

Community Report

January 2017



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Report of the President and Chief Executive Officer



January 2017

Karen McGrath
President and Chief Executive Officer

I am honoured to be appointed as Horizon's new President and CEO and look forward to the year ahead.

I'm aware that Horizon has some challenges as it looks forward on how to provide the best care for New Brunswickers well into the future. I look forward to being part of the solutions, along with other members of the Executive Leadership Team and our more than 12,500 staff and physicians.

During my first days at Horizon, it's easy to see that the organization is on the right path to uphold their vision of providing ***Exceptional Care, to Every Person, Every Day***. In the coming months, I look forward to learning more about Horizon – our programs, our facilities, our services; and most importantly I look forward to learning more about the wonderful employees that make up this organization.

I plan to visit many Horizon facilities in the months ahead to expand my knowledge of Horizon's organization and culture. I also plan to meet with community leaders and our community partners that help us promote healthy living across Horizon. I hope to meet and have discussions with as many people as possible so that I can learn as quickly as possible. I hope that people will be honest and share their true vision of how to provide health care in New Brunswick. I want to hear both what we do well, and what we can improve upon.

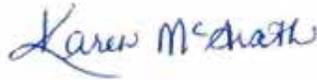
I'm fortunate to have some familiarity with Horizon for my new role. I visited several of its facilities and met with many staff while serving as a Surveyor Team Lead with Accreditation Canada in 2010. I look forward to working with Horizon staff and physicians as we prepare for our next Accreditation survey in 2018. These surveys are integral to ensuring that Horizon continues to provide exceptional care.

Together with our staff, physicians and community partners, we can build on the great work that has already been done in implementing Horizon's strategic plan.

I am pleased that Horizon continues to make great strides in being a leader for Patient and Family Centred Care. As a former social worker, I am genuinely excited to be working for an organization that places the patient and their family at the centre of everything we do.

Growing up and spending the majority of my career in Newfoundland, I am extremely happy to be back in Atlantic Canada. I truly believe that east coasters are the friendliest and the most welcoming people. If you see me please introduce yourself. I look forward to meeting and working with all of you.

Sincerely,

A handwritten signature in blue ink that reads "Karen McGrath". The signature is written in a cursive style.

Karen McGrath

Board Members



Grace Losier
Board Chair



J. Douglas Baker
Riverview



Jeanne Evelyn Breau
Miramichi



Cathy Carnahan
Miramichi



John Cormier
Fredericton



Linda G. Forestell
Saint John



Dan McCarthy
Florenceville-Bristol



Michael McCoombs
Miramichi



Karen McGrath
President and CEO



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

Finance, Audit and Resource Committee

J. Douglas Baker, Chair

The Finance, Audit and Resource Committee met on December 8, 2016.

Financial Results - October 2016 Year-to-Date

The year-to-date financial results show a slight surplus of \$646,000, as of October 2016. The financial overview was provided, including commentary on the changes from last year and the comparison to budget.

Financial Dashboard

Committee members were provided with a copy of a financial/operational summary. The 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 dashboard reflects information up to October 31, 2016.

Investment Funds

Information was provided relating to Horizon's investment funds. Investment funds are managed by Integra Capital Limited. Alexander MacDonald, Vice President of Integra Canada, provided a brief presentation on the investment fund and the investment principles governing management of these funds.

CaRES Presentation

An informative presentation was given on the new orientation program, CaRES (Caring, Respect, Excellence, Service). The program is designed to ensure that all new employees experience an integrated, value-based introduction to Horizon, providing an engaging and inspiring orientation experience. This initiative, which enhances the relationship between the manager and employee, will be introduced in Moncton on January 9, 2017, and rolled out Horizon-wide by March 2017.

BRAVO!

The online employee recognition program BRAVO! was launched in November 2016. BRAVO! is based on the premise of "Exceptional You. Exceptional Horizon Care." and links employee performance contributions to the values of the organization. BRAVO!

is also available for use by patients and visitors to recognize Horizon employees for their contributions to exceptional patient care. It was explained that the alignment of recognition with corporate values is critical to employee engagement and the development of a culture committed to the delivery of *Exceptional Care. Every Person. Every Day.*

Disability Management

An overview of the increase in costs relating to WorkSafeNB (WSNB) claims was presented. This project is focused on reducing and managing WSNB total claim frequency and costs, as well as reducing absenteeism. The Consensus Based Disability Management Audit™ (CBDMA™) tool and framework will be used to identify 1-2 immediately implementable actions that are targeted to achieve financial savings in fiscal 2016–17. It was noted that employees play a key role in their health and safety, and that Horizon must provide support, tools, and training to enable this.

Workforce Adjustment

An overview of workforce adjustments, which occurred in fiscal years 2015–16 and 2016–17, was provided to the Committee.

Capital Equipment

The following item was discussed and recommendations are being proposed to Board members:

1. Major Capital Equipment 2017–18

Horizon Health Network

STATEMENT OF OPERATIONS

Four months ended October 31 Comparison to Budget	Unaudited - Provided For Internal Purposes Only		
	Oct. 31 Budget 2016 \$	Oct. 31 Actual 2016 \$	Oct. 31 Actual 2015 \$
Revenues			
Department of Health	550,722,361	552,471,340	517,815,792
Medicare	83,505,559	75,545,762	77,141,022
Federal	9,568,592	8,442,859	9,315,855
Patient recoveries	23,254,606	23,063,104	25,503,074
Recoveries & sales	15,091,764	13,632,657	15,300,699
Service New Brunswick savings - revenue offset	(1,324,730)	(815,250)	(1,019,728)
	680,818,152	672,340,472	644,056,714
Expenses			
President / CEO	2,516,526	2,351,318	2,734,806
Chief Operating Officer / Corporate Resource	95,192,832	97,341,301	95,292,485
VP Clinical	275,267,494	272,576,691	271,372,848
VP Medical / Academic / Research Affairs	13,501,853	11,916,136	11,869,937
VP Quality / Patient Care	2,942,242	2,875,983	2,644,984
VP Professional Services	105,471,972	105,217,254	103,097,301
VP Community	82,896,317	78,310,174	76,352,637
Chief of Staff	697,763	638,567	488,213
Medicare	83,386,962	76,171,444	77,684,510
Retirement Allowances	18,663,751	24,295,543	3,468,223
	680,537,712	671,694,411	645,005,944
Surplus (deficit) from Hospital operations before amortization, capital grants and sick payw	280,440	646,061	(949,230)
Other operating expenses			
Amortization of tangible capital assets	(20,392,831)	(20,511,755)	(20,494,033)
Capital grant funding	0	156,010	191,669
Sick pay obligation	(293,996)	(293,300)	(245,434)
Net surplus (deficit) for the period	(20,406,387)	(20,002,984)	(21,497,028)

Governance, Nominating and Planning Committee

André Veniot, Chair

The Governance, Nominating and Planning Committee met on December 7, 2016.

Facility/Program Update

An update was provided, outlining multiple facility and program planning projects underway in various stages of completion. A report of the major projects within Horizon was also presented. Two major projects, one at the Dr. Everett Chalmers Regional Hospital (DECRH) and the other at the Saint John Regional Hospital (SJRH), were reviewed.

Midwifery

An update on the progress towards establishing a program at the DECRH was provided. This program was recently announced with funding promised by Government. The Committee hopes to have the program begin in the summer of 2017, pending the recruitment of four midwives, which is in progress. Necessary by-law changes are also being planned.

Accreditation Update

Committee members were presented with an update on this quality process, which will take place in 2018. Board members will be asked to provide input to the information submitted to accreditation surveyors well in advance of the onsite review.

Health Research Institute

President and CEO John McGarry informed the Committee that work was being undertaken by an outside resource to examine the potential for creating a health research institute that could more appropriately support the efforts to undertake additional research within the organization. This would be in support of the initiative to have Horizon become one of the top 40 health research organizations within five years. It is anticipated that the Committee will be presented with options for consideration at the Committee's meeting in March.

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

1. Recommended Site Layout for the DECRH Project
2. Recommended Master Plan Layout for the SJRH Project
3. Community Needs Assessments for Sussex and Nackawic Communities
4. Horizon's Board/Associated Foundations' Collaboration
5. Schedule of Site Visits for Board Members

Regional Medical Advisory Committee (RMAC)

Tom Barry, MD FCFP C

Chief of Staff; Chair, Regional Medical Advisory Committee

The Regional Medical Advisory Committee met on November 1, 2016, and again on December 13, 2016.

November 1, 2016 RMAC Meeting

The Moncton Hospital ER Redirect Pilot

Chief of Staff for the Moncton Area Dr. Serge Melanson presented an overview of a pilot program at The Moncton Hospital that has been developed to help reduce the number of non-urgent patients presenting at the hospital's Emergency Department. The program helps to redirect patients who have been triaged at the Emergency Department and determined to be non-urgent, and connects these patients with alternate health-care treatment options (such as their family physician or local after-hours clinic). The redirect program began in July 2016, and a public awareness program in support of the pilot project is scheduled to begin early this winter with help from Horizon's Communications Department. The awareness initiative will include placement of posters and brochures in emergency department waiting rooms, family physicians' offices, after-hours clinics, pharmacies and key centres within the community. The awareness program also includes a website with helpful information about health-care treatment options available, and how to access them. The ultimate goal of the project is for patients to consider whether their health issues require a visit to the emergency room (ER). This is a pilot project for the Moncton area and the RMAC awaits the long-term results. This initiative is in concert with the New Brunswick Medical Society, which is making a significant effort with primary care physicians to reduce the number of patients that present at the ER. Hopefully, this initiative can be helped significantly by the cooperation of family physicians who will work diligently to reduce the number of non-urgent patients in the ER by increasing access collectively or within their own clinics.

e-Learning Risk Management Program

The Risk Management Department provided a presentation on an e-Learning program they created regarding risk management problems and incident reporting. The second e-Learning program was about the role of a substitute decision-maker for a compromised patient. Efforts are also being made to provide a program to new residents and students to teach them how to report incidents to enhance Horizon's patient safety exercise. This is an ongoing exercise with the RMAC reviewing these programs and assessing them to determine which programs should be mandatory versus encouraged; noting that mandatory review of a program does not always change behaviours, which is well known in educational circles.

Canada East Spine Centre

Dr. Neil Manson, an orthopedic spine surgeon from Saint John, presented the Canada East Spine Centre, describing a collaborative spine care model for New Brunswick. This was extremely impressive and very well received by the RMAC. The committee strongly recommended that a collaborative pan-Horizon back pain triage program be developed, and Dr. Manson was agreeable to pursuing this. Geri Geldart, VP Clinical, will be working with this group and will keep the RMAC updated on the progress toward a pan-Horizon back referral program, which would hopefully decrease the number of patients seeing surgeons who should be treated conservatively by family physicians, nurse practitioners, occupational therapists and physiotherapists.

Report by Dr. Édouard Hendriks, VP Medical, Academic and Research Affairs

1. Communication with Physicians

Dr. Édouard Hendriks, VP Medical, Academic & Research Affairs, provided a verbal report to the RMAC on the initiative by the Department of Health to develop a website for interested physicians to improve communication concerning access to primary care.

2. New Remuneration Model

The Family Medicine New Brunswick Program is a new remuneration model to promote family physicians taking care of larger populations. This would change the fee schedule to include a mix of capitation and fee-for-service. This initiative was brought forward by the New Brunswick Medical Society, in partnership with the Department of Health, and is being coordinated by Alan Bechervaise, Program Manager, Primary Health Care Branch, Department of Health.

3. Tele-Care 811

Communication between family physicians' offices and Tele-Care 811 may help to avoid unnecessary emergency room visits and direct patients who call Tele-Care 811 to be seen by their family physician the following day.

Midwifery

The Department of Health has asked the Fredericton area to be the first site for midwifery services. Midwives will be credentialed under the RMAC; however, they will be part of a bargaining unit. There is ongoing work to change the by-laws of Horizon's Board members, who allow for credentialing of midwives.

Orthopedic Wait Times

The Department of Health is concerned with orthopedic wait times, in particular the T2 wait time, which is the time between seeing a consultant and getting to the operating room. Horizon and Vitalité Health Network are working closely with the Department of Health to try to facilitate movement in the wait times, in particular for the Moncton area. Fredericton and Saint John areas have an issue with wait times, but patients in the Moncton area are experiencing longer wait times.

MRI Wait List

The issue of the MRI wait list, particularly in Moncton, is significantly prolonged. The statistics that were presented to the RMAC at the November 1st meeting showed that wait times in that area are unsatisfactory. The RMAC is trying to encourage the process of referring physicians who have legitimate requests for MRIs for their patients to other areas within Horizon.

Echocardiogram Wait Times

These wait times are similarly prolonged and there has been some success in directing patients to other areas within Horizon to get their echocardiogram done more quickly. VP Professional Services Gary Foley and his team have worked diligently on this issue and are seeing some success.

Accreditation Self-Assessments

The RMAC was informed that accreditation self-assessments will be done in February 2017 in the standard areas, and quality consultants will be here from February to April to deal with any concerns. Margaret Melanson, VP Quality and Patient Centred Care, shared the seven most important Key Performance Indicators factsheets. Horizon is within the benchmarks in most areas, and in-hospital hip fracture indicators are a work-in-progress.

Privacy

Through the initiative of Margaret Melanson, VP Quality and Patient Centred Care, a Physician Privacy Advisory Group has been created, and significant progress has been made toward creating a policy, understanding, and education program for physicians in order to create a reasonable approach to privacy.

Public Health

Public Health's representative on the RMAC is Dr. Na-Koshie Lamptey, Regional Medical Officer of Health, Central Region. Dr. Lamptey had a report about influenza and related test results. Gary Foley, VP Professional Services, had an initiative to try to enhance the rapid reporting of influenza results, which has a significant influence on hospital bed utilization. A pilot study had been conducted by Dr. Chelsey Ellis, a medical microbiologist in the Moncton area, utilizing a Point of Care screening test to provide rapid results. This screening test has a predictive value of 93%, and it is expected to lead to better utilization of beds, less isolation, and better disposition of patients that could go home with a diagnosis of influenza as opposed to being admitted. This has been discussed with the Executive Leadership Team (ELT), and will be a go-forward project for Horizon.

The Moncton Hospital

The Moncton Hospital has recently been undergoing significant facility plant problems. Management and the Board are aware of the difficulties and there has been considerable discussion with the Department of Health about these issues.

Medicinal Cannabis

A discussion was led by the work of Dr. Serge Melanson regarding how to deal with the legalization of cannabis within Horizon's facilities. Considerable patient and visitor safety issues were identified that must be dealt with. There is a policy being developed by the Provincial Drugs and Therapeutics Committee; however, the logistics regarding the management of this issue are challenging. This is because cannabis is not always distributed in a form of inhalation or smoke, but can also be in foods such as cookies, and could be ingested by patients at high risk, particularly children.

Diagnostic Imaging

There was also considerable discussion about the referral of patients to other areas, as discussed earlier in this report, and the importance of patients having the choice to go to any area that they would like to in order to have their diagnostic imaging performed.

December 13, 2016

Up-to-Date - An Online Medical Information Source

Lori Leger, Regional Manager of Library Services, provided a presentation regarding the sustainability of Horizon's subscription for Up-to-Date – a program that provides current information regarding diagnosis and drug therapy for physicians, trainees and students. It is apparent that Up-to-Date is becoming very expensive and compounded by the fact that it is paid for in American dollars, so it was decided that the RMAC will review the DynaMed Plus program provided by the Canadian Medical Association to determine if it would be a successful replacement for this very valuable resource tool.

Capital Equipment

Andrea Seymour, Chief Operating Officer and VP Corporate, presented the Capital Equipment list as revised.

BRAVO!

Maura MacKinnon, Chief Human Resource Officer, presented Horizon's new employee recognition program, BRAVO!, which was well-received by the RMAC. This program is under Chief Operating Officer and VP Corporate Andrea Seymour's portfolio.

Nursing Home Beds

Geri Geldart, VP Clinical, provided a written report regarding access to nursing home beds – 30 beds in Moncton and 30 beds in Sussex – to aid in challenges regarding Alternate Level of Care (ALC) issues.

Stem Cell Program

The Stem Cell Program in Saint John is seeing significant referrals from around the province which is encouraging.

Screening Programs

Descriptions and planning for the Geriatric Clinic in the Miramichi, the Heart Function Clinic in Fredericton, as well as Cancer Screening Programs are ongoing as well. Psychiatrist (physical medicine specialist) resources at the Stan Cassidy Centre for Rehabilitation were also discussed.

Privacy

A report was provided on the steps going forward with the Horizon Medical Privacy Group.

Mobile Mental Health

The Mobile Mental Health program in the Miramichi Area provides mobile mental health services and is thought to have decreased hospital admissions. It was proposed that a study be done to assess if the program has resulted in decreased emergency room visits and/or hospital admissions.

Ambulance New Brunswick

Another issue that the RMAC has been dealing with is regarding Ambulance New Brunswick and how to best transfer violent mental health patients after hours.

Rehab and Re-Ablement Program

The Rehab and Re-Ablement Program expedites services for seniors at home during the rehabilitation period. The program falls within the umbrella of the Home First strategy, and it has been very helpful in decreasing the length of stay in hospital for patients who have accessed the services.

ER Patients

There was a discussion about how to deal with ER patients – particularly triage level 3 patients. Dr. Khalid Al-Sharief, from the Upper River Valley Hospital, will be providing a presentation on how to manage triage level 3 patients and how to best facilitate their care.

Closing

On behalf of the RMAC, I welcome our new CEO, Karen McGrath, and I also thank John McGarry for his exemplary service to the RMAC and Horizon Health Network.

Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

The Patient Safety and Quality Improvement Committee met on December 7, 2016.

Provincial Palliative Care Policy

In light of the new legislation on medical assistance in dying (MAID), the Committee felt a need for a provincial approach for a hospice and palliative care strategy. Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, explained there has been a provincial health committee reviewing the strategy with recommendations on how to improve home care under the Extra-Mural Program, and that family physicians would be asked to play a greater role in Palliative Care Services. This means that Palliative Care physicians would mostly work as consultants and educators. At this time, the provincial report has not been made public. The Committee considers this an important issue for Horizon and it was suggested to write to the Minister of Health to receive more information on plans to implement the recommendations of the report.

Family Physician Recruitment

The Committee was provided an update on the recruitment of family physicians within Horizon. The number of orphan patients was discussed in relation to the Canadian Institute for Health Information's report, which indicates a high ratio of the people within their area have a family physician, while the provincial patient registry indicates otherwise.

Medical Assistance in Dying (MAID) Policy and Documentation

A presentation was given on the finalized policy and documentation of this policy as outlined in the federal legislation for MAID.

Committee Work Plan

The Committee's work plan was reviewed and two new topics were added to the work plan: Privacy and Patient Flow Management.

Patient and Family Centred Care

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

Privacy Management Update

The Committee was informed of the creation of a new Horizon Physician Privacy Group, which will ensure the policies for protecting the personal information of Horizon patients, clients and employees are legally compliant and based on best practices.

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 uniforms.

