



Horizon Health Network and Partners
**A HEALTHIER FUTURE
FOR NEW BRUNSWICK**







HORIZON HEALTH NETWORK STRATEGIC PLAN 2015–2020

TABLE OF CONTENTS

- 1 INTRODUCTION
- 6 MISSION, VISION, VALUES
- 8 MAKING THE CASE FOR REQUIRED CHANGE
- 12 STRATEGIC PRIORITIES
- 24 ENABLERS
- 27 REPORTING ON OUR PROGRESS
- 27 CONCLUSION



► Introduction



As the provincial government takes steps to move New Brunswick forward, it is important for Horizon Health Network (Horizon) to play its part in creating a healthier future for our province. Our health care services impact all New Brunswickers, that is why, as a regional health authority, we must strive to offer the best care to our patients and their families.

In developing this new five-year plan, we received feedback and insight from hundreds of New Brunswickers on how they wanted their health care system to serve their needs. The comments were gathered during a consultation tour across Horizon as part of developing The Provincial Health Plan 2013-18. Detailed written submissions from physicians, nurses, other staff and patients were also received as part of the public engagement. This consultation was necessary as we felt everyone deserves to be heard. Our province is on the verge of a demographic shift that will have significant implications for our province's health care resources. This plan reflects our summary of what our stakeholders told us was critical to maintain a sustainable health care system for future generations of New Brunswickers.

According to the Provincial Health Plan, health care accounts for 40 per cent of the provincial budget. The budget for the Department of Health and long-term care is \$3.1 billion per year. About 80 per cent of all health care expenditures are paid through provincial taxes. The Province estimates that New Brunswickers collectively pay \$6,000 a minute for health care. Stakeholders consulted during the development of the Provincial Health Plan "told us clearly that they don't want more money spent on health care. They want us to use the dollars they are providing more efficiently and more effectively. The new provincial health plan also supports this objective."¹

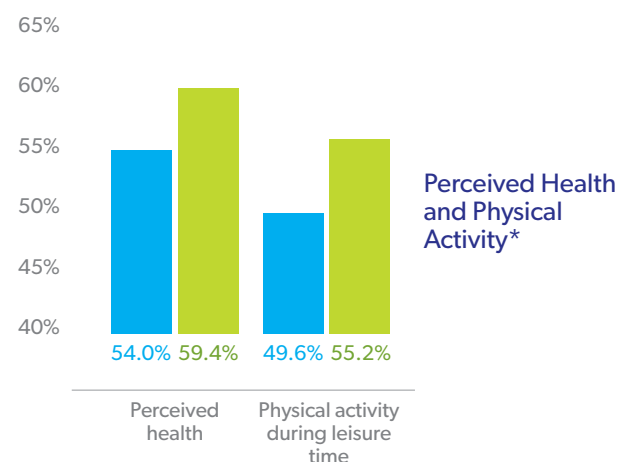
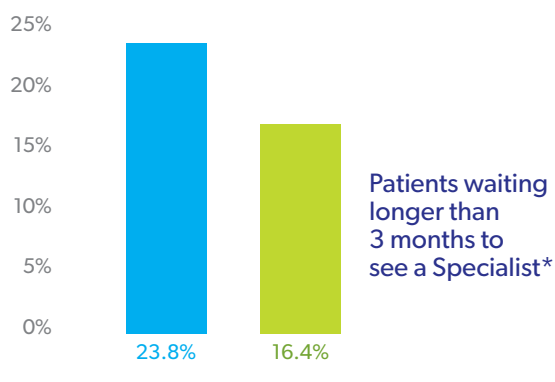
¹Rebuilding Health Care Together: A Blueprint for Sustainability, The Provincial Health Plan 2013-2018, Province of New Brunswick, <http://www.gnb.ca/0212/values/pdf/9129%20english.pdf>

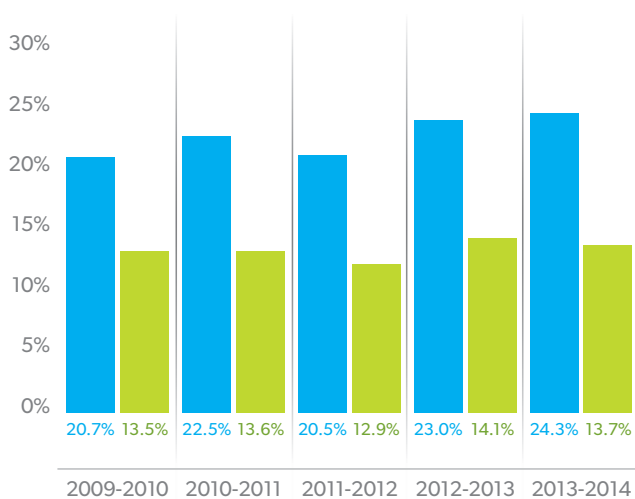
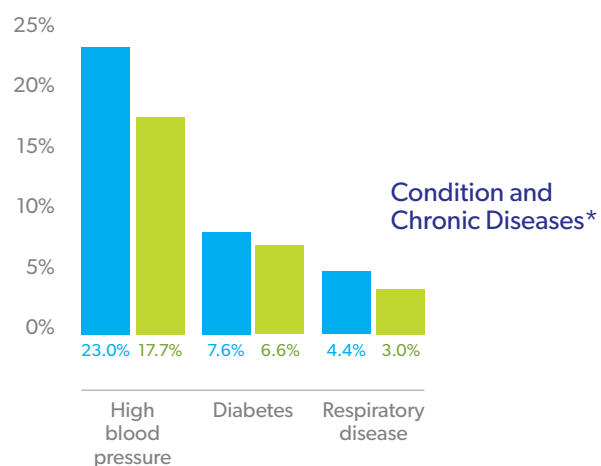
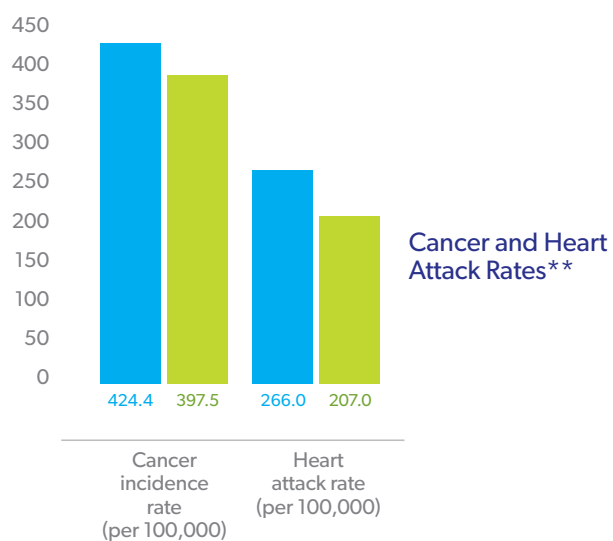


Issues and challenges identified in the Provincial Health Plan include:

- Access to timely care for routine problems or preventative check-ups is a regular frustration for New Brunswickers yet the province's health human resource staffing levels are generally higher than the Canadian average.
- Evidence suggests that New Brunswickers could do a better job of looking after their own personal health.
- New Brunswick exceeds the Canadian average in smoking rates, adult obesity rates and unhealthy alcohol use, diabetes, heart and respiratory disease.
- The major causes of illness and death in developed countries like Canada are chronic diseases, including cancer, heart disease and diabetes; management of these diseases is a costly and often life-long process.
- Seventy per cent of the senior population in New Brunswick has at least one chronic condition and the province's fastest growing demographic is aged 65 or older.
- One in four hospital beds are occupied by seniors needing long-term care.
- Cultural competence is integral to helping health system personnel work effectively with First Nations' patients.

New Brunswick vs. Canada





Percentage of hospital days designated as Alternate Level of Care*

■ New Brunswick ■ Canada

Data Source:

*CIHI Your Health System Website

**Cancer Rates: Canadian Cancer Statistics 2013, Statistics Canada

**Heart Attack Rates: CIHI Your Health System Website



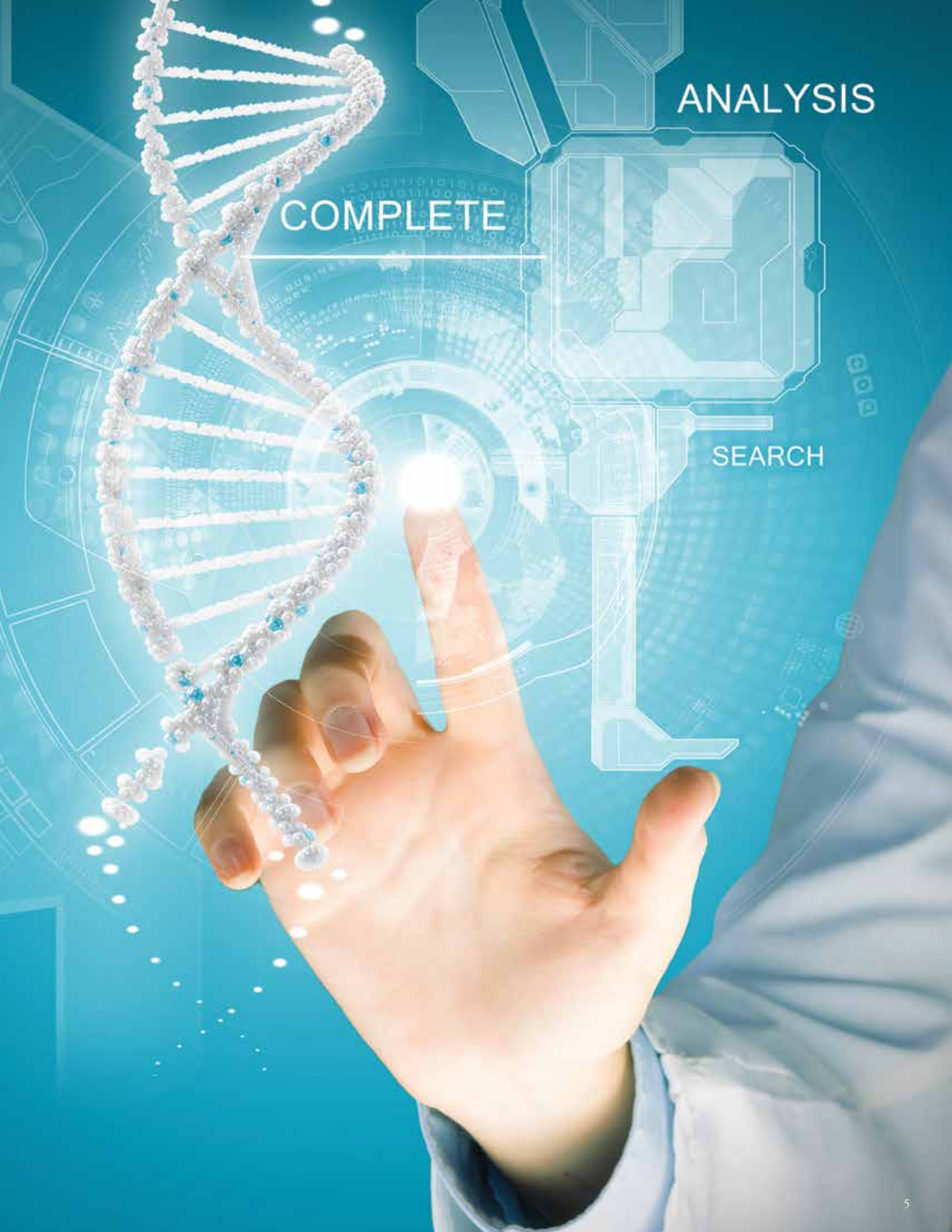
The Provincial Health Plan articulates goals in a number of important areas:

- Cost control/reduction
- Performance excellence
- Evidence-based decision-making
- Better primary health care
- Chronic disease management
- Better access to necessary medications
- More services, including palliative care, at home
- More long-term care facilities
- Population health initiatives
- Benchmarking
- Equitable delivery of services
- Investments in technology

The Provincial Health Plan states that all decisions regarding the future of the New Brunswick health care system will be guided by the principles of:

- | | |
|--------------------|------------------------------------|
| 1 ▶ Quality | 2 ▶ Efficiency |
| 3 ▶ Access | 4 ▶ Clinical Sustainability |

In our review of this foundational Department of Health document, we strongly support the concept of partnership, specifically “rebuilding health care together.” This theme will permeate our new plan as we recognize that required change must occur in collaboration with patients and families, communities, providers and other stakeholders. Our challenge is to ensure that the priorities and plans for our system are aligned with, and support the achievement of, the Provincial Health Plan. We are confident that our strategic priorities advance us toward achieving a healthier future for New Brunswick.



ANALYSIS

COMPLETE

SEARCH



► Mission
Vision
Values

► Our Mission

An organization's mission statement describes its core purpose or "raison d'être." After significant consultation, we have determined Horizon's new mission will be:

Helping People Be Healthy

Good health lies at the heart of our daily quality of life. It is what all New Brunswickers want for themselves and those they love. Helping New Brunswickers be as healthy as they can be is the shared purpose that motivates all those who work at Horizon on a daily basis. We achieve best results through placing our patients and clients at the centre of our health delivery system. We seek and require the support of communities and other stakeholders to best serve our population.

► Our Vision

Our vision statement describes our organization's long-term aspirational state – what it is we are striving to achieve in the future. Again, after significant consultation with our stakeholders, we have determined that Horizon's new vision will be:

Exceptional care. Every person. Every day.

Horizon, through our staff, physicians and volunteers, must seek to be more than simply adequate – or even very good – at what we do. We must always hope to exceed the expectations for every person who looks to us for service, and to do this for each and every interaction with our patients and visitors, through the event or during the stay with us, and even after our patients have been discharged. Nothing short of aspiring to give exceptional care will allow us to do our very best.

► Our Values

Organizational values define the expected standards of individual behaviour within the organization. The mission is "what" an organization exists to do. Its values are "how" it intends to act in the fulfillment of that mission.

At Horizon, the following values guide how we work together and serve our patients, their families and each other:

- We show empathy, compassion and respect.
- We strive for excellence.
- We are all leaders, yet work as a team.
- We act with integrity and are accountable.

► Legal Mandate

Horizon is a "creature of statute." Constitutionally, health is a provincial responsibility. In New Brunswick, the provincial government has sub-delegated certain responsibilities for the delivery of health care services to regional health authorities. Horizon is one of two regional health authorities in the province that was established pursuant to the *Regional Health Authorities Act*. The legal mandate of the regional health authorities is set out in that legislation² and includes responsibility for the delivery of and administration of health services in the regions for which they were established.

Under the supervision of the Minister of Health, Horizon is required to (a) determine the health needs of the population that it serves, (b) determine the priorities in the provision of health services for that population, and (c) allocate resources according to a regional health and business plan. Horizon can only provide health services where (i) there is a need for health services, (ii) the services are in a plan approved by the Minister, (iii) the services are consistent with the provincial health plan, and (iv) sufficient resources are available to ensure effective delivery.

²See Sections 29-31 <http://laws.gnb.ca/en/ShowPdf/cs/2011-c.217.pdf>



► Making
the Case
for Required
Change

The quality of health care provided for a population depends, among many other variables, on two very significant components. The first variable is the magnitude of committed resources over time. Have we allocated sufficient resources in the absolute sense? Have we assigned it for best effect (e.g. rural/urban, primary care, First Nations, specialty care, community, tertiary, mental health, eldercare, etc.)? Can we commit sufficiently such that the effort is effective and sustainable? The second variable is the nature of the population being served by those resources. How homogeneous or diverse is the population? Is it geographically scattered, or concentrated? Is it aging faster than normal, or migrating away from existing infrastructure more quickly than can be supported without significant extra resources? New Brunswick faces a perfect storm with these influencing components (resources and population).

Health care, in any jurisdiction, is not provided free of charge. Whether it is paid at point of delivery by patients, clients or private insurers, or through universal (or less than universal) social systems by means of taxation, or a combination, at some point client and taxpayer become one and the same. At that point it matters little the ideology – someone is asked to pay the bill.

Debt Growth

New Brunswick, by all significant indicators, faces critical challenges. Financially, we have a net debt of \$12.2 billion in 2014-15, an increase of 77 per cent from \$6.9 billion in 2004-05. Of those provinces with net debt (all except Alberta) only Quebec (94 per cent) and Ontario (105 per cent) exceeded this growth in debt.



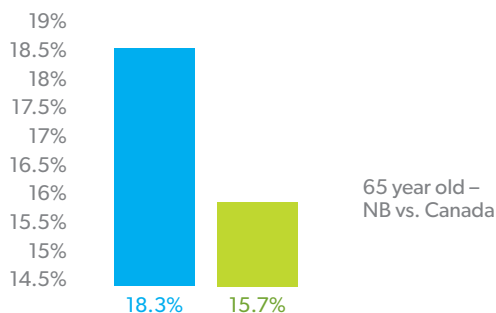
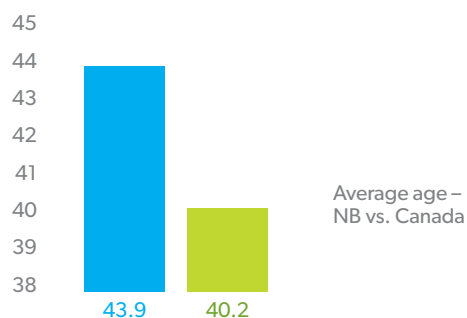
■ New Brunswick ■ Canada

Data Source: Fiscal Reference Tasks Canada, Department of Finance



Health Care Share of Public (Government) Expenditures and Revenue Transfers

Public spending on health care is the single largest factor in any government's budget. New Brunswick, according to the Canadian Institute for Health Information (CIHI), spent 41 per cent of its total spending on health care (versus all other jurisdictions at 38 per cent). More alarming is the fact that federal transfers for health care, which have grown annually for 10 years by a guaranteed 6 per cent or more, are due to be reduced to a guaranteed 3 per cent or more in 2017, with growth in GDP (gross domestic product) as the basis for calculation. Historically, New Brunswick has one of the lowest GDP growth rates in the country. Numbers vary, but some estimates are that approximately \$70 million annually (the equivalent of a 120 bed hospital in New Brunswick) could be lost in transfer revenue.



■ New Brunswick ■ Canada

Data Source: Fiscal Reference Tasks Canada, Department of Finance

Population Growth Stagnation and Migration

New Brunswick has experienced virtually no growth in population (0.8 per cent) in the four years from 2009 to 2013 (Statistics Canada). Even when northern Canadian territories are included, only Nova Scotia has shown lower growth at 0.3 per cent. Further, the low growth in New Brunswick masks the intra-provincial migration from smaller northern communities to the more urban south.

Population Aging Profile

All of Canada has aged significantly since the Canadian health care system was created in the 1960's. In 1972 the median age for New Brunswickers was 24 years – in 2013 the median age was 44 years. Statistics Canada has now declared New Brunswick as Canada's oldest population, with 18.3 per cent of our citizens over the age of 65. With current outmigration of young working people of child-bearing age, and low immigration rates, New Brunswick could become relatively older faster than other provinces.

Evidence is clear that older populations consume more health care resources. In Canada, according to CIHI's The Sustainability of Canada's Health Care System, in 2009-10, seniors over 65 were admitted for acute care at hospitals at five times the rate of adults aged 20-64.

Where does this all come together for New Brunswickers?

- Our public debt is growing.
- Our health expenditures are higher than the rest of Canada and transfer revenue will decrease dramatically beginning in 2017.
- Our population is stagnant or even shrinking – moving to other provinces or, within New Brunswick, migrating to urban southern areas. As well, it is aging faster than the rest of Canada.
- The current model of care in Canada and New Brunswick, where expensive care in institutions is the predominant model, is unsustainable.





► Strategic Priorities

In order to have a significant impact on the health of New Brunswickers while living within our collective means, Horizon needs to have a very clear focus for the next five years. With the benefit of significant input from our stakeholders, the four most important strategic priorities for our organization are as follows...



STRATEGIC PRIORITY

1

Above all, we will work with your patients and families to create and sustain an exceptional patient and family centred care environment.



Our vision, “Exceptional care. Every person. Every day.” sets the foundation for our consideration of priorities. Whereas in Strategic Priority 2, 3 and 4 below tell us more about the how, this first priority is the what, the “raison d’être” within Horizon, all else flows from this highest priority.

Patient and family centred care has a dramatically different perspective than the traditional relationship that has been characterized as excessively provider-oriented rationale in its design and operations. Like other progressive health delivery organizations have experienced, our patients have clearly indicated they want this to change.

With the vocal and tangible support of our patient community, Horizon will shift its focus from primarily meeting the needs of a system, care providers or financial constraints to meeting the needs of patients, their families and the community through engagement processes. The Institute for Healthcare Improvement defines patient and family centred care as follows:

► “Care that is truly patient and family centred considers patients’ cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes patients and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions.

Patient and family centred care puts responsibility for important aspects of self-care and monitoring in patients’ hands – along with the tools and support they need to carry out that responsibility.

Patient and family centred care ensures that transitions between providers, departments and health care settings are respectful, coordinated, and efficient.”

Horizon will offer each patient the distinct care he or she requires in a compassionate manner that enables them to have tangible input into their care from start to finish. We want to improve care outcomes for our patients and their families by improving the care experience they have when they interact with Horizon, and engaging them in decisions relating to their own care and health.

Our goal is to ensure that patients and their families have the information, knowledge and support they need to make informed choices about their care/treatment. We also want to ensure that care/treatment decisions respect patients’ needs, values and preferences.

Horizon has already taken these first steps to transition to patient and family centred care. It has:

- engaged executive leadership to ensure participation and accountability for system redesign.
- developed priorities and action plans using patient, family and community engagement processes and models.
- created a Patient and Family Advisory Council, with a broad-based focus to improve patient care experiences at all levels across Horizon.
- integrating Patient/Family Advisors across the health network in key committees and program groups.
- committed to ongoing measurement and improvement of patient satisfaction with the care experience across the continuum, with initial focus on the acute care system.
- embraced an enhanced culture of safety, with focus on improved outcomes in measures of infection, incidents with harm, and hand hygiene.
- reaffirmed the organization's vigilance toward full implementation of all Required Organization Practices as delineated by Accreditation Canada.

What will this look like?

- Staff and physicians will continue to promote a patient and family centred care approach at the point of contact, including communication of their position, their role in the care plan, and assistance in meeting all informational and care needs of the patient and family.
- Patient and family centred care is dependent upon providing services that minimize wait times and risk of injury during the provision of care. Horizon will develop, achieve and report appropriate targets/actuals for patient safety and reasonable wait times for emergency care, elective surgery and major diagnostic procedures.
- We will demonstrate, through regular semi-annual patient surveys, that we are making continuous improvement satisfying our patients/clients/communities in many dimensions. Our ability to serve patients respectfully in both official languages will be improved, as demonstrated through our satisfaction surveys and reduced complaints.
- Every significant program will have a patient advisor embedded in program and planning discussions to ensure a patient perspective. Corporate policies that materially affect patients and families will have their input.
- Identification of staff, physicians and volunteers (and their particular role in the patient's health care team) will be made clearer through appropriate communication, dress codes and identification badges.
- New staff orientation programs, and ongoing staff education will focus on a patient and family centred component.

STRATEGIC PRIORITY

2

With the partnership support of our medical and management team, and based on evidence and sufficient volumes, we will establish Horizon Health Network centres of expertise that foster and communicate strong clinical leadership, improve patient outcomes and drive research activity as a core activity.



New Brunswickers should expect equitable access to quality health care no matter where they live in our province. Our health care system's capacity to achieve this objective has been enhanced through the creation of Horizon from the collection of smaller regional authorities. Through many formal community health needs assessments, valuable data from the New Brunswick Health Council, and other consultations, we have developed a much better understanding of the health care needs of New Brunswickers. Staff and physicians within Horizon are increasingly becoming focused on the “whole” system versus its individual parts. Many collaborative relationships between care professionals in different parts of the province have been established. However, there is much more work to be done to improve the system's ability to efficiently deliver consistent quality care to New Brunswickers.

In order to create a sustainable system that will be there for our citizens, we must optimize our specialists, allied health professionals, primary health care professionals, our facilities and our specialized equipment. We must ensure that standard “best” care protocols and practices are in place for all patients. This leads to safer, more reliable and more efficient quality care.

In several programs, Horizon must move from local independent leadership and practice, to true regionalized health care, consistently applied. As Strategic Priority 1 implies, focus must be placed on the perspective of the patient, and not the provider.

The very highest quality care is best delivered when leadership is provided by centres and professionals that are most capable, by virtue of training, experience and volume. In many cases, these centres are supported by

academics, research and a focus on innovation. This does not mean to denigrate, in any way, those professionals who have provided quality care in the past. They shall continue to do so but will become more integrated with, and supported by, the clearly identified leadership centre and clinicians.

Evidence is clear that, in many more complex clinical environments, best care is given when there is minimal variability in practice – where best practice is considered, adopted and monitored. In such environments, in order to deliver quality care in the safest manner, clinicians require a sufficient critical mass of patients on a regular basis, supported and with oversight provided by colleagues in the same discipline.

Our specialized programs noted above have highly qualified individuals whose expertise should be made available to all of our patients, regardless of where they receive their service. In New Brunswick, the most well-known example of an established centre of expertise is the New Brunswick Heart Centre in Saint John, that serves the cardiac care needs of all New Brunswickers in the language of their choice. This Centre has established strong relationships with all New Brunswick hospitals and community-based primary care providers in order to deliver as much care as possible closer to home while, at the same time, giving patients ready access to specialists in Saint John when the situation requires.

Centres of expertise in various medical specialties will be the “hubs” in a “hub and spokes” system of health care delivery. This will enable New Brunswickers to obtain better care through improved ability to recruit specialists to “clusters or teams of practice” in New Brunswick. They will share responsibilities for being on call,

be eligible to participate in research and innovation activities, and enjoy the continuous learning that comes from being in a collaborative practice with expert colleagues. We recognize this may lead to some public apprehension and staff dislocation. However, this model allows for better planning and implementation of communications technology, infrastructure and equipment, clinical programming and appropriate levels of qualified human resources.

What will this look like?

Horizon will transform its clinical organization to a more fully developed regional model where responsibility is assigned to certain larger centres for clinical program leadership across all sites.

Horizon will create (or reaffirm) seven centres of expertise, with attendant medical and administrative management models, in the following sectors:

- Aging and Eldercare
- Neurosciences
- Maternal and Child
- Cardiac care (New Brunswick Heart Centre, Saint John Regional Hospital)
- Oncology
- Nephrology
- Rehabilitative Medicine (Stan Cassidy Centre for Rehabilitation)

Acute care programs and disciplines in all sites will be re-considered under this new model and, using evidence, demographics and safety considerations, Government will be advised of required infrastructure adjustments or re-purposing of facilities to best achieve Horizon's legislated mandate to:

- determine the health needs of the population that it serves,
- determine the priorities in the provision of health services for that population, and
- allocate resources according to a regional health and business plan.

Horizon will grow its research income from the current <\$3 million to at least \$10 million and be listed as one of Canada's top 40 research hospitals. Significantly improved infrastructure and investments in education and research, leading to innovation, will support each of these centres of expertise and their regionalized relationships throughout Horizon.



STRATEGIC PRIORITY

3

Working with our community partners and clinicians, we will significantly increase the relative share of resources to improve community-based primary care, and support expensive tertiary services that our aging population will require.



Community-based Care

All evidence indicates that the traditional growth in health care spending has done little to improve the health of New Brunswickers. Measured by progress, or, more appropriately the lack thereof, in obesity levels, chronic disease incidence, diabetes, and other metrics, New Brunswick has continued to spend more of its resources on areas that have done little to improve the health of the general population.

A dynamic and effective system of scarce health resource allocation should not simply add new expenditures for delivering enhanced models of care, techniques or procedures. No public system can afford such profligacy. A responsible public system such as ours, predicated on a population health focus, must review current spending to determine the effectiveness that such long-standing investments are having on the people for whom the system is meant to serve.

Much of the recent (15+ year) increase in spending has allowed more services to be provided – without doubt – but evidence shows we have not obtained significant societal benefits from these decisions. Better strategic decisions about spending are necessary.

New Brunswick's shifting demographics (a greater proportion of elderly citizens, and migration north to south, rural to urban) and the incidence of chronic diseases within its population all point to the need for better preventive, primary, long-term and palliative care in communities across the province. A well-designed health system should feature both strong centres of

hospital-based care and appropriate community-based care “close to home” for New Brunswick residents. These two elements must work hand in glove in order to ensure that New Brunswickers receive the services that they need to be as healthy as they can be. The improvement of community-based health services will require strong collaboration between Horizon and its partners in, among other sectors, public education and social development. More “upstream” education and prevention is required to reduce the future demand on our health system. New Brunswickers with chronic health conditions need access to the right health professional at the right time, preferably as close to home as possible.

Increasingly urgent is the need to provide appropriate care options that enable elderly residents to remain in their homes or, at least, near their home communities. Data on the rapidly aging profile of New Brunswick's population (see section Making the Case for Required Change) demands that Horizon set a priority of improving care for the elderly. Horizon routinely has 25 per cent of its acute inpatient capacity of nearly 1,600 beds occupied by citizens – Alternate Level of Care patients – who ideally, would be in the community in their homes, or nursing or special care facilities. Ten years ago this component of patient population represented 15 per cent of all patients. Hospitals designed for acute care, with all of the attendant technology medical/technical skills required for such, are both ineffective and inefficient in treating people who should be accommodated in less intensive environments. With the lack of appropriate programming, facilities and skill-sets, providing care in hospitals to seniors and others who should be in the community, frankly, is harmful to the well-being of these citizens.

Multiple studies have shown that care closer to the home (including palliative care) leads to better patient and family satisfaction, decreased visits to the emergency room, and fewer admissions to hospital. Additionally, if this transition is well-managed, all of these patient benefits have potential to save the health care system money.

Improved community-based care will better help Horizon achieve its first priority of delivering patient and family centred care. It will enable more prevention initiatives to help New Brunswickers remain healthy. It will also allow for more effective and efficient chronic disease management services outside of acute care settings.

What will this look like?

- Within five years, Horizon will allocate 12 per cent of global budget to community-based care, an increase of 2 per cent (to \$134 million from today's current budget of \$111 million). This will shift resources from our institutions into the community where there is opportunity to best influence health promotion, prevention and management of chronic conditions.
- Recognizing the reality of changing demographics, within five years, care for seniors will be a strategic pillar of our services, with strong and clear leadership and profile. Management of elderly patients will benefit from a new centre of expertise in aging and eldercare and the care of patients who can be accommodated elsewhere (Alternate Level of Care) will be reduced from the current one-quarter of inpatient capacity to one-fifth.
- By collaborating with our community partners, we will enhance our primary palliative care teams and create specialized palliative care teams.
- One-hundred per cent of our service population will have a clearly identified primary care provider.
- All communities served by Horizon will have had completed community health needs assessments.
- Research related to efficacy and best practice in community-based care will be separately funded and supported within our research initiatives. As well, in partnership with appropriate academic institutions, we will have secured a fully funded Chair in Aging and Eldercare to support our program and professional staff.



- We will have significantly increased the number of partnerships with community-based organizations, First Nations communities, and the government departments of Education, Community Services and Healthy and Inclusive Communities. These may include formal agreements to serve collaboratively, or accomplished through amalgamated mandates as determined by Horizon and other organizations.
- We will have established five additional family health teams, with support from the Department of Health.

Tertiary and Higher Cost Services

We must recognize that an aging population has different needs than a younger population upon which the vast majority of the current Canadian system is predicated. Consistent with the transition to improved community-based care above, these needs (e.g., cardiac, oncology, personalized medicine, etc.) require similar reallocation of resources to secure the infrastructure, workforce and technology to deal with this demographic trend.

New Brunswickers deserve the same quality care that all Canadians seek and enjoy. Health system providers such as Horizon must continue to invest in effective, but expensive, new technologies and professionals in order to stay current in the field. These new modalities and treatments provide dramatically effective results – especially relevant to aging populations such as that developing in New Brunswick. Health care, however, is a competitive environment that seeks highly trained professionals; we must invest in the tools and an environment that will be attractive to the talent that we need to come to New Brunswick to serve our patients. In addition, we must provide a supportive environment for professionals who, commonly, wish to engage in research and academic activity in addition to their formal clinical duties. Increasingly, highly trained clinicians have such joint career objectives. Further, developing this capacity affords New Brunswick the opportunity to truly develop into a model of an Academic Health Science Centre, which provides additional advantages to attract the very best talent.

New developments in cancer and cardiac care, as well as other developing fields in interventional radiology, intensive care, personalized medicine etc., will require investments that may be difficult for government to fully fund as quickly as is necessary. Horizon must continuously review its current spending to augment these developing fields every bit as much as the transition to community noted above.

What will this look like?

- Within five years, we will have 13 per cent of global budget allocated to tertiary and higher cost technologies, an increase of 2 per cent (\$145 million from the current \$120 million).
- Horizon will provide 95 per cent of New Brunswickers' tertiary services for which it is mandated, reducing the need for extra-provincial referrals to Nova Scotia and Quebec. Recognizing the right of Canadians to receive services elsewhere, this will be accomplished by clinicians' support for our centres of expertise model noted earlier, and improved professional collaboration on referral patterns that are historic, but not fiscally practical.

As noted, both of these sector reallocations require resources that are unlikely to come from general government funding in the next five years. Horizon must take the steps to address these population needs, as our legislated mandate requires. We must make the decisions to reduce funds currently made available to areas that have lower population health value to those areas that better address the citizens' needs.



STRATEGIC PRIORITY

4

Through collaboration with government, other agencies and organizations, we will advocate for major organizational change and secure partnership opportunities to enhance the care provided to New Brunswickers.



The concept of publicly funded health care is complex. Dramatic changes will take place in the near future in federal/provincial funding support. Changes in the factors influencing costs in the public system (e.g. demographics), and most important, federal philosophy towards taking on a reduced role in regulating a purely provincial responsibility have brought us to an opportunity where we can create a new approach that works for New Brunswick. Our new design model must be practical and fit the circumstances of time and place in each situation, within a broad framework that provides guidance.

What will we undertake on this priority?

For the next five years, Horizon will provide sustained leadership to encourage a change in public and government attitude towards new models of care to look after New Brunswickers' health needs. Specifically, we will:

- Advocate for improved collaboration with the long-term care sector by encouraging amalgamation of organizations that currently share responsibility for long-term care to our elderly population.
- Advocate for new models of primary care that have effective teamwork amongst professionals, remuneration that drives performance, and accountability for populations, and not simply individuals (e.g. rostering or capitation based models).
- Negotiate, co-create and support significant collaborative efforts with Réseau de santé Vitalité in a manner that better serves a common community, but also respects cultural and legal realities.
- Recognize that managing change is critically dependent upon properly informed rationale (driven by data and evidence) and expectations. Horizon will take a leadership role in change advocacy by substantially increasing face-to-face communications with local community leaders and the public regarding necessary change to support a sustainable system.



In summary, Horizon's strategic priorities for the next five years are to:

- ▶ Embed a patient and family centred care culture;
- ▶ Create a clinical organization led by strong centres of expertise, enhancing research capacity;
- ▶ Reallocate our expenditures to reflect an aging population with new needs; and
- ▶ Break barriers and partner with others in support of population needs.

A woman with brown hair, wearing a bright blue lab coat over a black top, is pushing a metal wire cart filled with various medical supplies. She is looking directly at the camera with a slight smile. The cart contains a yellow sharps container, a blue sharps container, and several bottles of medical supplies. She is wearing a pink lanyard with a blue ID badge around her neck. The background is a blurred hospital setting. In the top left corner, there is a large blue curved graphic element.

► Enablers

The three strategic enablers in this strategic plan are critical foundational elements for success. In order for Horizon to achieve the aggressive timelines and actions set out in this plan, it will be essential to support and foster an environment in which innovation can thrive. We recognize that success is dependent on strong leadership, the energy and engagement of our people, and the adoption of technology to change. These three enablers are instrumental to our strategic plan and will allow our organization to advance our ability to implement new directions, and achieve our goals.

Enabler 1: Improved employee and physician engagement

Fully engaged staff and physicians, working together in collaborative environments, are essential if Horizon is to achieve “Exceptional care. Every person. Every day.” The energy that our staff and physicians are willing to contribute will be critical for the achievement of Horizon’s strategic priorities. Research consistently shows that when staff members are engaged in their organization, their satisfaction levels are higher and patient satisfaction, quality of care and health outcomes are improved.

We know that our staff and physicians want to feel valued and to contribute toward the process of building a sustainable patient-centred health system. Therefore, there is an urgent need for Horizon to focus on activities that will energize our workforce, recognizing that we must “care for our caregivers” and optimize their work experience, skills, and scopes of practice. We must fully engage staff by providing support, creating a culture of appreciation, and enabling personal and ongoing development.

Over the next five years, Horizon will:

- ▶ Partner with staff and physicians to develop a supportive environment by:
 - seeking staff input;
 - demonstrating commitment to health, safety and well-being;
 - improving communication; and
 - providing visible leadership.
- ▶ Create a culture of appreciation by:
 - embedding meaningful recognition into day-to-day operations;
 - recognizing the demonstration of our values in interactions; and
 - empowering staff to shape our organization’s success.
- ▶ Enable personal ongoing professional development by:
 - providing performance feedback; and
 - promoting ongoing development that is flexible, individual and self-directed to better meet the needs of our patients.

Enabler 2: Available information and technology to improve delivery

Technology is critical in helping our organization to move forward. It enables patient information to flow from the point of first contact to the electronic chart and eventually to the hands of the patient and their care providers.

Looking forward, additional investments in technology will help support the shift that Horizon needs to make in primary and secondary care settings, and facilitate the development of highly specialized centres of expertise. Evolving information and clinical technologies will better serve our patients, their families and our clinicians, and the right technology will improve communication between patients and their caregivers. As a result, physicians, staff, and patients will be empowered in the care delivery process.

The Internet and similar technologies have driven patient and provider expectations to an unprecedented level and our direction must be responsive to this. Working with partners (Department of Health, FacilicorpNB, etc.) to develop an integrated, sustainable health technology infrastructure will help Horizon to support the provision of care that is expected from our health system.

Over the next five years, Horizon will:

- ▶ Support and promote patient engagement through the use of technology by:
 - providing patients with choice and convenience through self-serve technologies, such as self-serve appointment scheduling and registration;
 - improving patient flow through technologies such as way-finding;
 - easing the impact of hospital stays by providing patients and families with wireless connectivity to the Internet; and
 - informing patients by providing electronic access to patient-specific education regarding care plans, procedure instructions, etc.

- ▶ Implement technologies that will improve communication between patients and their caregivers, across the continuum of care by:
 - focusing on the continued roll-out of inpatient electronic documentation tools at the point of care, and the development of the Electronic Health Record;
 - acquiring and implementing point-of-care electronic documentation tools for primary health care services (including extramural and community health centres);
 - providing electronic medication reconciliation at the key patient transition points;
 - contributing to the continued evolution and promotion of the Provincial Electronic Health Record; and
 - providing patients with direct access to their personal health information.
- ▶ Focus on making information and tools available for clinical and business decision making by:
 - expanding the adoption of evidence-based clinical decision-making tools; and
 - participating in the assessment and support of the implementation of business intelligence solutions that will enable access to information and facilitate research.

Enabler 3: Committed leadership and culture

Our health system will undergo significant change over the next decade. New Brunswickers will need to understand why changes are occurring and how those changes will enhance their care experience. Interested stakeholders will also have important perspectives to offer on how the system needs to improve to be more patient and family centred. To succeed, Horizon will need to provide strong leadership, cultivate dynamic relationships and develop effective internal and external communication channels and systems.

It will be vital over the next five years to offer a deliberate, planned and sustained effort to establish and maintain mutual understanding between Horizon and our

communities. Enhancing open and honest conversation will lead to a richer understanding of the respective issues and the local community points-of-view. Two-way communications will build trust and confidence.

As important as Horizon's external corporate communications activities, is its ability to facilitate strategic connections and conversations within the organization with staff and physicians. This will ensure Horizon staff understand organizational vision, strategy and direction and feel empowered to shape the organization's success.

Over the next five years, Horizon will:

- ▶ Provide leadership and build trust through transparent, two-way communications.
- ▶ Establish two-way stakeholder consultation mechanisms with internal and external audiences.
- ▶ Develop clear concise strategies for communicating with a wide range of audiences, over a vast region, using multiple platforms.
- ▶ Accelerate a culture of patient and family centred care through policies that promote effective communication, collaboration and shared decision making.
- ▶ Foster community relations at the local level with patients and their families, community leaders and other stakeholders.
- ▶ Enhance the patient experience by cultivating partnerships with hospital foundations, auxiliaries and alumnae organizations.



► Reporting on our progress

Horizon is committed to the success of this plan, with timelines and tasks assigned to ensure these priorities are acted upon. Specific mechanisms will be put in place to plan and monitor its implementation. The President and Chief Executive Officer will provide regular updates to the Board and public, and will report on progress annually to stakeholders through Horizon's Annual Report.

► Conclusion

Significant consultation was used to develop this Strategic Plan. The Board and the Senior Leadership Team from Horizon benefited greatly from the perspectives offered by patients, staff, physicians, health professions, alternate care providers, business and community representatives and health system partners. This Strategic Plan is the product of our collective effort to determine what matters to our health system and how we should focus our energies and resources over the next several years. We look forward to the ongoing support and engagement of all of these important stakeholders as we implement Horizon's Strategic Plan.



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