care system, work carried out across the province to meet the June 6th deadline for the Medical Assistance in Dying federal legislation, and an update from the Regional Director of Risk Management on Complementary and Alternative Therapy policy. Committee members were also updated on the review of clinical order sets, with a goal to standardize the template and seek approval of clinical order sets (COS) regionally. Information provided included a draft policy for the development and implementation of such COSs, process for creating COS locally and regionally, and draft terms of reference for a regional committee.

Professional Practice Council and Clinical Network Reports

The Committee's Professional Practice Councils and Clinical Networks continue to meet regularly. RPAC finds these summaries provide a great overview of all the work being done by the professionals throughout Horizon Health Network (Horizon). Five Clinical Networks reported at RPAC's May meeting – NB Trauma Program, Oncology and Breast Health, Ambulatory Care, Healthy Aging, and Women and Children. RPAC also had informative reports from the Psychology and the Respiratory Therapy Professional Practice Councils.

Credentiailling

RPAC is also responsible for ensuring the annual credentialing of all regulated health care professionals other than physicians and surgeons. At this meeting, RPAC had a report that 100% of the 13 categories of professionals whose licences were to be reviewed between December 31, 2015 and May 1, 2016 were successful in renewing by the deadline.

Provincial Drugs and Therapeutics Committee

The Provincial Committee reports to both the Regional Medical Advisory Committees and RPACs in Horizon and Vitalité. The minutes of the Provincial Committee's March meeting were reviewed and RPAC Committee members had no objections to actions taken by the Provincial Committee.

RPAC also reviewed changes to the terms of reference for the Provincial Anti-infective Stewardship Committee, a sub-committee of the Provincial Drugs and Therapeutics Committee.

In closing, RPAC recognized and noted its appreciation for the individuals whose term as Committee member of has been completed. Each member and their representative for their health discipline is a valuable resource to the RPAC committee.

Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

The Patient Safety and Quality Improvement Committee met on May 18, 2016.

The Committee received an update on the continuing work of the Aging and Eldercare Centre of Expertise Project group. Along with receiving the Quality and Safety Committee Vice President's portfolio reports, Committee members also received an update on the review by an external consultant on the New Brunswick Heart Centre. They were also updated on a number of patient care initiatives underway in the organization.

The final report of the Phase II-Privacy Gap Analysis and Implementation Roadmap was received, and Ms. Margaret Melanson, Vice President, Quality and Patient Centred Care provided an overview of the findings.

Ms. Heather Kyle, Regional Administrative Director for Laboratory Medicine, provided an update on the **Central Investigation Unit (CIU) project in Fredericton**. Laboratory Services undertook an initiative at the Dr. Everett Chalmers Regional Hospital to reduce the wait times for specimen collection. Problems identified included patients waiting too long to register for the service; patients waiting too long for blood work after registration; and the congestion created in the lobby at the hospital. The review showed the majority of the wait time is in registering, and she explained the improvements implemented to focus on improving the process; and the next steps to be undertaken.

Mr. Jeff Carter, Corporate Director Support Services, provided information on a review recently carried out on **food costs and delivery style** in each of the areas in Horizon Health Network (Horizon). He explained that from the last patient survey (May 2015), the majority of comments received were negative – focusing on taste, temperature, the food received was not what was ordered, and selection.

The recently released food premises inspection report issued on the Dr. Everett Chalmers Regional Hospital was also noted. Ms. Andrea Seymour, Chief Operating Officer and Vice President Corporate, explained that Horizon is taking the report very seriously and each of the items listed on the report had work being done or had been completed on them at the time of the inspection.

Medical Assistance in Dying

A briefing note was provided to update Committee members on the implementation of the Medical Assistance in Dying (MAID) legislation. Horizon and Vitalité Health Networks are part of the Department of Health's provincial steering group to guide the creation of a clear policy and operational documents to direct the implementation in New Brunswick. The provincial steering committee continues to meet biweekly to prepare a flow chart of the patient journey upon request for MAID and to provide liaison with the provincial/territorial representatives, and professional associations.

Alternate Level of Care Patients

A briefing note provided statistics on the numbers of Alternate Level of Care (ALC) patients as of March 31, 2016. At that time, there were 461 patients in Horizon facilities; down from 478 at the same time last year. Percentage of beds occupied by ALC patients has remained steady throughout the year, ranging between 28 and 30 percent.

Committee members also had an update on the provincial rapid Rehabilitation and Reablement Services for Seniors from David Arbeau, Director of Extra-Mural Program and Public Health, Fredericton and Upper River Valley Areas; and Dr. Pamela Jarrett, Geriatrician, Department of Geriatric Medicine. This is a joint service delivered by Extra-Mural Program and Department of Social Development, with the objective of providing seniors with intensive short-term care and services to help them restore their independence and remain at home following a hospital admission or an event in the community.

The standardization of the Child Life Programs offered in Horizon was also noted, and information was provided on the effects of the standardization on staff. Following the notice of lay-off, there was a significant response from members of the public. A communication plan was enacted which included a small number of media interviews. Horizon continues to monitor reaction to the decision.

Emergency Department (ED) Redirect Program – The Moncton Hospital

The Moncton Hospital's proposal to address emergency department congestion and long wait times for less urgent patients was also highlighted. A committee consisting of medical representatives, nursing, community partners, risk management, and communications has met frequently to develop the initiative.

Labour and Birth Unit – The Moncton Hospital

A briefing note provided explained that the need to renovate the Labour and Birth Unit at The Moncton Hospital was identified several years ago. In March 2016, rust particles were found on the operative table in the C-Section room. The source of rust was determined to be the aging heating and ventilation unit, and a decision was made to relocate the Labour and Birth Unit until a remediation plan could be identified. Work is underway to determine the scope of this project, and in the interim, the Labour and Birthing rooms and the Prenatal Assessment room are located on the Obstetrics/Gynecology/Breast Health Unit; the unit is fully operational and functioning reasonably well. C-sections are performed in the main operating room which is on a different floor than the Obstetrics/Gynecology Unit. There is no change to the Neonatal ICU or the Maternal Fetal Medicine Clinic.

Information was also received on Required Organizational Practices, Patient Safety and Infection Prevention and Control Indicators for Quarter 3, and an update on Patient and Family Centred Care.