

Community Report

April 2017



April 27, 2017

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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 March 16, 2017.

Audit Plan

Representatives from KPMG LLP, Corporate Auditors, joined the meeting to review the 2016-17 audit plan with committee members. This plan is prepared annually to inform Horizon of the planned scope and timing of the audit for the purpose of carrying out and discharging responsibilities, and exercising oversight over KPMG's audit of the financial statements.

Joint Solutions Proposal

Andrea Seymour, Chief Operating Officer and Vice President Corporate, and Dan Keenan, Chief Financial Officer, provided the committee an update regarding the Joint Solutions proposal in which government has recently announced its intention to sign a long-term partnership agreement with a private sector company for the management of food, environmental, and portering services within Horizon.

Financial Results January 31, 2017

Horizon is reflecting a slight surplus of \$703,000 as of January 2017, which represents little change from the previous few months. The financial overview, provided as part of the financial results package, provides commentary on the changes from last year and the comparison to the budget plan.

Regional Health and Business Plan

The Regional Health and Business Plan will be presented to the Board. It is designed to capture the key objectives and priorities of Horizon for the provision of health services. It contains comprehensive financial details and includes the methods by which Horizon will measure its performance in the delivery and administration of health services to meet the health needs of the public. The plan contains initiatives that are designed to further the strategic direction set forth by the Government of New Brunswick, the principles outlined in the Provincial Health Plan, and Horizon's Strategic Plan. The Regional Health and Business Plan will be submitted to the Minister on April 28, 2017, as advice to the Minister.

Capital Improvement Projects 2017-18

A letter dated February 27, 2017 was received from the Minister of Health confirming the approval of the 2017-18 capital improvement projects for Horizon.

Quality of Worklife Indicators

Andrea Seymour explained Horizon promotes a healthy and safe work environment and positive quality of worklife. Process and outcome measures related to worklife and the work environment are identified and monitored. The Quality Worklife Dashboard was presented to the committee. As part of the development and implementation of a Human Resources Strategic Plan, the indicators will be reviewed to determine their ongoing suitability and effectiveness for decision-making and direction setting. The revised Quality Worklife Dashboard will be used as an assessment and evaluation tool to ensure trends and correlations are identified and appropriately actioned in a timely manner.

Formal Recognition Events

Maura MacKinnon, Chief Human Resource Officer, explained formal recognition programs are currently being redesigned to ensure that they effectively support strategic outcomes while ensuring that employee service to Horizon is recognized in a way that is valued and meaningful. Horizon currently recognizes employees formally for retirement and years of service.

Bravo!

Employee recognition is identified as a critical ingredient to increased employee engagement. An online recognition program linked to reinforcing the demonstration of Horizon's values was launched in November 2016. Uptake has been overwhelming, and over 6,000 *Bravos!* were submitted in the first eight weeks. The Executive Leadership Team is committed to recognizing and celebrating the contributions of staff, and will do so through the *Bravo!* program quarterly awards.

Horizon Health Network

STATEMENT OF OPERATIONS

Ten months ended January 31 Comparison to Budget	Unaudited - Provided For Internal Purposes Only		
	Jan. 31 Budget 2017 \$	Jan. 31 Actual 2017 \$	Jan. 31 Actual 2016 \$
Revenues			
Department of Health	795,101,889	793,100,178	753,293,296
Medicare	120,460,649	111,087,772	111,988,076
Federal	13,818,013	12,292,617	13,741,328
Patient recoveries	33,559,986	33,559,986	36,220,056
Recoveries & sales	21,598,065	19,998,518	22,219,762
ServiceNewBrunswick savings - revenue offset	(1,911,789)	(1,911,789)	(2,275,296)
	982,626,813	968,127,282	935,187,222
Expenses			
President / CEO	3,623,294	3,403,374	3,379,965
Chief Operating Officer / Corporate Resource	138,963,119	142,031,616	139,028,055
VP Clinical	397,205,135	393,170,666	391,159,342
VP Medical / Academic / Research Affairs	19,473,208	17,521,803	17,208,622
VP Quality / Patient Care	4,279,099	4,187,363	3,639,305
VP Professional Services	151,571,158	151,935,377	149,649,063
VP Community	119,576,630	113,487,869	111,549,532
Chief of Staff	998,549	981,961	643,264
Medicare	120,276,218	111,564,546	113,054,724
Retirement Allowances	26,662,501	29,139,489	8,132,946
	982,628,911	967,424,064	937,444,818
Surplus (deficit) from Hospital operations before amortization, capital grants and sick pay	(2,098)	703,218	(2,257,596)
Other operating expenses			
Amortization of tangible capital assets	(29,132,611)	(29,230,511)	(29,154,268)
Capital grant funding	2,704,154	3,024,693	408,834
Year End Settlement	0	(915,707)	0
Sick pay obligation	(421,833)	(419,000)	(350,015)
Net surplus (deficit) for the period	(26,852,388)	(26,837,307)	(31,353,045)

Governance, Nominating and Planning Committee

André Veniot, Chair

The Governance, Nominating and Planning Committee met on March 15, 2017.

Board Evaluation 2017

Following last year's evaluation exercise, minor changes were made to the process. Board members will complete the evaluation at the April 27, 2017 Board meeting, and results will be reported at the May meeting of this Committee.

Board Member Self-Evaluation 2017

Individual self-evaluation forms are being provided to all Board members and instruct that completed forms be returned as private and confidential communication to the Board Chair by May 12, 2017.

Board Engagement Opportunities & Board Networking Reception

A reception for Board members, Horizon Executive Leadership, local physicians, foundations, auxiliaries, local mayors and community leaders will be held the evening prior to all future Board meetings in an effort to continue building and strengthening community partnerships.

Board and Subcommittee Meetings

The location of Board meetings will continue to rotate through our major cities (Fredericton, Moncton, Saint John and Miramichi). Board subcommittees will begin the practice of rotating the location of their meetings to include a variety of Horizon facilities/communities.

This new approach will provide an opportunity to increase the number of facilities/communities that Board members visit. In order to maximize this opportunity, tours of the facilities, as well as meet-and-greets with staff, will be organized when possible.

CEO Tour Update

President and Chief Executive Officer Karen McGrath has been touring Horizon facilities since the second week of February, 2017. At this point, the CEO has visited three areas – Moncton, Miramichi and Saint John. The tour is expected to conclude by the end of April. Karen McGrath reported on the wonderful experience of meeting staff, physicians, foundations, auxiliaries, Board members and community leaders in throughout Horizon. To enable the senior leadership team to become more visible within Horizon, the bi-weekly senior leadership meetings will be held in sites outside of Fredericton, focusing on rural/community sites.

Regional Health and Business Plan

A draft of the plan was provided for discussion at this Board meeting. The plan was developed in line 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. The Department of Health provided a letter dated February 23, 2017 to Horizon outlining the budget parameters. This letter was used to guide the planning process. The Department has provided verbal approval to submit to Government the Regional Health and Business Plan on April 28, 2017, following the April Board meeting.

Joint Solutions Update

Andrea Seymour, Chief Operating Officer and Vice President Corporate, provided the Committee with an update regarding the Joint Solutions proposal. Government has recently announced its intention to sign a long-term partnership agreement with a private sector company for the management of food, environmental, and portering services within Horizon. Andrea Seymour explained the contract is still in the drafting process. Opportunities for savings were discussed, and the Board highlighted the need for a percentage of the savings to be allocated to the replacement of aging food service equipment.

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 February 7 and March 21, 2017.

The Miramichi Antimicrobial Stewardship Pilot has been completed. It was successful by all reports from the medical staff of the Miramichi Area. Further funding is needed, or an altered model, to continue this excellent program and extend it further within the health region in an effort to decrease unnecessary antibiotic utilization, decrease bacterial resistance, and reduce infections with 'super bugs'.

Pilot projects for Saint John and Moncton areas were presented regarding low back pain models of care. If these pilots are successful in expediting patient access to low back pain care for the chronically afflicted, a program could be extended throughout the Horizon network. This is a team care approach, and the medical leader is Dr. Neil Manson. It is hoped that this approach will help to ensure that non-surgical patients receive timely care and perhaps shorten the surgical wait list.

Andrew MacLean, Director, Family Medicine New Brunswick, New Brunswick Medical Society, discussed the new Family Medicine Model available to the first 50 physicians who apply beginning April 1, 2017. This is a mix of capitation and fee-for-service, as well as incentives for after-hours care. The goal is to improve access to primary care services.

Dr. Khalid Al-Sharief, of the Upper River Valley Area, provided an overview of key performance indicators (KPIs) for the emergency services network. In the near future, emergency physicians will meet to develop Horizon-wide emergency KPIs. There is also interest in forming a clinical group of emergency room physicians.

Rapid influenza testing has been available at Horizon's five major hospitals on a select basis, in collaboration with Laboratory Services. The test is expensive; however, it is useful for decisions regarding patient disposition. Currently, this testing is being restricted to patients in the emergency room (ER) who may be admitted and/or are admitted with suspected influenza, and rapid diagnosis will influence their care and disposition.

An algorithm has been developed between the New Brunswick Government and departments within Horizon facilities, which will hopefully facilitate the transfer of potentially violent or unsafe patients. The next step would be to review the algorithm with ER managers. Jean Daigle, Vice President Community, has been coordinating this effort.

A medical directive was reviewed by the RMAC and approved to allow respiratory therapists to prescribe nicotine replacement therapy as soon as possible to smokers who

are admitted to the hospital. This will avoid the unnecessary 24-hour delay for a physician to sign the order when a patient needing nicotine replacement is admitted.

The consent agenda was approved, and included the minutes of the previous meeting, the RMAC Physician Complaints Report for 2016-17, the approval of the medical directive for the Nicotine Withdrawal Order Set, the Infection Control Performance Indicators, and the Patient Safety Dashboard.

A presentation was given by Dr. Tushar Pische, Acting Director of the NB Trauma Program and also Ambulance New Brunswick (ANB). Dr. Pische presented a brief and concise report of activity in relation to the management and disposition of trauma patients, and how he is dealing with issues as a director to maintain the quality of trauma care in New Brunswick's health care system, which is intricately linked with his work at ANB.

Verbal reports were received from all senior management as well as ad-hoc members, including the Associate Dean of Dalhousie Medicine, Dr. Jennifer Hall; the Medical Officer of Health, Dr. Na-Koshie Lamptey; and the Chair of the Professional Advisory Committee, Dr. Douglas Doucette.

Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, provided an update regarding thoracic surgery. It was reported that all patients requiring urgent cancer surgery or urgent thoracic surgery have been advised and treated. Dr. Hendriks also reported that recruitment efforts for new thoracic surgeons are ongoing.

The Upper River Valley Area presented its credentialing report as well as a description of the billing number priorities it is requesting. Dr. David Bell, Chief of Staff of the Upper River Valley Area, provided a presentation on what he perceives as a lack of support for rural health care – in particular, rural health facilities, which is an ongoing discussion at RMAC meetings.

The Saint John Area presented its credentialing report, and also its request for physician billing numbers. A report was submitted on the great improvement in transcription of operating room reports, discharge summaries, as well as consultations.

Margaret Melanson, Vice President Quality and Patient Centred Care, presented the Privacy Reference Guide for Physicians, which is now complete. Further work is underway to create a policy for how to deal with confirmed privacy breaches among the medical staff.

Andrea Seymour, Chief Operating Officer and Vice President Corporate, presented an update on major projects in Fredericton, Saint John, and Moncton. These areas all lack physical plant standards that can meet the necessary needs and demands. Horizon facilities are aging.

Gary Foley, Vice President Professional Services, provided a report which included an overview of the therapeutic services outpatient referral process in an area where the new appointment booking process began. The process requires that the referral agency

provide the referral form to the patient, and ask them to call the designated phone number. It is hoped that this will increase compliance and decrease 'no-shows'. Gary Foley reported that the lab accreditation process, done by the Institute for Quality Health Management in Healthcare is ongoing at this time. The Ad-hoc Utilization Committee update was also provided. The committee was created three years ago and its work remains ongoing, including utilization improvements in Laboratory Services.

Dr. Serge Melanson, Chief of Staff for Moncton and Surrounding Area, and Jean Daigle, provided an update on the algorithm for transportation of patients with serious mental illness. The process involves an education plan for all areas, feedback from small areas, and a review by the emergency services network to see that it complies with standards.

Dr. Anne O'Brien, Chair of the Quality Assurance Committee discussed the autopsy policy and its numbers, as well as the turnaround time for autopsy reports. As well, efforts are being made to improve the turnaround time for autopsy reports and coroner autopsies for the benefit of families.

The Provincial Drugs and Therapeutics Committee (PDTC) meetings are attended by the RMAC Chair and a few Horizon physicians. There was a motion passed by the PDTC, after considerable discussion with Vitalité Health Network's RMAC. The motion references that physicians have concerns about the use of cannabis within health care facilities because of dosing problems, drug interactions, and safety of staff and visitors as well as patients. Vitalité and the PDTC supported the use of pharmaceutically commercially available synthetic cannabinoid products (in lieu of phytocannabinoid plant). Horizon's RMAC declined to universally pass this motion at this time, and is awaiting the federal government's review of marijuana legality. The Prime Minister has announced that medical marijuana is in use now; however, marijuana legalization is at least 14 months away. This will be discussed at the RMAC in the near future to see if a common policy can be established across New Brunswick.

Dr. Patti Forgeron had written to RMAC's Chair, and communicated her concerns with respect to social media descriptions of physicians' competence, etc. There will be a meeting with the New Brunswick Medical Society, the College of Physicians and Surgeons of New Brunswick, as well as Horizon and Vitalité to discuss a response to inappropriate assessment of physician competence. Unfortunately, this has caused tremendous stress to physicians' families (including bullying of their children) because of the widespread access to such websites about the competence of physicians.

There was a letter written by RMAC's Chair to the Department of Health concerning the frequency of laboratory accreditation (which is every two years), as opposed to regular accreditation (which is every four years). This is a very time-consuming, labour-intensive and wasteful effort, particularly when receiving a high-level accreditation only two years prior.

Regional Professional Advisory Committee

Douglas Doucette, Chair

The Regional Professional Advisory Committee met on February 9 and March 2, 2017.

Clinical Network reports were received from the following networks: Neurosciences; Nephrology; NB Trauma; NB Heart Centre; Surgery; Healthy Aging; Women and Children; and Emergency Services. 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' reports submitted to the Regional Professional Advisory Committee (RPAC) annually. At February's meeting, RPAC members received updates from three Professional Practice Councils: Nurse Practitioners, Audiology, and Diagnostic Imaging. In March, RPAC heard from two Councils representing Clinical Nutrition and Pharmacy.

Review and feedback were provided on the Complementary and Alternative Therapy Policy. Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, gave a presentation on Medical Assistance in Dying (MAID) to update members on the policy and related procedures. Lori Léger, Regional Manager of Library Services, also presented on the new DynaMed Plus clinical information system, and invited RPAC members and their colleagues to participate in a user trial of the system and subsequent survey to collect feedback.

At February's meeting, Vice President Clinical Geri Geldart and Vice President Professional Services Gary Foley reported on results of the annual professional credential process, and Geri Geldart provided an update on the initiative to introduce midwives into Horizon. At each meeting, Chief of Staff Dr. Tom Barry provided an update from the Regional Medical Advisory Committee.

Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

The Patient Safety and Quality Improvement Committee met on March 13, 2017.

Rehab and Reablement

An update was given on the Rehab and Reablement Program, which is an initiative that is aimed at helping seniors leave the hospital sooner, or avoid hospitalization altogether by offering intensive Rehabilitation and Reablement services in the community or at home.

The project is a collaborative effort among home support workers, special care homes, and the Extra Mural Program (EMP) in partnership with the departments of Social Development and Health.

Extra Mural Program and Medavie Project

Jean Daigle, Vice President Community, provided a presentation on the EMP and Medavie proposal from the provincial government, which involves combining the EMP, Ambulance New Brunswick and Tele-Care 811 under one management structure. The purpose of the presentation was to ensure that Board members are fully aware of the objective of this project, and to enable group discussion prior to the special meeting being held on March 13, 2017 with the Minister of Health and the Chief Executive Officer of Medavie Health Services regarding the proposal.

Community Metrics

Jean Daigle provided information on community metrics, which included information from EMP, Primary Care, Public Health, Community Health Centres, Chronic Disease Programs and Addictions/Mental Health. This information will be reported to the Board on a rotating basis.

Horizon Patient Flow Improvement Framework

Steve Savoie, Regional Director of Patient Flow Processing, provided a presentation outlining the framework for Horizon's patient flow improvement strategy.

Steve Savoie summarized that there are many patient flow improvement projects, and although not all of these projects will have an impact on congestion, they will contribute to the problem solving process. Other projects were discussed which will have a more direct impact on congestion.

Physician Recruitment of Specialists

Dr. Édouard Hendriks, Vice President Medical, Academic and Research Affairs, explained the process within Horizon to recruit physicians into an area of speciality. There are about 24 vacant positions out of 600 speciality positions within Horizon. Some positions are harder to fill than others due to the financial competitiveness amongst the various provinces in our respective efforts to fill these positions.

Accreditation Update

Margaret Melanson, Vice President Quality and Patient Centred Care, explained that Horizon is scheduled to receive a survey by Accreditation Canada in September 2018. To help prepare the organization for this survey visit, and to assist in prioritizing the work required to meet the standards set by Accreditation Canada, Horizon is undertaking a series of 'self-assessments' during the winter and spring of 2017.

Patient and Family Centred Care

Penny Ericson, Co-Chair of the Patient and Family Advisory Council, was welcomed to the meeting and provided a brief presentation from the Council, which contained their long- and short-term goals as well as recommendations from the Council.

Margaret Melanson explained in her report that a renewed strategy to determine Horizon's next priorities for Patient and Family Centred Care will be undertaken in the spring of 2017.

Margaret Melanson provided information on the New Brunswick Health Council (NBHC) Acute Care Patient Survey, which is conducted every three years to seek information from patients pertaining to their impression of the quality of care provided in our acute care hospitals. This represents the third survey conducted by the NBHC of acute care patient experience.

Privacy Management

Margaret Melanson explained that Horizon is scheduled to receive a survey by Accreditation Canada in September 2018. To help prepare the organization for this survey visit, and to assist in prioritizing the work required to meet the standards set by Accreditation Canada, Horizon is undertaking a series of 'self-assessments' during the winter and spring of 2017.

Quality and Safety Committee Vice President's Portfolio Reports

The following groups were represented at this meeting: Pharmacy Services; Laboratory Medicine Services; Emergency Network; NB Trauma Program; Communications & Community Relations; Neurosciences Network; Cardiac Care/NB Heart Centre; Nephrology Network; Stan Cassidy Centre for Rehabilitation; Human Resources; Corporate Performance Team; Population Health & Chronic Disease Management; and, Palliative Care Network.