



**Regional Health Authority B  
Horizon Health Network**

**Minutes of meeting  
(Public session)**

**Minutes of meeting of the Board of Directors held on Friday, December 10, 2021  
via Zoom (10:00am – 12:00 noon)**

**Directors:** Jeff McAloon (Chair), Linda Forestell, Shelley Francis, Pauline Gallant, Jane Mitton-MacLean, Carol Reimer, Greg McKim, Natasha Ostaff, Derek Hutchison, Peggy Doyle, Janet Blair, Jeff Beirsto, Brian Wheelock, Dr. Jennifer Hall (Guest), Dr. Kimberly Butt (Guest) Nicholas Ganong

**Regrets:** Martina Shannon,

**Staff:** Dr. John Dornan, Dr. Susan Brien, Jeff Carter, Jean Daigle, Gary Foley, Dr. Ken Gillespie, Janet Hogan, Dan Keenan, Gail Lebel, Eileen MacGibbon, Margaret Melanson, Jennifer Sheils, Brenda Kinney Denyse Doherty (recorder)

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**1. Call to Order**

Jeff McAloon, Board Chair, called the meeting to order at approximately 10:00am. A quorum for the meeting was established.

Mr. McAloon also acknowledged that New Brunswick is situated on unceded and unsurrendered territory of the Mi'kmaq, Wolastoqiyik, and Passamaquoddy Peoples. The Treaties of Peace and Friendship signed in 1725 and 1726 between the British Crown and the Wabanaki did not deal with the surrender of lands and resources, nor did it shift the "ownership" to the Crown, rather, rules were established for an ongoing relationship between nations. We all must respectfully acknowledge this and our roles in healing and reconciliation between nations.

**2. Disclosure of Conflicts of Interests**

No conflicts of Interests

### 3. Approval of Agenda

Upon a **MOTION** by Jane Mitton-MacLean, seconded by Brian Wheelock it was **RESOLVED** the agenda as presented.

**Carried.**

### 4. Board Chair remarks

Welcomed everyone to the meeting; thanked all members of the senior leadership team of their hard work and dedication.

Jeff also noted that he was excited to be part of the taskforce that has been pulled together from the Department of Health; He and Dr Dornan had an opportunity to be part of the planning meeting in collaboration with Vitalite, Department of Health, and several other Key stakeholders. This taskforce was to work on the rollout of the Provincial Health Plan.

Jeff welcomed our new VP, Chief Nursing Officer Brenda Kinney to the leadership team. This is a wonderful addition to leadership and provide some very necessary attention to the nursing group.

### 5. Report of the CEO

Dr. Dornan provided an update on the current activities in Horizon and shared some of the items on his plan which will require work from all of the Executive Leadership, as this is not simply his plan but collective plan.

An important step that has taken place was realigning the Leadership team as an example the creation of the Chief Nursing Officer. Brenda Kinney has been appointed in the role of CNO. Brenda is attending the nursing negotiations and representing both the needs of Nursing resources and Horizon. Dr. Dornan discussed some of the activities that have been going on with the nursing group and nursing leadership team.

A pilot project will be underway in the Miramichi and Moncton to bring in Business Managers to support our Nursing Leadership. Brenda is working on evaluating skill mix in our units.

Dr. Dornan reviewed primary care patient services. One of the objectives of the Provincial Health Plan are plans on how to address Primary care for all residents of NB.

Lots of collaborative work with our health partners in the region. Working a lot more with Vitalite, Ambulance New Brunswick, Nursing Unions, etc.

## **6. Balance Score Card**

Margaret reviewed the latest Balance Score Card results; a lot of work has been done to align with the Provincial Health Plan.

It was noted that some of the projects have been postponed due to COVID and strike issues; however, the Senior Leadership Team are committed to get most if not all initiatives will be re-engaged. Each committee has been assigned their initiatives.

## **7. Finance, Audit and Resource Committee**

Natasha reviewed the Finance Audit and Resource Report. A presentation was given Integra Capital Limited on the makeup and performance of Horizons Investment Fund. The fund totals \$18,709,566 as of September 30, 2021 and is invested in a variety of portfolios. Financial results to September 30, 2021 (6 months) were presented by Dan Keenan. Covid related expenses totaled \$13.4 million over the first six months, and Horizon is eligible to recover a portion of these expenses to bring us to a balanced result. Because of surpluses in area's of Horizon (primarily due to vacancies) that requirement ytd September is \$3.4 million, so that is what we have accrued in additional revenue. This amount brings us to a balanced position ytd September. Natasha also provided an update on Capital Equipment, indicating that the allotted budget of \$17,119,000 was in progress with the vast majority of items either in progress or acquired. The remaining contingency amounts will be allocated over the next short while to ensure we are able to receive items in the current fiscal year. Natasha provided an update on the Capital Improvement funding received from Department of Health for fiscal 2021-22. We have been funded \$11.7 million for the year, and this has allowed us to address some of the most pressing items related to replacement of key building infrastructure and systems.

A significant infrastructure deficit remains, however, with an identified amount of \$47 million in projects deemed as high priority that need to be addressed over the next five years. The recommended Capital Improvement request for fiscal 2022-23 was presented and totals \$10,878,000 and approved by the Board.

Natasha noted that the committee had a presentation by Tim Calvert on our Cybersecurity initiative. Horizon has developed a comprehensive operational plan to

strengthen digital security across Horizon, in consultation with partners. Balancing the need to ensure Horizon and its information is protected, while not creating unreasonable barriers is at the forefront of this plan.

Cyber security threats are always present and is a major focus of the IT group. We mitigate opportunities for cyber criminals through extensive education of staff, as well as continual monitoring of threats.

## **8. Governance and Nominating Committee**

Jane provided an update from the last meeting. Revisions were made to the committee 2021 – 2022 work plan. Dr Brien did a report on the Bylaws.

Jane noted that Margaret reviewed the strategic plan and the alignment with the Provincial Health Plan. The core areas are: Efficient and Appropriate care: Reduce wait time throughout the system, Improve patient/Client safety and quality of care, provide health care at appropriate locations and times; System Wrapped around Patient/Client Needs: Establish a culture to strengthen health equity, Excel and grow as a patient/client and family-centered organization, reduce avoidable hospitalization, empower patients, clients and provider with options to access health information and services; Sustainability – Improve accountability for health care service delivery results, Align human resources to achieve our strategic plan, Innovate to improve productivity and deliver health care services in the most cost-effective manner, secure clinical and organization information.

## **9. Patient Safety and Quality Improvement Committee**

Brian Wheelock presented the committee report. The committee had a few presentations, Malnutrition which was very well done and after some discussion it was recommended from the committee to include an indicator for the board to track nutrition results and to organize a future presentation on the organizational impact of the food service and strategy.

## **10. HR Committee**

Greg provided a brief report to the board on some of the activities of the committee. Greg brought back to the Board the revised Terms of Reference for the HR Special Committee. The TOR is refined focusing more on recruitment and retention.

## **11. Regional Medical Advisory Committee**

Dr. Ken Gillespie, Acting Regional Chief of Staff, provided a report from the Regional Medical Advisory Committee meeting held on December 7, 2021.

## **12. Regional Professional Advisory Committee**

RPAC Report was circulated in the pre-meeting package.

## **13. Presentations**

### **13.1 Nursing Retention & Recruitment**

Gail Lebel did a presentation on the Talent Acquisition strategy – Nursing Recruitment & Retention.

Gail having only been with the organization for a few months did a lot of investigating on our recruitment efforts and the set targets; after reviewing the data it was asked if there was a recruitment issue or a retention issue which is what she is tasked to figure out. Gail provided the board the nursing hire breakdown and where our new hires came from.

Nursing recruitment strategy: 1. Lead Strategic Workforce Planning; Build a workforce planning process to improve hiring projections and reporting, 2. Grow Talent Supply; Increase talent supply of Domestic, National and International recruits, 3. Leverage Employer Brand; Provide a clear and Identifiable Employee value proposition to attract talent and 4. Enhance Candidate Experience; Ensure candidates are faced with a friendly and easy application process with continuous feedback, 5. Engage through listening; engage the nursing community through listening strategy, 6. Improve scheduling; introduce flexibility, 7. Focus on Respect; Respect for nurses by improving the work environment and finally Enhance the Employee Experience, Monitor the employee experience throughout the Employee Lifecycle.

### **13.2 Emergency Medicine Wait Time Project**

Jean Daigle did the presentation on the ED Wait time project. The action committee whose mandate is to work collaborate as a provincial focused action committee. The committee did a review of the systemic issues related to the ED crowding and the increased wait time, initially focussing on wait time for those patients require an inpatient admission. The committee also determined key targets and matrix to measure the success of the plans and developed accountability structure to ensure sustainability.

Patient Flow and Efficiency objectives: Identify opportunities to improve patient flow within the ED, identify opportunities to improve patient flow to inpatient nursing units, Establish target with measurable metrics related to inpatient bed access and specialist consultation and Process improvement (end-to-end process analysis)

**Some of the Clinical Strategies:**

1. Implementation of an efficient patient flow throughout the department by expanding the use of regional medical directive. Creation of a flow centre and provide earlier physician assessment
2. Overcapacity protocols and surge management by increasing accountability and system collaboration.

Jean reviewed the ED Diversion Clinic program which diverts CTAS patients 4s and 5s to the ED Diversion clinic and be seen and treated by a Nurse Practitioner. This service must be close to the Emergency Department to be effective. The idea on how to make it work was a team of professionals: Patient Experience Advisor, Acute Care Director, Primary Healthcare Director, ED Physician, Nurse Practitioner, Documentation and registration staff, ED Nurse Manager and Health Center Manager.

**14. Other Business**

None

**15. Questions from the Public**

None

**16. Adjournment 11:48 am**