

# Community Report

January - April 2014



April 24, 2014

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# Report of the President and Chief Executive Officer

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This quarterly report comes at the end of a long year of change. I want to proclaim our success, and offer congratulations to everyone for working so hard for a difficult objective – however I know there are many who see the past year differently, and with good reason. I acknowledge the many employment difficulties and frustrations our people have faced in the past year – yet our work demonstrates we can do amazing things if we put our minds together, and this deserves real celebration.

Horizon Health Network has just completed a very successful year. We have shown that in tough economic times – which includes our first ever flat line funding – we could both live within our means and meet the needs of our patients. Horizon’s volume of service in many areas have increased; our costs have decreased in many areas after diligent efforts.

I am most proud to see that we have begun the process of welcoming patients, families and communities to once again be both proud partners and recipients of our services. We are literally just starting, but we want, ultimately, for patients to truly feel that everyone in Horizon is there, first of all, for them.

I know that this year has been challenging – or more clearly, distressing – for our more than 12,000 employees, and the physicians and volunteers who work closely with our staff. We now employ nearly 250 fewer full-time equivalent positions on our payroll than last year. This forced change affects the employee, but also their family, their co-workers and, in some cases, even their communities.

We have been very successful, blessed by our sheer size, in finding alternative employment opportunities for almost all displaced employees who wished to continue working. Clearly, this does not make for perfection. Many of the positions chosen are not ones of first choice for certain individuals; they may be not as convenient to home or to family routines and schedules; they may not pay as much as the former position. And I know that the work left for others has been affected – in many cases, increased.

However, our entire management team, our Board of Directors, with the Department of Health and government generally wanted every possible effort made to find our savings through attrition. I think we have accounted ourselves well and I want to thank all managers, union officials, fellow employees and others who have done what they can to make this year of change for so many of our employees as compassionate as possible.

During my recent meetings with staff, emotions have been, at times, raw and I have felt anger and disappointment. I truly understand how these changes have caused apprehension and continued fear for what lies ahead. In those sessions, I would dearly have loved to offer the promise that we were now done with job reductions, displacement and system changes; however that would be insincere. New Brunswick's health system has very real challenges ahead and it is our duty to our citizens to try to prepare by making the required adjustments to provide the most good, for the most people. Choices will need to be made. I hope that our new vision for the future being developed now, with the input from so many people, will help paint the picture for health care in 20 years and provide clear pathways for the next five to get there.

And speaking of those sessions with staff, I have universally been accorded courteous, respectful treatment by employees. I have said many times this spring, to those who ask, "many sessions start tough yet seem to end in a better place." As I have been told by many in these sessions (and I hope it is not too late for me to learn) just meeting face-to-face and acknowledging the fears and anger does a lot to move forward. Face-to-face talking is not my comfort zone, so even the CEO faces changes that are uncomfortable.

Respectfully submitted,

John McGarry  
President and Chief Executive Officer



# Board Members

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W. David Ferguson  
Board Chair



Linda Aitken  
Upper Kingsclear



François M. Beaulieu  
Saint John



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



Chief Candice Paul  
Saint Mary's First Nation



Luigi Rocca  
Moncton



Mary Louise Schryer  
Quispamsis



Kay Simonds  
Woodstock

# Horizon's Laboratory Medicine Program - From Good to Great

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This past December Horizon Health Network's (Horizon's) Department of Laboratory Medicine received the nationally recognized Ontario Laboratory Accreditation, as administered by The Ontario Medical Association's Quality Management Program for Laboratory Services. It is the first laboratory network in the Maritimes to receive this accreditation.

The road to Accreditation was long and it pushed our Laboratory staff to improve their systems and standardization. With 600 total staff and 16,000,000 procedures annually in 10 labs and 5 collection centres, this was a big job.

The department undertook this accreditation with the goal of enhancing their services, standardizing practices and ensuring the best possible care of the patients that come through their doors. We wanted our motto of "One Lab, Many Sites" to be backed up by thorough assessment, testing and formal recognition.

The accreditation visit was conducted by a team of representatives from Ontario Laboratory Accreditation who moved into the labs for several days. The assessment was comprehensive, checking processes, measuring temperatures, reviewing records, and interviewing staff and clients at a very high level of detail. The assessors wanted to see the policy, the action, the monitoring and the correction.

After each visit, for every facility, the staff were given feedback that would allow the facility to improve its processes. Then there was a 90-day window to do just that. After running the gauntlet of accreditation, our Laboratory Medicine Program was granted the certificate that declared all goals met.

This process brings immense value to Horizon Health Network as a whole, but most importantly benefits the patients and community at large. Staff have realized an essential and significant feat with this achievement.

Daryl Steeves  
Regional Administrative Director, Laboratory Services



# Committees of the Board Reports

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## Report of Finance, Audit and Resource Committee

Michael McCoombs, Chair

The Finance, Audit and Resource Committee met on Thursday, March 13, 2014, with the following members present: Michael McCoombs, Jo-Ann Fellows, John McKay, Kay Simonds, and W. David Ferguson.

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**Audit Plan:** KPMG representatives and corporate auditors presented an audit plan for the year ending March 31, 2014 to inform the Committee of the planned scope and timing of the audit. The report will be presented to the Committee in June.

**Financial results at January 31, 2014:** The financial results for the ten-month period continue to show a surplus of less than one percent of operating expenditures. The year to date surplus of \$4.6 million at the end of December was essentially unchanged during January; and is slightly less than the surplus at the same time last year.

Dan Keenan, Corporate Director of Financial Services, explained that Horizon continues to operate on budget and is managing to essentially a balanced position from hospital operations at year-end. The result of budget changes for Care Model Design are only partially completed and implemented, and benchmark projects have as yet not been removed from the overall corporate challenge.

**Financial dashboard:** The January 2014 financial dashboard shows strong organizational performance. Despite a zero percent budget increase, our financial results project a small surplus at year-end. Cost per capita and expenditure to budget have exceeded target. Sick hours, overtime hours and number of FTE's (full-time equivalent) are down year over year. Andrea Seymour, Chief Operating Officer and Vice President Corporate for Horizon, noted that surgery, hemodialysis, oncology, laboratory and diagnostic imaging volumes are all higher than 2012-13 fiscal year, demonstrating increased service to patients despite decreased number of worked hours.

Mr. Ferguson suggested that the organization should celebrate by labeling its success. He suggested that Communications publicize such achievements in conjunction with the next board meeting.

**Workforce Adjustment:** The Committee was provided with a copy of the impact of workforce adjustments to date on employees. Vicki Squires explained that since 2010 Horizon has been very successful in placing staff. She acknowledged both the impact on individual employees, and the impact on the organization created by the bumping process associated with various collective agreements.

**Workforce Engagement:** Andrea Johnson, Regional Director Workforce Engagement, shared her vision for employee engagement in Horizon, what it means and the work she has done since recently assuming the position. Her portfolio includes employee recognition, employee engagement, diversity and inclusion, and change management.

**Violence Prevention:** Ms. Seymour explained that given the escalating number of incidents over the last few years, it has become clear that Horizon needs a robust, coordinated, and comprehensive regional program for violence prevention. A Regional Workplace Violence Prevention Working Group has been established to improve health and safety conditions in the workplace by identifying, prioritizing, recommending and monitoring initiatives that will support a workplace violence prevention strategy. The Committee is chaired by Vicki Squires, and five working groups have been struck. There is union representation as well as a representative from the Vitalité Health Network on the Committee. The target date for program development completion is June 2014.

**Capital Equipment Summary 2013-14:** Ms. Seymour explained that Horizon was approved a total of \$16,875,766 for Capital Equipment, pertaining to the 2013-2014 fiscal year. This money was allocated for the acquisition of Major Capital Equipment (items over \$100,000) and for Regular Equipment (items between \$5,000 and \$99,999).

All approved items and associated installations were completed in the 2013-14 fiscal year, with the exception of one Radiology installation in Moncton. This will result in a carry-over requirement of \$649,213 to complete this work in the 2014-2015 fiscal year.

The initial Major Equipment allocation for 2013-2014 was \$5,125,500. Following the initial funding letter, the Minister of Health subsequently approved \$2,855,000 for an urgent equipment replacement at the New Brunswick Heart Centre.

Major Equipment Items acquired in 2013-14

- C-Arm (Moncton)
- Upgrade to Angio/Interventional Radiology (Moncton)
- C-Arm (Saint John)
- Digital Fluoroscopy Unit (Fredericton)
- CCU Monitor Upgrade (Fredericton)
- Diagnostic Ultrasound (Fredericton)

- Digital Mobile X-Ray (Miramichi)
- Ultrasound Unit (Miramichi)
- Oncology CT Simulator (Saint John)
- SPEC-CT Camera (Saint John)
- Stationary Imaging Chain (Saint John)

The capital equipment contingency fund that had been set aside for the 2013-2014 fiscal year was not required for emergency replacement. As a result it was used to purchase the next highest priority items per Horizon's five-year Major Capital Equipment Plan. These included:

- 3 Echo Units (Moncton)
- General Radiology System (Moncton)
- DR X-Ray Unit (Miramichi)
- Cardiac Monitors for Neuro ICU and CCU (Moncton)
- Midas Rex (Moncton)

**Balanced Scorecard Indicator Review – Living within our means:** Ms. Seymour explained that seven indicators are monitored to demonstrate Horizon's progress towards achieving the objective of "living within our means." Of these seven indicators, Horizon has exceeded the target on cost per capita; overtime hours as a percentage of total hours worked; and ratio of actual to budgeted expenditures. Two indicators are moving in the right direction, and although the target has not been reached on these (Extra-Mural average nursing visits per shift and dollars saved by continuous improvement), Horizon is above the base measure.

Ms. Seymour added that Horizon's budget for 2014-15 was predicated on achieving significant results from benchmarking initiatives and realizing the savings achieved through Process Improvement Projects (i.e. joint procurement, staff scheduling). Current experience shows that projects take longer than expected, and that data availability to support process redesign is an inherent challenge which impacts ability to accurately predict magnitude of saving opportunity.

**Capital Improvement Projects:** For information purposes, members were provided with a copy of a letter from the Minister of Health confirming approval of the 2014-2015 capital improvement projects totaling \$2,690,000 for Horizon's facilities.

**Discharged rate charged to ALC patients:** Ms. Seymour explained that changes have been made to Horizon's Medical Discharge Policy, which will be shared with the members at the next meeting.

Mr. Keenan clarified that Horizon does collect on unpaid debts, but currently does not send uncollected Medical Discharge billings to collections. All other accounts are sent to collection once efforts from our internal staff have been exhausted.

**Horizon Health Network**

**STATEMENT OF OPERATIONS**

Ten months ended January 31 Comparison to Budget	Unaudited - Provided For Internal Purposes Only		
	Jan. 31 Budget 2014 \$	Jan. 31 Actual 2014 \$	Jan. 31 Actual 2013 \$
<b>Revenues</b>			
Department of Health	747,488,477	739,630,409	742,041,148
Medicare	138,602,563	136,988,669	133,217,872
Federal	14,055,557	13,700,592	13,045,470
Patient recoveries	31,931,934	31,899,941	29,316,305
Recoveries & sales	19,403,198	18,789,882	18,615,164
FacilicorpNB savings - revenue offset	(1,915,673)	(1,876,219)	(2,889,051)
	949,566,056	939,133,274	933,346,908
<b>Expenses</b>			
President / CEO	4,608,058	3,702,185	4,229,589
Chief Operating Officer / Corporate Resource	133,633,921	128,106,200	129,167,805
VP Clinical	393,872,266	389,098,624	383,663,755
VP Medical / Academic / Research Affairs	19,263,383	16,569,600	17,141,214
VP Quality / Patient Care	5,470,256	4,901,543	4,818,822
VP Professional Services	148,576,631	145,358,488	144,256,692
VP Community	113,869,038	108,587,309	108,769,636
Chief of Staff	896,324	927,364	850,480
Medicare	139,011,199	137,303,503	134,203,962
Corporate challenges	(8,866,772)	0	0
	950,334,304	934,554,816	927,101,955
Surplus (deficit) from Hospital operations before amortization, capital grants, retirement allowances and sick pay	(768,248)	4,578,458	6,244,953
<b>Other operating expenses</b>			
Amortization of tangible capital assets	(27,820,533)	(27,165,049)	(27,885,773)
Capital grant funding	10,927,869	979,166	12,251,001
Retirement allowances - net of recoveries	0	0	0
Sick pay obligation	(1,501,370)	(1,470,778)	(1,168,378)
Net surplus (deficit) for the period	(19,162,282)	(23,078,203)	(10,558,197)

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## Report of Governance, Nominating and Planning Committee

Jane Mitton-MacLean, Chair

The Committee met twice since the last meeting of the Board of Directors. The following is a summary of the discussions.

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The Committee discussed the policy proposal for self-evaluation by each member of the Board of Directors. This practice should help ensure continuous improvement in the performance of individual members. It can also serve as an input assist to setting education topics as well as help advise Chair and Minister in reappointing members to roles of officers and to committees. The proposed policy is presented for the Board's approval in the open session of the meeting.

The progress of the Strategic Planning process was discussed in length. There has been a great deal of work undertaken to date, and consultation has been robust and comprehensive. Our second meeting included all board members as we met with the consultant and senior management to discuss the key themes that are emerging at this time. In addition, we spent considerable time on re-crafting a mission, vision and role statement for further input from stakeholders.

Due to our wish to have input from stakeholders at various stages of development, and the many weather challenges we have faced, we may not have a fully drafted plan ready for Board approval until the fall of 2014.

A survey of board members was undertaken to help management ascertain the members' expressed needs for Board education topics. The five highest level needs were expressed as the following:

- Patient and Family Centred Care
- Transition to an Improved Primary Care System
- General Governance in Health Care
- Electronic Health Records
- Changing Demographics

Management plans to provide speakers and presentations on these topics in the year ahead.

Two policies, Roles and Responsibilities of Board Directors and Roles and Responsibilities of Chief Executive Officer, were discussed and are recommended to the Board for approval in a separate agenda item.

Some discussion took place on the matter of some proposed Hospital Auxiliary By-Laws. It is a legal requirement that the regional health authorities approve all by-laws of supporting auxiliaries and this is a work in progress. The committee, rather than recommending some of these for Board approval, has asked management to consult with the relevant auxiliaries to consider some minor inconsistencies.

Two community needs assessments, namely those for St. Stephen, St. Andrews and area, and for Petitcodiac, Salisbury and area were presented to the committee and discussed. These documents, reflecting considerable input and teamwork by the local communities, are presented to the Board for approval in a separate agenda item.

It is notable that both assessments highlight the need for improved transportation access. Other expressed needs vary between communities but both generally indicate a need for improved primary care, connectedness, and care for seniors, the indigent and youth.

A Gift Acceptance policy was discussed after referral back from the Board of Directors. This item is addressed in a separate agenda item and will ensure good understanding by Foundations, and others, that gifts should be consistent with the mission of the local facility in question. The Foundations support this proposed policy.

The committee had discussions with management on the many construction/ renovation or redevelopment projects that are ongoing, or soon to be underway. These include Hotel Dieu of St. Joseph in Perth-Andover (work has now started on repairs and changes to main building); Fredericton Community Health Centre (temporary quarters for the summer and fall are now being constructed in the Centennial Building with a new building and site expected within one year); the Dr. Everett Chalmers Regional Hospital redevelopment (functional planning still being validated with submission to Government later this spring); Oncology Unit at The Moncton Hospital (on target and on budget for this year); and a few other minor projects.

Finally, the members were presented with Horizon's balanced scorecard indicators.

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## Report of Patient Safety and Quality Improvement Committee

Linda Forestell, Chair

This Committee met twice since our last Board meeting in January and the following items are worthy of report to the Board and community.

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The events surrounding our recent discussions on the **Policy on Hospital Chapels** in Horizon Health Network were noted. The Board approved this Committee's recommendation on the policy at the January 2014 meeting; however the CEO received direction from the Minister of Health on February 6 that there shall be no changes to the chapels. It was agreed that there should be communication with the staff who presented the proposal to the Committee at the last meeting, thanking them for their work and advising them that the Committee supports their efforts.

The Committee discussed the status of the policy and if any action was required on the Board's part at this time. The consensus was that the matter was closed.

An update on **Official Languages** showed that Horizon is not meeting the targets for ensuring access to services for both linguistic communities. Mechanisms are needed to deal with it, and management will be coming back to the Board with its plan.

**Ontario Laboratory Accreditation (OLA) report:** Daryl Steeves, Regional Administrative Director for Laboratory Services, provided an overview of Laboratory Medicine Program (one lab, many sites) and the methods used for and the results of the survey carried out by Ontario Laboratory Accreditation (OLA) in April 2013. In December 2013, Horizon received notification of official accreditation for all sites.

**Provincial Perinatal Program:** On February 19, the Minister announced that a new provincial program, the New Brunswick Perinatal Health Program, will be launched with Horizon assuming the leadership role for the program which will be based in Moncton. The program will foster the networking of perinatal stakeholders to develop provincial policies, standards and protocols that will bring about improved and coordinated perinatal health care services province-wide.

We have asked Dr. Lynn Murphy-Kaulbeck, Chief, Department of Obstetrics and Gynaecology, The Moncton Hospital; and Beth McGinnis to update the Board on the program at the April 24 meeting.

**Antimicrobials:** Moira Wilson, Regional Director of Pharmacy Services, provided an update on Horizon's Antimicrobial Stewardship Program. (Antimicrobial products kill or slow the spread of microorganisms.) The goal of the program is to optimize the use of antimicrobials to achieve the best patient outcomes, reduce the risk of infections, reduce or stabilize levels of antibiotic resistance, and promote patient safety.

**Alternate Level of Care patients:** The number of ALC patients in Horizon hospitals is essentially unchanged, with a very slight improvement since December 2010 (435) to February 2014 (426). Geri Geldart, Vice President Clinical for Horizon, explained that Horizon is tracking the wait time for admission to the three levels of long-term care placement to monitor the effect of the introduction of the specialized care bed initiative. Baseline data has been gathered and analysis is in progress. Revisions have been approved for the Medically Discharged Policy and implementation is underway.

Ms. Geldart added that a meeting has been held with Department of Social Development representatives, and the missing piece to the puzzle she feels is with the number of long-term care beds.

It was agreed that this Committee of the Board of Directors needs to provide more intense focus on the ALC issue. In consultation with management, and other relevant providers in the system, we plan to create a proposal that can be given to government. This should articulate what needs to be done from Horizon's and other providers' perspectives; and the facts behind our proposal. Our committee is truly concerned that neither government nor the provider system is doing enough to deal with a growing, and sustained problem.

**Risk Management:** The Risk Management Report for Quarter 2, July 2013 to September 2014, shows the top three incident types reported were falls, medications, and treatment/test/procedure.

**Quality and Safety Committee VP portfolio reports:** Portfolio reports were received from Horizon Quality Committee's January and February meetings. Reporting at these meetings were Pharmacy Services, Laboratory Services, Surgery Network, Emergency Services Network, New Brunswick Trauma Program, Community and Communications Services, Women and Children's Health Network, Medical Education Program, Medical Affairs and Physician Recruitment, Research Services, and Ethics and Research Ethics Boards.

**Trauma Accreditation Report:** The New Brunswick Trauma Program was part of a pilot survey for Trauma with Accreditation Canada to test the Accreditation standards. The Trauma Program will be part of an official survey to be carried out in the next year.

**Infection Prevention and Control audit:** The Office of the Auditor General will be carrying out audits in hospitals to assess the Infection Prevention Control program at the Regional Health Authorities. It is expected this audit will take place in late March/early April. Staff is working to ensure Horizon is compliant with all the standards.



**Balanced Scorecard Indicator Review – Enhanced Quality of Life:** The enhanced quality of life indicators for Quarter 3 were provided. Andrea Seymour, Horizon Chief Operating Officer and Vice President Corporate, explained that Horizon remains below base on the compliance to accountability benchmark for salaried family physicians and nurse practitioners and the percentage of acute care beds occupied by ALC patients in the regional hospitals.

**Patient Centred Care:** Margaret Melanson, Vice President, Quality and Patient Centred Care for Horizon, provided a written update on the work being done on engaging with the community of patients, visitors and family members, internally and externally. She included a copy of the terms of reference for Horizon’s Patient and Family Advisory Council.

The Committee focused its attention at the special three-hour meeting on April 10 on Patient and Family Centred Care. We were most impressed with the accomplishments of Ms. Melanson and the team she has assembled in such a short time. The Committee has requested updates on the portfolio at each meeting, as well as a formal report quarterly from the Co-chairs of the Patient and Family Advisory Council.

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## Report of Regional Medical Advisory Committee

Tom Barry, MD FCFP C, Chief of Staff

The Regional Medical Advisory Committee (RMAC) met on November 19, 2013 and on January 7, 2014. The following is a summary of the discussions from the meeting.

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- Dr. Anne O'Brien, our lead on the Peer Review/ Incident Reporting Committee has been working, with Steve Savoie, Business Health Analyst for Horizon to develop standard key performance indicators (KPI's) for the Clinical Department Heads across Horizon.
- The Oversight Committee on Primary Health Care Reform is finalizing their terms of reference.
- Quality Care and Efficiencies Committee are working hard on focusing on utilization activities throughout Horizon. Currently the Committee is working on implementation of some laboratory testing recommendations and are working on some diagnostic imaging recommendations.
- The Senior Executive Medical Leaders Committee continues to meet and is reviewing quality assurance and morbidity and mortality reviews from the medical quality assurance committees throughout Horizon.
- Provincial Neurology call group is still a highlight on the agenda and is being discussed in respect to merging with the Provincial Telestroke program.
- Creating a standardized discharge summary for physicians is being looked at formally to develop best practice.
- Diane Brideau-Laughlin, Health Technology Analyst for Horizon presented findings of a MRI – CT study which looked at the indications and utilization data of CT's and MRI performed within the four major facilities within Horizon.
- A presentation was given on the Horizon Antimicrobial Stewardship program. Its goals include optimizing the use of antibiotics to achieve the best patient outcomes, reducing the risk of infections, reducing or stabilizing levels of antibiotic resistance, and promoting patient safety. This Committee is also looking for endorsement from the RMAC on a provincial program in conjunction with Vitalité Health Network and a proposal was presented as well. The RMAC gave endorsement with a motion being brought today for your consideration.
- Geri Geldart, Vice President Clinical for Horizon, reported to the RMAC on the change in designation for inpatient beds. This will be a reclassification of beds throughout Horizon and will allow for a standardized consistent approach in collecting data throughout Horizon and with other like organizations.
- Several motions were passed in relation to medical staff appointments.
- Members of Senior Management including ex-officio members; Chairperson of the Professional Advisory Committee, Medical Officer of Health, Dr. John Steeves, Associate Dean of DMNB attended the meeting and provided reports. Mr. David Ferguson, Horizon Board Chair, was also present and provided comments for information.

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## Report of Regional Professional Advisory Committee (RPAC)

Danica Wallace, Chair

This Committee met on February 20. The following is a summary of the discussions.

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The Regional Professional Advisory Committee welcomed Margaret Melanson, Vice President of Quality and Patient Centred Care, to our February 20 meeting. Ms. Melanson brought the members up to date on work being carried out in her portfolio on staff identification cards, official languages, and the upcoming quality and safety audit by the Auditor General. She has been working with Communications to develop an overall strategy for patients and public communication.

The committee also discussed the proposed complementary therapies policy developed by Risk Management. Feedback was received from the Professional Practice Councils and RMAC on the circulated draft, to be forwarded to the Regional Director of Risk Management.

We received scheduled reports from the Surgery and Cardiac Care Networks; along with the Nursing, Dietetic Services, Social Work, Audiology, and Diagnostic Imaging Professional Practice Councils. We continued discussion on the dress code policy, and feedback received from Professional Practice Councils on a protected colour for nurses (white or black and white) is, for the most part, favorable.

The Committee also had an enlightening conversation with Laura Johnston, Clinical Order Sets Coordinator, on work that has been done in bringing order sets up to date and in providing consistency with the forms and processes across Horizon. It is hoped that policies and procedures will be developed by summer.

The Committee was made aware that an RFP process is underway for the acquisition of a Clinical Point-of-Care Reference Tool for Horizon. The existing contract expires December 31, 2014 and the RFP process is set to begin. The Regional Professional Advisory Committee has been identified as a key stakeholder in this process.

Professional Credentialing: Our committee is responsible for ensuring the annual credentialing of all regulated health care professionals other than physicians and surgeons. Mr. Foley, Vice President Professional Services, reported 100% compliance with renewal of credentials of the groups whose registrations expired on December 31, 2013 and January 1, 2014. These included Medical Laboratory Technologists, Electroneurophysiology Technologists, Physiotherapists, Medical Sonography Technologists, Audiologists, Speech Language Pathologists, Pharmacists, Clinical Psychologists, Medical Radiation Technologists, and Nuclear Medicine Technologists.

Ms. Geldart, Vice President Clinical Services, also reported on the RN/LPN registration verification process; with four suspensions in total for staff not showing licence for the January 1, 2014 deadline. There was one staff member in the two categories that worked without a valid licence, and disciplinary action was taken consistent with Horizon's policy.

Dr. Barry, Chief of Staff, provided an update from the RMAC's activities. Martha MacLean is our representative on the Oversight Committee on Primacy Health Care Reform, and provided information from that group's first meeting. RPAC also reviewed Minutes received from the Provincial Drugs and Therapeutics Committee October 10, 2013 meeting.

# Your Opinion Matters – Patient Survey May 2014



## Your opinion matters.

**Giving the best patient and family centered care is our priority.**

If you are an inpatient during the month of May 2014, you may be asked to complete a **confidential** survey about your hospital experience. Your feedback will help us evaluate and improve our health-care services for our patients and their family members.

**Questions or concerns?**

**Please call 1-855-661-0661**



## Votre opinion est importante.

**Notre priorité est de fournir les meilleurs soins axés sur le patient et la famille.**

Si vous êtes hospitalisé(e) durant le mois de mai 2014, nous pourrions vous demander de remplir un sondage **confidentiel** sur votre séjour. Votre opinion nous aidera à évaluer et à améliorer les services de santé que nous offrons aux patients et aux membres de leur famille.

**Questions ou préoccupations?**

**Veillez composer le 1-855-661-0661**





