

# Community Report

October 2016



October 27, 2016

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# Report of the President and Chief Executive Officer

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**October 2016**

John McGarry  
Chief Executive Officer

***We show empathy, compassion and respect.***

***We strive for excellence.***

***We are all leaders, yet work as a team.***

***We act with integrity and are accountable.***

We consider the values set by our organization in January 2015, after a year-long process with staff and stakeholders, are the contract elements we make with our more than 12,000 employees. They also form the fundamental basis of our strategy to improve employee engagement in our organization. We have been told by experts that in order to have a well-engaged employee, an organization must ensure that the employee sees the values set corporately as principles that are important to him or her.

So, do our employees see these values as intrinsic to their particular job? Does the registration clerk, the cashier, or the maintenance professional see empathy, compassion and respect as fundamental to their job duties as the nurse in neonatal intensive care? Perhaps when dealing with an elderly patient looking nervous, and clearly needing assistance, to find a clinic deep in the bowels of an imposing hospital? Do accounts payable clerical employees see that there are times when they are leaders within the organization? Perhaps to the employee looking to be reimbursed for some expenses, or a supplier looking for the large payment, on time, that might help him make the next payroll for his own staff? Do the Emergency Department staff feel they need to keep the patients waiting in the outside chairs confident that they have not been forgotten and are being appropriately monitored? Doesn't striving for excellence start well before the hands-on care actually is provided? Do staff understand that patients are stressed and overwhelmed when coming into the hospital/clinics and centres, and simple gestures of saying hello/bonjour, wearing a name tag that is visible and introducing themselves help to break down barriers and exemplify compassion and respect to our patients and their families?

This summer we began having all of our departments and units undertake **values commitment workshops** to have their employees articulate very specifically how the work that they do every day could reflect the values I listed at the top – the values of Horizon Health Network. How consciously focusing on these values, in whatever they do, could lead a patient to say “I had exceptional care. I received it from every person. And I received it every day.”

Asking ourselves how we specifically apply the values presents interesting and valuable examples. I met with the Regional Telehealth Team last month. They had provided me with the work of their discussions and their **Values Commitment Charter**, which made very specific job-related statements on how they would exhibit our values in doing their daily work. In my discussions with them, one example provided perfect evidence of how every employee contributes to the patient experience, and thus, why paying attention to values is important. This employee was setting up a room for a patient to sit in with telehealth technology to communicate with a clinical team in Saint John. The employee’s job was typical for the assignment – set the equipment up, be sure it was running properly, and give the patient any instructions necessary prior to the encounter with the clinical team. This employee recognized that the patient was alone, and somewhat nervous. The employee had done the assigned tasks, but said to the patient “Ok. It’s all set to go. So I am going to leave the room, but you know what? I think I will stay right outside in case you need anything at all. Just open the door and I will be there for anything you need.” That is empathy, compassion, respect, excellence, leadership, teamwork, integrity and accountability in about 35 words. From a technician. From a stranger. And, from Horizon Health Network.

We know our employees are committed to providing great health-care services to our fellow New Brunswickers. We trust that, from this exercise across our organization, we are helping them be more reflective of these values and not just seeing them as words on a strategic plan, annual report, or in a framed document in our boardroom. And, we hope that aligning corporate values with employees’ values will lead us significantly forward towards our vision of **Exceptional Care. Every person. Every Day.**



# Board Members

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Grace Losier  
Board Chair



J. Douglas Baker  
Riverview



Jean Evelyn Breau  
Miramichi



Cathy Carnahan  
Miramichi



John Cormier  
Fredericton



Linda G. Forestell  
Saint John



Dan McCarthy  
Florenceville-Bristol



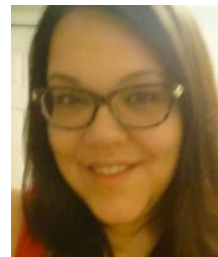
Michael McCoombs  
Miramichi



John McGarry  
President and Chief  
Executive Officer



Jane Mitton-MacLean  
Moncton



Tanna Pirie-Wilson  
Tobique First Nation



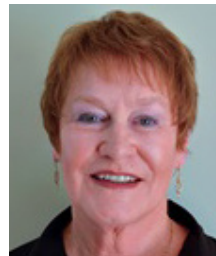
Carol Reimer  
Fredericton



Pauline Richard  
Bouctouche



Mary Louise Schryer  
Quispamsis



Martina Shannon  
Saint John



André Veniot  
Shediac

# Committees of the Board Reports

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## **Finance, Audit and Resource Committee**

### **J. Douglas Baker, Chair**

The Finance, Audit and Resource Committee met on September 15, 2016.

### **Unexpected Infrastructure Challenges**

A list of unexpected infrastructure challenges that have arisen was presented to the Committee. Since April 1, 2016, Horizon has incurred over \$2.28 million in rectification of maintenance issues (major and minor) where failure occurred unexpectedly, and resolution was not funded. This illustrates the impact of underfunding for deferred maintenance. It was noted that unanticipated failures also have a cost in terms of impacting service delivery (e.g., closing patient rooms, building system shutdowns, downtime procedures, etc.). Investing in antiquated infrastructure at the front-end would systematically reduce, if not eliminate, these serious impacts and heightened risks.

### **Financial Results – July 2016 Year-to-Date**

Mr. Dan Keenan, Chief Financial Officer, reported the year-to-date financial results for the four-month period ending July 31, 2016, which showed a slight deficit of \$0.1 million. The result is in line with the budget plan, and early projections indicate a balanced budget to year-end.

Mr. Keenan provided a detailed report on the financial statements and a financial overview. Key points identified that a surplus to budget in drug costs and medical surgical supply are offset by a deficit to budget in WorkSafeNB costs. Mitigation efforts are underway in regard to the WorkSafeNB costs.

### **Financial Dashboard**

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 the trend.



## **Disability Management Program**

Horizon is committed to providing employees with a safe and healthy work environment. The development of Horizon's Early Intervention and Rehabilitation Program will use a collaborative approach involving the Unions. The development of this program will use the Consensus Based Disability Management Audit™ tool and framework. Employees play a key role in their health and safety, and Horizon provides support, tools and training to enable this.

## **Workplace Violence Prevention Program**

The Workplace Violence Prevention Program was officially launched in February 2016, and included face-to-face presentations, email communications and online staff and manager resources. The program continues to focus on key program priorities, including the rollout of the Code White Program, ensuring staff members are appropriately trained in workplace violence prevention, preparing for enhanced reporting capabilities, and planning for a community pilot.

The Committee received samples of educational and awareness materials that have been developed and are being used with staff in all facilities in support of Horizon's commitment to workplace violence prevention.

The following items were discussed and recommendations are being proposed to Board members:

1. Major Capital Equipment 2017–2018
2. Deferred Maintenance 2017–2018

**Horizon Health Network**

**STATEMENT OF OPERATIONS**

Unaudited - Provided For Internal Purposes Only

Four months ended July 31 Comparison to Budget	July 31 Budget 2016 \$	July 31 Actual 2016 \$	July 31 Actual 2015 \$
<b>Revenues</b>			
Department of Health	315,794,728	318,910,069	297,295,158
Medicare	47,506,604	42,457,043	43,272,231
Federal	5,650,532	4,982,385	5,577,884
Patient recoveries	13,349,503	13,349,210	14,394,215
Recoveries & sales	8,272,730	7,193,431	7,979,541
Service New Brunswick savings - revenue offset	(759,022)	(355,684)	(798,204)
	389,815,075	386,536,454	367,720,825
<b>Expenses</b>			
President / CEO	1,340,703	1,389,766	1,685,786
Chief Operating Officer / Corporate Resource	54,453,176	55,129,143	56,362,838
VP Clinical	157,659,979	156,796,553	156,551,084
VP Medical / Academic / Research Affairs	7,874,672	7,028,894	6,674,211
VP Quality / Patient Care	1,619,254	1,581,002	1,514,569
VP Professional Services	60,504,825	60,961,466	58,015,699
VP Community	47,666,409	45,529,488	43,353,920
Chief of Staff	296,606	231,750	280,572
Medicare	47,610,183	42,588,804	43,678,590
Retirement Allowances	10,665,000	15,467,698	-
	389,690,807	386,704,564	368,117,269
Surplus (deficit) from Hospital operations before amortization, capital grants and sick pay	124,268	(168,110)	(396,444)
Other operating expenses			
Amortization of tangible capital assets	(11,653,046)	(11,737,461)	(11,758,123)
Capital grant funding	6,215,184	232,261	87,433
Sick pay obligation	(168,824)	(153,520)	(140,853)
Net surplus (deficit) for the period	(5,482,418)	(11,826,830)	(12,207,987)

# **Governance, Nominating and Planning Committee**

## **André Veniot, Chair**

The Governance, Nominating and Planning Committee met on September 15, 2016.

### **Committee Work Plan**

The plan for presentation of agenda items over the next year was presented to the Committee and approved. This may be modified by the Committee as circumstances demand.

### **Board Education Session**

The Committee was presented with the President and CEO's plan for an annual education day, which was held recently. This event focused on Board/Foundation relations – a topic suggested by the previous Board members. An additional planning session was to be held prior to the event with Board member participation.

### **Facility/Program Update**

Ms. Andrea Seymour, Chief Operating Officer and Vice President Corporate, provided an update outlining multiple facility and program planning projects underway in various stages of completion. A report of major projects within Horizon was also presented.

### **Accountability Framework**

Ms. Seymour explained that the Regional Health Authorities Act calls for the establishment of an accountability framework that describes the roles of the Health Minister and the Regional Health Authorities, and specifies the responsibilities each has towards the other within the provincial health-care system. As outlined in the agreement, the Minister will meet quarterly with the Board Chairs and CEO to promote openness. This agreement is still in draft form, but is expected to be finalized prior to the first meeting with the Minister. Ms. Seymour will be updating Board members on this item.

### **Local Community Engagement Committees**

Ms. Janet Hogan, Corporate Director, Communications and Community Relations, reported on the development of the Local Community Engagement Committees (LCECs) at Horizon's regional hospitals. The goal of LCECs is to increase the visibility of Horizon, and thereby, increase the understanding within the community of what the corporation does, and how individuals can impact health-care delivery in their province. Board members have been expressing a need to have the opportunity to connect more closely with local communities, and this forum would be ideal for such interaction. Effective immediately, all Board members will be informed of such meetings in their local area and be invited to attend as guests; however, attendance is not required.

## **Health and Life Sciences New Brunswick, Tucker Park Development Commission and a Potential Horizon Health Research Institute**

President and CEO John McGarry provided the Committee with a brief history of these similar organizations surrounding the Saint John Regional Hospital campus and some early work in considering the advantages of creating a health research institute in partnership with other stakeholder organizations.

The following items were discussed and recommendations are being proposed to Board members for their consideration:

1. Board Members' Meeting – Public Participation Policy
2. Community Needs Assessments for Tobique, Perth-Andover and Eastern Charlotte County
3. Community Health Recognition Awards

## **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 20, 2016.

The Chairperson of the Board, Ms. Grace Losier, was introduced to the RMAC, and Dr. Bill Martin from the Miramichi area is replacing Dr. Stuart MacMillan.

### **Drugs and Therapeutics Committee**

The Drugs and Therapeutics Committee Communications and Summary of Therapeutic Interchanges' document was circulated to RMAC members. The members were advised to distribute this as widely as possible among the medical staff of Horizon Health Network.

### **Childhood Obesity**

A presentation on an obesity project in the Miramichi area was made by Ms. Ginette Pellerin, Director of the Extra-Mural Program and Community Health Services in the Miramichi area, and Dr. Michael Dickinson, Paediatrician and former RMAC member. The techniques presented to change lifestyle and enhance nutrition were extremely fascinating and many questions were fielded by Ms. Pellerin and Dr. Dickinson from RMAC members. It appears with the ongoing work in research, this is a model program with long-term benefits.

The 5-2-1-0 campaign will be launched in the Miramichi area on October 4. A toolkit for physicians is included, and a decision tree is in development. Another initiative to be launched is "Fresh for Less". A local grocer purchases bulk fresh produce that participants can purchase for \$10 or \$20 per bag. Anyone can join the program, and more participants will reduce the cost of the bulk purchase. They are looking at options for delivery and transportation of the bagged produce.

### **CADD Pump Policy**

The input to the CADD Pump Policy regarding narcotic infusions was made by the RMAC. This was done with the assistance of Dr. Pam Mansfield, from the Moncton area, who had an interest as a palliative care physician. There was some concern expressed about the inability of family physicians to order CADD pumps, but the majority of the RMAC felt that the stipulation that a consultation must be made with a physician comfortable and knowledgeable about the use of the CADD pump would be in patients' best safety interest. Input will be forwarded to the owners of the policy, which is Nursing. The other input was that the Family Practice Network should be informed about the availability of consultations from expert physicians – in particular, palliative care specialists would most commonly be available to help them to look after their patients who may require a CADD pump for symptom control.

## **Reports**

Reports were received from the President and CEO, the Chair of the Board and various vice presidents. Credentialing Reports were received from Fredericton, Upper River Valley, Saint John, and Moncton areas. No report was received from the Miramichi area as the Local Medical Advisory Committee (LMAC) meeting was cancelled.

Discussion ensued concerning the translation of medical reports and Ms. Janet Hogan, Corporate Director of Communications and Community Relations, has been involved with a possible source of translation of medical reports which, of course, is a specialized skill.

## **Third- and Fourth-Year Medical Students Writing Orders**

In answer to Nursing, Ms. Geri Geldart had done some searches at various other health regions, and the issue of third- and fourth-year medical students writing orders was clarified. It was felt that before the orders were to be carried out, that the attending physician must verbally or otherwise communicate that they are happy going forward with those orders. This should clarify handling of these orders by nursing staff. Opinions were sought from other health regions.

## **Out-of-Province Physicians Ordering Laboratory Tests**

It has been the policy by the RMAC that physicians must be licensed in the Province of New Brunswick and must have a physician able to accept unexpected results of Laboratory or Diagnostic Imaging investigations. The RMAC is in discussions with the Executive Director of the College of Physicians and Surgeons of New Brunswick, Dr. Ed Schollenberg. It was confirmed that there was a license allowed for courtesy at a much lower fee than the usual license fee that border physicians can obtain, which allows them to utilize the facilities of Horizon for their patients.

## **Medical Cannabis**

Considerable discussions about the Medical Cannabis Policy, Working Group Minutes, Summary Actions, and the Appendices about various forms and utilization of cannabis within Horizon facilities were discussed. The Working Group members are to be commended for their excellent work and feedback to the policy owners will be sent. It was expressed that it was excellent work and RMAC members are very pleased that it is compatible with Horizon's Smoke-Free Together Policy.

## **Neurological Determination of Death Policy**

Policy on Neurological Determination of Death was reviewed in relation to donor organ harvesting.

## **RMAC Satisfaction Survey Results**

The Regional Health Advisory Committee Satisfaction Survey results were reviewed and the information was taken into account for ongoing discussion regarding location and conducting of meetings.

## **Moderate Procedural Sedation for Adults Policy**

There was considerable discussion about moderate procedural sedation for adults and nursing staffing. This was differentiated from intense procedural sedation that is often done in the emergency room. Concern was expressed by some of the members about the implications for staffing, particularly in areas such as the GI Lab where colonoscopies and gastroscopies are done. The concern was that at times, the nurse would be a helping hand for the operating surgeon to do biopsies, etc., as well, the frequent monitoring of heart rate and blood pressure would be difficult given the positions that the patients were placed for these procedures which would prohibit frequent reading of blood pressures. Feedback to policy owners was sent.

## **Code Green at the Saint John Regional Hospital**

Dr. John Dornan described the recent events for a code green in the Saint John Regional Hospital and applauded the managers and environmental staff as the Risk Group in how they handled the cleaning of the ward, the movement of patients, and the re-establishment of the patients back in the ward. Many people worked throughout their weekend to accomplish this, and the RMAC congratulates them for their great work.

## **Centre of Expertise**

Dr. Patrick Feltnate gave an overview on the progress of the Centre of Expertise in Healthy Aging. This group has made considerable progress across Horizon in collaborative work with caregivers within Horizon as well as community agencies. The plan is for senior management to approach the Department of Health for some funding to bring this issue forward, for administrative support and medical leadership.

## **Values Cascade**

Ms. Maura McKinnon, Chief Human Resources Officer for Horizon, made a presentation on the Values Cascade in response from physicians on job satisfaction. Work will be going forward with the medical staff in seeking ways to enhance the work experience and the buy-in of physicians to the goals of the organization.

## **Staffing Model Change**

Ms. Andrea Seymour, Chief Operating Officer and Vice President Corporate, made a presentation on the staffing model changes within Horizon and senior management agreed to correct any issues that were violations of the union contract. As well, any obviously difficult rotations for people that were untenable would be attempted to be corrected. Ms. Seymour also talked about increases in WorkSafeNB costs at Horizon as well as increasing sick time. Discussions will continue about possible interventions.

## **Recruitment**

Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, reported that the New Brunswick Medical Society is working with family practitioners in recruitment changes, and also to enhance primary care access on evenings and weekends throughout the province. The Medical Society is working with the Department of Health to facilitate that change in practice and improvement for patient care. Discussions were also ongoing about changes to the by-laws, which would allow midwives to be included in the by-laws.

Dr. Hendriks also discussed Medical Assistance in Dying, as did Ms. Margaret Melanson, Vice President, Quality and Patient Centred Care.

## **MRI Access**

Mr. Gary Foley, Vice President Professional Services, talked about some difficulties with some of the MRIs around the region that was being corrected, mostly related to software problems and not hardware problems. Mr. Foley also commented on the appointment of Mr. Darryl Steeves as the Director of Diagnostic Imaging.

Ms. Margaret Melanson gave a report on Patient and Family Centred Care plans for the next year.

## **Community Awards**

Ms. Hogan gave her report for a proposal for community awards for members of the community who are supportive of health-care initiatives, which will be entertained by the Board, and to possibly award it next spring, if the Board is in agreement.

## **Capital Equipment**

The proposed prioritization of Horizon's capital equipment needs for the next year was approved after being brought forward by Ms. Seymour. There was, in fact, minimal discussion and the list of ten priorities was approved by the RMAC.

## **Motion**

A motion from the LMAC of the Upper River Valley Hospital was brought forward concerning the institution of paid parking. An objection was raised in relation to the fact that some physicians, primary care providers and specialists, see patients in their offices and these physicians have paid rent to Horizon. A request for further information was relayed back to the URVH's LMAC, and will be discussed further in the next RMAC meeting.



# **Regional Professional Advisory Committee**

## **Douglas Doucette, Chair**

The Regional Professional Advisory Committee met on September 29, 2016.

The Regional Professional Advisory Committee (RPAC) welcomed its new Chair, Mr. Douglas Doucette, Regional Pharmacy Manager, as well as new Committee members.

The clinical networks' reports were received from the Family Medicine Network and Stroke Network. These summaries provide a great overview of all the work being done by the clinical networks throughout Horizon.

The same benefit is achieved by having each of the Professional Practice Councils report to the RPAC annually. At the RPAC's September meeting, Committee members received updates from four Professional Practice Councils: Speech Language Pathology; Physiotherapy; Medical Laboratory; and, Occupational Therapy.

Review and feedback were provided on policies including Delegation of Tasks and Medical Assistance in Dying.

Chief of Staff Dr. Tom Barry provided an update and review from the Regional Medical Advisory Committee.

# **Patient Safety and Quality Improvement Committee**

**Linda Forestell, Chair**

The Patient Safety and Quality Improvement Committee met on September 22, 2016.

The Patient Safety and Quality Improvement Committee reviewed the Committee Work Plan for 2016–2017, which will be updated and approved at the next meeting.

## **Centracare**

Mr. Jean Daigle, Vice President Community, provided an informative presentation on the actions taken as a result of some human resource issues at the Centracare facility in Saint John. He explained that senior managers have met with concerned staff and a comprehensive action plan is being developed.

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

A summary report from Horizon Quality and Safety Vice President Portfolio Board Reports for June 1, 2015, was provided to the Committee.

## **Charlotte County Hospital Surgical Program**

President and Chief Executive Officer John McGarry explained that there has been considerable discussion on the closure of the Charlotte County Surgical Program involving general anaesthesia over the summer months. Mr. McGarry explained that although there is community pressure, Horizon has been in consultation with the medical staff and other leaders, which confirm that solo surgical practice is not an acceptable standard today. As well, low service volume does not provide sufficient opportunity for a surgeon or general practitioner anaesthetist to keep up their surgical skills. These were the very reasons the current surgeon chose to terminate his practice in general surgery. The focus will remain on efforts to promote primary care in this area and explore opportunities for visiting surgeons to have clinics or perform local anaesthesia surgery. As well, efforts to place more community health resources on the hospital's third floor are underway.

## **Dr. Everett Chalmers Regional Hospital's Emergency Room Review**

A review of the Dr. Everett Chalmers Regional Hospital's Emergency Room has been conducted to identify ways to improve its efficiency. The report contained recommendations which are currently being addressed by a newly established working group led by the Medical Director in Fredericton, with the consulting assistance of the Medical Director from Saint John Regional Hospital. The Committee will be informed of progress on this file.

## **New Brunswick Heart Centre's External Review**

Dr. Édouard Hendriks provided a status report on the external review, commissioned and funded by Department of Health, which was conducted in the spring of 2016. This review was seen as reasonable to undertake since the last such review was approximately 10 years ago, and volume (with significant growth emanating from the P.E.I. workload moving from N.S. to N.B.) and technology pressures continue. The purpose of the review was to provide a comprehensive view of the strengths and gaps of the current program, which would guide decisions regarding program growth and resource investment. An External Review Action Plan Committee has been convened to review the recommendations and decide on priorities within the recommendations.

## **Midwives Legislation**

Horizon has been asked to establish the first midwifery site in Moncton, Saint John or Fredericton. The location of the first site is still being considered by the clinical groups. Meetings are being held between the two Regional Health Authorities (RHAs) to review the required changes to RHA by-laws that might be necessary. Midwives require access to obstetrical and surgical services for consultation, emergency response system and transfer of care.

## **Privacy Management**

The final report of the Phase 3 – Privacy Gap Analysis and Implementation Roadmap was received, and Margaret Melanson, Vice President, Quality and Patient Centred Care, provided an overview of the findings.

## **Medical Assistance in Dying**

Committee members were updated on the status and implementation of the Medical Assistance in Dying (MAID) legislation. Horizon and Vitalité are partnering with the Department of Health to guide the creation of clear policy and operational documents to direct the implementation in New Brunswick.

## **Smoke-Free Horizon Follow-Up**

The Committee was updated on the great work of the steering committee reviewing the move to smoke-free properties within Horizon. Horizon is in the last stages of this implementation. Following the implementation at all acute care sites, Phase 3 of the project will extend the policy to community health centres and other Horizon properties.

Information was also received on Patient Safety and Infection Prevention and Control key performance indicators (KPIs), Complaints Management Report, Staff I.D. Cards Audit results, and an update on Patient and Family Centred Care.

The Committee received a presentation on the completed Aging and Eldercare Project, which was one of the priority areas highlighted in Horizon's Strategic Plan. The mandate of this program is to enhance outcomes for seniors through advocacy, research, education and strong clinical leadership. An overview of the project was provided, along with recommendations for the Board's approval.

