



## Horizon Health Network/Réseau de santé Horizon

### Accredited

September 2018 to 2022

**Horizon Health Network/Réseau de santé Horizon** has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until September 2022 provided program requirements continue to be met.

**Horizon Health Network/Réseau de santé Horizon** is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Horizon Health Network/Réseau de santé Horizon** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

### Horizon Health Network/Réseau de santé Horizon (2018)

Horizon Health Network leads the way in bringing innovation and efficiencies to deliver sustainable, affordable, safe and quality health-care services to residents of New Brunswick, northern Nova Scotia and Prince Edward Island with a collaborative team approach to offer services in English and French.

It operates 12 hospitals and more than 100 medical facilities, clinics and offices providing medical services ranging from acute care to community based health services. With 1,000 physicians, an annual budget of approximately \$1 billion and approximately 12,400 employees, Horizon Health Network's strategic vision focuses on research, innovation, education and health and wellness.

### Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) [www.isqua.org](http://www.isqua.org), a tangible demonstration that our programs meet international standards.

Find out more about what we do at [www.accreditation.ca](http://www.accreditation.ca).

## Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

### On-site survey dates

September 16, 2018 to September 21, 2018

### Locations surveyed

- **38** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

### Standards used in the assessment

- **26 sets of standards** were used in the assessment.

## Summary of surveyor team observations

*These surveyor observations appear in both the Executive Summary and the Accreditation Report.*

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

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The organization, Horizon Health Network is to be commended for participating in the Qmentum program. Participation in this program is but one example of the organization's commitment to quality.

Horizon is one of two Regional Health Authorities across New Brunswick and consists of 12 hospitals, 100+ medical facilities, clinics, and offices, and provides services ranging from acute care to community-based health services. There are 12,600 employees, 1,100 physicians, 4,500 volunteers, auxiliary and alumnae members as well as a 15-member Board of Directors. The organization provides health services to a diverse population across a vast geographic area. The organization has several First Nations groups and while there is a francophone health region, New Brunswick is a bilingual province and provides services to both English and French-speaking patients.

The goals and objectives of the Horizon for this survey are four-fold:

1. assess the organization's overall compliance with Accreditation Canada standards and practices within a context of continuous quality;
2. assess engagement of Horizon' staff, physicians and governance to building a culture of patient safety and continuous quality improvement;
3. assess Horizon's effectiveness in building a culture of patient and family centred care within the organization;
4. provide an impression of Horizon's effectiveness with the integration of quality and patient safety initiatives within an integrated "One Horizon" culture.

Horizon has a strong Board of Directors. The board is a skills-based board and works closely with the Executive Leadership Team of the organization. Governance is evidence-based and at a strategic level.

A strength of this board is the patient-centred lens applied to the governance work they do. To keep them centred, the board begins each meeting with a patient story and these stories sometimes provide opportunities to make improvements and/or change.

Quality and safety are important to the board. The Quality and Safety Committee meets regularly and reports to the board at each meeting.

A risk to the current board is succession planning. As the bylaws are currently written, all 15 members could technically be done at the same time, losing all the corporate memory. This is a risk the board is aware of and is working on with government.

Horizon has many partners and works hard to maintain positive and healthy relationships with these diverse groups. The organization has conducted Community Needs Assessments across the network and this has been a real strength of the organization. Community partners, including municipalities, feel there is two-way communication. A positive impact for the organization is that the outreach through the Community Needs Assessments has raised the credibility of the organization. Horizon is also committed to acting to improve population health and address inequities.

Foundations and Auxiliaries are reporting increased engagement with Horizon, this allows them to improve fundraising and the support they provide. First Nations partner reported that engagement with First Nations has been improving and this is welcome. The partners note that the outreach by the Chief Executive Officer (CEO) has been the catalyst to increase the engagement.

The executive leadership team is an established and cohesive group, with only one vacancy currently for the vice president corporate. The Strategic plan (2015-2020) was developed a few years ago, and the Horizon has adapted to the changing provincial landscape by developing an addendum to update the plan. The organization is facing capacity challenges, in part due to be the oldest population in Canada of ages 65+, with the population requiring more, and higher, levels of care. The new corporate risk register (adopted by the board in early 2018) identifies the aging infrastructure as the highest risk, with a significant challenge in providing care in facilities that have been in existence since 1954. In the absence of a comprehensive provincial document of building state/depreciation, most renovations or building changes take place when conditions are urgent, such as concrete crumbling or leaks, which may impact patient care.

A comprehensive operational plan has been established, with vice president's (VPs) reporting on the initiatives. Each clinical network prepares their own quality and safety plan, along with goals and objectives related to the operational plan and priorities. An information technology strategic plan is in development and will help move the organization forward with clinical information systems.

The organization is facing challenges for recruitment currently in some clinical roles, particularly nursing. In response, new models of care are being considered to ensure all staff is working to their full scope. Despite staff working under difficult physical constraints on some sites, with over-capacity scenarios, clutter, and challenging workloads, patients report excellent and compassionate care. The BRAVO awards have been successful to provide online employee peer to peer recognition, based on the four organizational values. This has reinforced positive behaviors, with over 20,000 BRAVOs issued to date. Staff engagement scores have improved by over 10 percent. Years of service and retirement celebrations have been revamped and are now very well attended and enjoyed by staff and invited guests. Staff proudly wears the large pendant with the number of years of service attached to staff IDs. The organization is looking at incorporating physician engagement in a similar way.

Delivery of care is becoming increasingly complex, with up to 33 percent of patients classified as Alternate Level of Care (ALC). Access has been a key area of focus for Horizon. Leadership is aware of the challenges and has established processes to reduce wait times in priority areas. There are significant overcapacity challenges at some sites. System-wide initiatives, technological improvements and remote patient monitoring may help to improve flow of patients through the system. It will be important to continue to roll out an electronic health records solution in all sectors across the province.

Horizon has embraced the philosophy of patient and family centred care. Patient Experience Advisors (PEA's) have been recruited successfully. Patient experience survey results have led to strategies such as hourly rounding and family presence, and an improved staff ID card that patients provided input into. In addition to measuring patient experience every 3 years with the New Brunswick Health Council, annual patient experience measurement is conducted to act on results, in collaboration with the quality teams. Some large projects have had some patient and family input at the schematic design level, and Patient Experience Advisors are engaged in the information technology prioritization process. Patients are represented on the local Medical Advisory Committee (MAC) and regional MAC and patient safety and clinical review committee. The CEO's interview two years ago also included patient representation. Horizon is interested in continuing to do better engaging and co-designing with patients going forward.









The Horizon Health Network is commended for its participation in the accreditation process, which demonstrates the desire to mitigate risk and improve care and organizational performance. Accreditation is a tangible way for Horizon to demonstrate its commitment to accountability, quality improvement, and safety. The organization is to be commended for continuing in their accreditation and "horizonize-ing" journey!

# Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

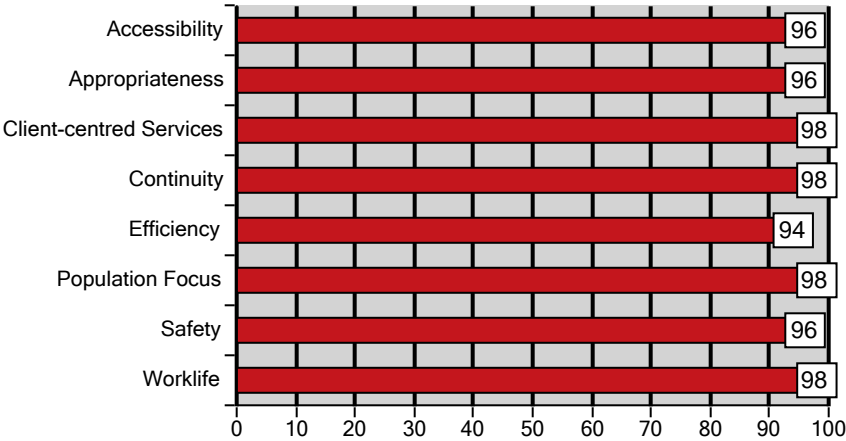
The quality dimensions are:

-  **Accessibility:** Give me timely and equitable services
-  **Appropriateness:** Do the right thing to achieve the best results
-  **Client-centred Services:** Partner with me and my family in our care
-  **Continuity:** Coordinate my care across the continuum
-  **Efficiency:** Make the best use of resources
-  **Population Focus:** Work with my community to anticipate and meet our needs
-  **Safety:** Keep me safe
-  **Worklife:** Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

**Quality Dimensions: Percentage of criteria met**



## Overview: Standards results

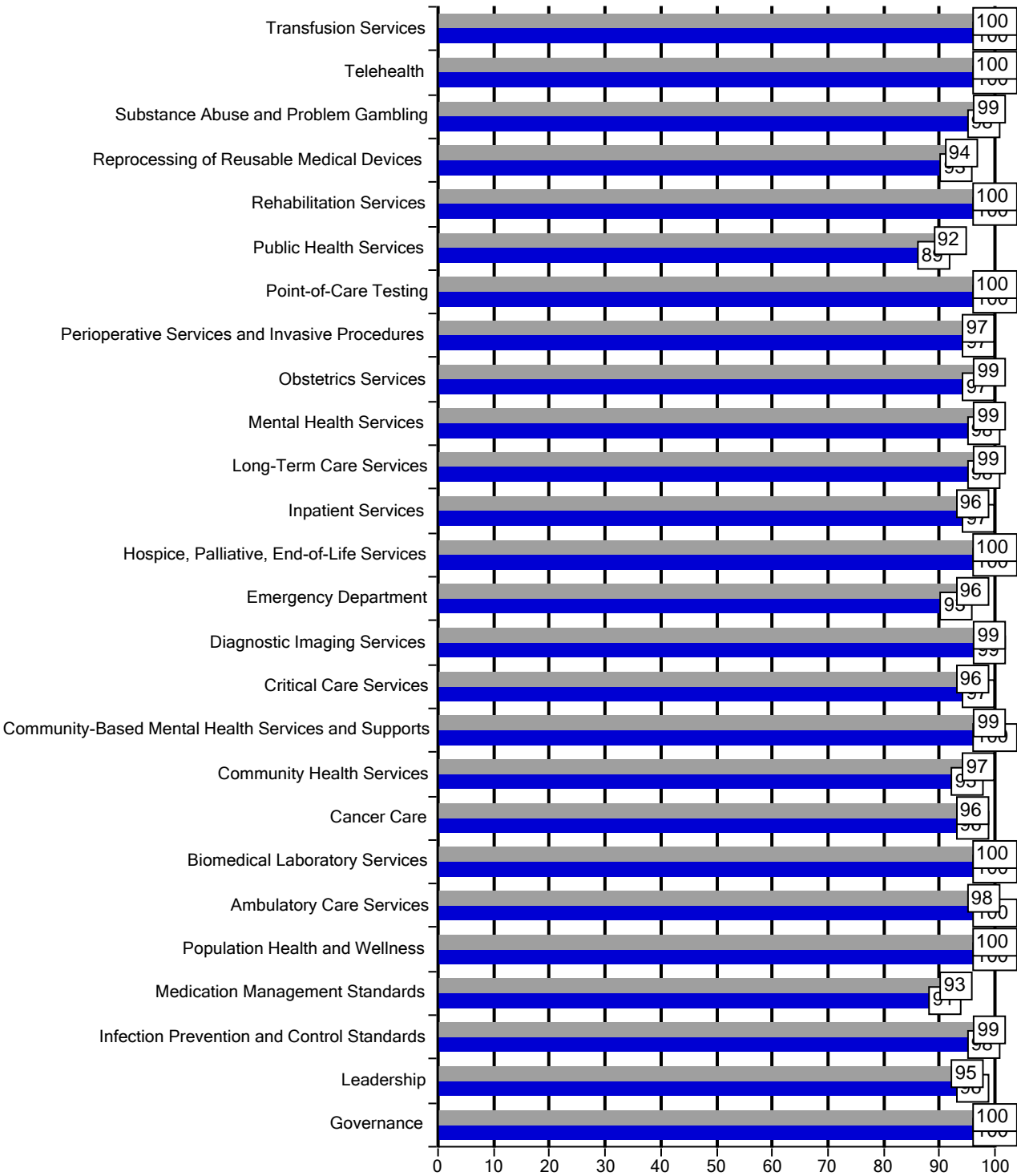
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

**Standards: Percentage of criteria met**

High priority criteria met Total criteria met





## Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

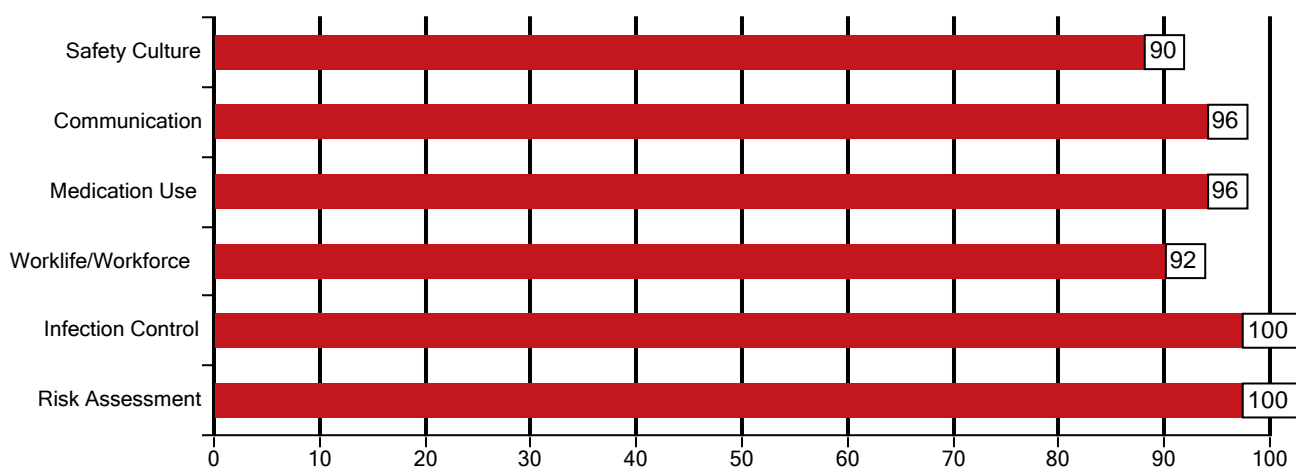
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

**ROP Goal Areas: Percentage of tests for compliance met**



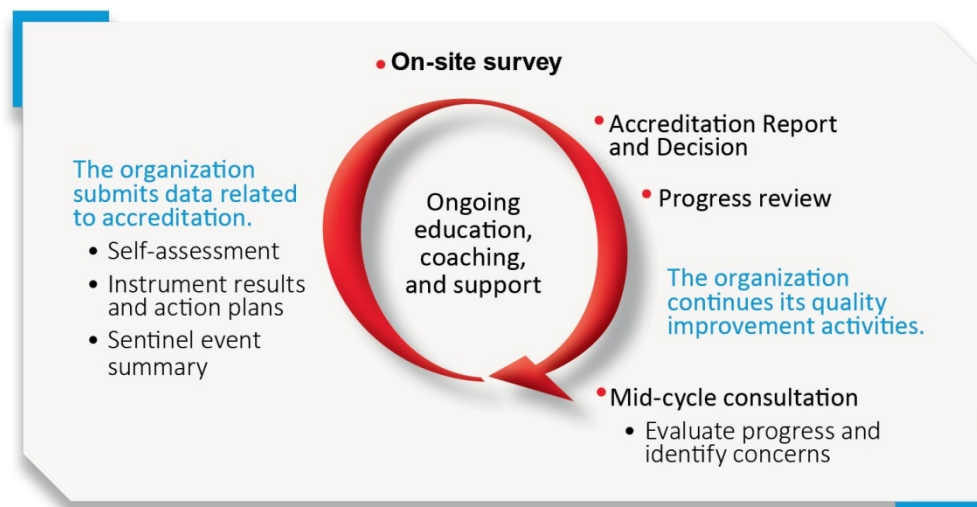
## The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

### Qmentum: A four-year cycle of quality improvement



As **Horizon Health Network/Réseau de santé Horizon** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

## Appendix A: Locations surveyed

- 1 Boiestown Health Centre
- 2 Centracare
- 3 Central Miramichi Community Health Centre
- 4 Charlotte County Hospital
- 5 Dr. Everett Chalmers Regional Hospital
- 6 Fredericton Addiction and Mental Health Services
- 7 Fredericton Downtown Community Health Centre
- 8 Harvey Health Centre
- 9 Hemodialysis Unit Fredericton
- 10 Hotel-Dieu of St. Joseph
- 11 Médisanté Saint-Jean
- 12 Miramichi Addiction and Mental Health Services
- 13 Miramichi Regional Hospital
- 14 Moncton Addiction and Mental Health Services
- 15 Noreen-Richard Health Centre
- 16 Oromocto Public Hospital
- 17 Port Elgin and Region Health Centre
- 18 Public Health Fredericton
- 19 Public Health Miramichi-Chatham
- 20 Public Health Neguac
- 21 Public Health Oromocto
- 22 Public Health Perth-Andover
- 23 Public Health Saint John
- 24 Queens North Community Health Centre
- 25 Ridgewood Addiction Services
- 26 Ridgewood Veteran's Health Wing
- 27 Sackville Memorial Hospital
- 28 Saint John Community Mental Health Services
- 29 Saint John Regional Hospital
- 30 St. Joseph's Hospital
- 31 Stan Cassidy Centre for Rehabilitation
- 32 Sussex Addiction & Mental Health Services
- 33 Sussex Health Centre
- 34 The Moncton Hospital
- 35 Tobique Valley Community Health Centre
- 36 Veterans Health Unit Fredericton

- 37 Woodbridge Centre
- 38 Woodstock Addiction and Mental Health Services

## Appendix B

### Required Organizational Practices

#### Safety Culture

- Accountability for Quality
  - Patient safety incident disclosure
  - Patient safety incident management
  - Patient safety quarterly reports
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#### Communication

- Client Identification
  - Information transfer at care transitions
  - Medication reconciliation as a strategic priority
  - Medication reconciliation at care transitions
  - Safe Surgery Checklist
  - The “Do Not Use” list of abbreviations
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#### Medication Use

- Antimicrobial Stewardship
  - Concentrated Electrolytes
  - Heparin Safety
  - High-Alert Medications
  - Infusion Pumps Training
  - Narcotics Safety
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#### Worklife/Workforce

- Client Flow
  - Patient safety plan
  - Patient safety: education and training
  - Preventive Maintenance Program
  - Workplace Violence Prevention
- 

#### Infection Control

- Hand-Hygiene Compliance
  - Hand-Hygiene Education and Training
  - Infection Rates
- 

#### Risk Assessment

- Falls Prevention Strategy

## Required Organizational Practices

- Pressure Ulcer Prevention
  - Suicide Prevention
  - Venous Thromboembolism Prophylaxis
-