



## Horizon Health Network

### Accredited

**Horizon Health Network** has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement.

**Horizon Health Network** 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** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

### Horizon Health Network (2023)

Horizon operates 12 hospitals and 100+ medical facilities across NB. Managing eight provincial programs, Horizon's services range from acute and specialized care to community-based care. With a collaborative, team approach to offering bilingual services, Horizon delivers sustainable, safe, and quality health care to residents in NB, and NS and PEI. Horizon has an annual budget of ~\$1.1 billion, with 12,600 employees, 1,118 physicians, 350 medical residents, and nearly 4,500 volunteers, as well as 17 foundations and 18 auxiliary and alumnae organizations.

### 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

April 16, 2023 to April 21, 2023

### Locations surveyed

- **30** 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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Horizon Health Network (Horizon) is to be commended for preparing for and participating in the accreditation program. The Trustee, Executive Leadership Team, team members and community partners should all be commended for their commitment to the quality improvement and accreditation journey. Everyone welcomed the accreditation process and was proud of the programs and services offered and the organization's improvements over the past couple of years. As the organization has progressed through the COVID-19 pandemic, the leadership and front-line staff had to address the health system's demands and pressures, including an aging demographic, a shortage of key resources and increasing demands from the public. The need to transform the healthcare system has been at the forefront of the organization's vision, mission, and values. The goal of putting patients' and clients' needs first while supporting and empowering staff and physicians has guided the organization through this challenging period.

There is a strong commitment to the vision (Exceptional Care. Every Person. Every Day.), mission (Healthy People Being Healthy), and values of the Horizon. Team members, physicians and leaders all live the values which include: We show empathy, compassion, and respect; We strive for excellence; We are all leaders, yet work as a team; and We act with integrity and are accountable.

Horizon's Board of Directors was replaced by a Trustee appointed by the Department of Health in July 2022 and act in accordance with the Regional Health Authority Act. They hold all responsibilities, duties and powers of the Board of Directors and is tasked with making governance decisions on behalf of the organization. The Trustee has an excellent working relationship with the CEO and is working to ensure the organization continues to advance its priorities and improve upon key system areas. It was clear through discussions with the Trustee that she is dedicated and committed to seeing rapid improvements to the health system. The organization is encouraged to continue this good work and work with the Department of Health, Trustee, and other health system partners to implement "normalized" governance practices.

The organization has embarked on a rapid health system transformation focused on four key priorities:

- 1) Improving ACCESS to health care, specifically surgical services, emergency care, and addiction and mental health services;
- 2) RETENTION and recruitment of physicians, nurses and staff;
- 3) Improving patient FLOW at our healthcare facilities; and
- 4) Community engagement and patient EXPERIENCE.

The organization should be commended for the greater than 70 projects that have been initiated in eight hospitals across 31 community sites and 17 departments. The organization has invested millions of dollars in the improvement changes. This has enabled citizens of New Brunswick to access emergency care more quickly. Specifically, Horizon added patient monitors who are proactively checking vital signs, providing comfort support, and monitoring the well-being of people in the wait rooms of five hospitals. The organization also added social workers to emergency departments in four regional hospitals to prevent patients without acute needs from being admitted. Patient Flow Centres have also been established in emergency departments across the three largest hospitals in the region to enable faster access to care. Horizon is encouraged to continue these initiatives to enhance access to care so that patients can be seen, tested, and treated more quickly.

Horizon has undertaken aggressive health human resources recruitment and retention strategies. Several health human resource strategies have led to recruiting of over 1,100 staff, including hundreds of nursing, allied health, and support service workers. Several staff recognition initiatives have also been undertaken, including the Bravo! Program that has recognized over 8,800 staff in 6 months. Programs to enable staff to function at their full scope have also supported staffing challenges across the organization. Horizon is encouraged to continue this great work to stabilize the workforce and the challenges related to health human resources.

Several activities have been implemented across Horizon to support patient engagement and the patient experience. Some of these initiatives include:

- 1) New online tools have been deployed to allow patients' loved ones to see their surgery status in real time.
- 2) Implementation of SeamlessMD technology to enable app-based patient care plans.
- 3) Improving the environment for those presenting with addiction and mental health concerns at the emergency department

Horizon is encouraged to continue enhancing its patient engagement activities to better understand what activities will drive an enhanced patient experience. Enhanced patient and community partner engagement assists the organization in identifying opportunities for improvement and drives enhanced trust, collaboration, and partnership across regions.

The organization has implemented many facility and infrastructure investments, improving the physical environment. There continue to be numerous sites that require physical infrastructure investment to address environmental deficiencies. The organization is encouraged to consider developing a regional facility master plan and prioritize investments in the highest priority areas. Investments are required in clinical and business information systems. Horizon operates with a hybrid clinical and business record which drives inefficiencies and poses a risk to patient care and business continuity. The region is encouraged to investigate investments in an integrated clinical information

system and consolidated corporate systems.

Community partners expressed appreciation to organizational leaders for their recent (within the last two years) efforts to communicate and collaborate with them on improving the health system. Municipal leaders acknowledged a marked improvement in communication and collaboration. There continue to be opportunities for the organization to better partner with community groups. Specifically, significant inefficiencies exist in the ability of patients to transition from primary care, acute care and the home, community, and long-term care sectors. Horizon is encouraged to continue to work with the ministries of health and social services as well as the home, community care, and long-term care providers to better transition patients from acute care to alternate levels of care.

There is client and family involvement throughout all programs and services at the regional level of Horizon. Leaders and team members are deeply committed to engaging with clients, families and partners in the planning and service design. Opportunities exist for the organization to continue to enhance the breadth and depth of client and family engagement to positively impact decisions being made at all levels of the organization while creating deep, authentic relationships in the process. There is a strong culture of safety, quality, and risk management. Quality improvement activities are well-defined at the regional level. Clients, families, and partners are involved in co-designing quality improvement initiatives at the regional and program levels but not at the local level. Unit and site-specific quality improvement activities could be enhanced across the organization. The qualitative and quantitative data that the organization collects could be better disseminated to the front line to support localized quality improvement activities. Horizon is encouraged to continue to promote quality improvement activities at the unit and site level with input from clients and families.

The CEO and Executive Leadership Team are visible and engaged with team members, physicians, community partners, clients, and families. They actively engage with team members to identify and reduce barriers to access to programs and services.

The survey team has had an amazing experience supporting the organization through its accreditation journey. It has been an honour and privilege for the team to interact with and engage with leaders, physicians, team members, and patients and their families throughout the survey. They are recognized for being flexible and resilient over the past several years of COVID-19 to meet the needs of clients, families, and the broader community. Safety, innovation, and creativity were at the forefront of the pandemic response, and Horizon is to be commended for its efforts during these challenging times. Leaders and team members are encouraged to continue their work to transform the health system to provide Exception Care to Every Person, Every Day.

## 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.

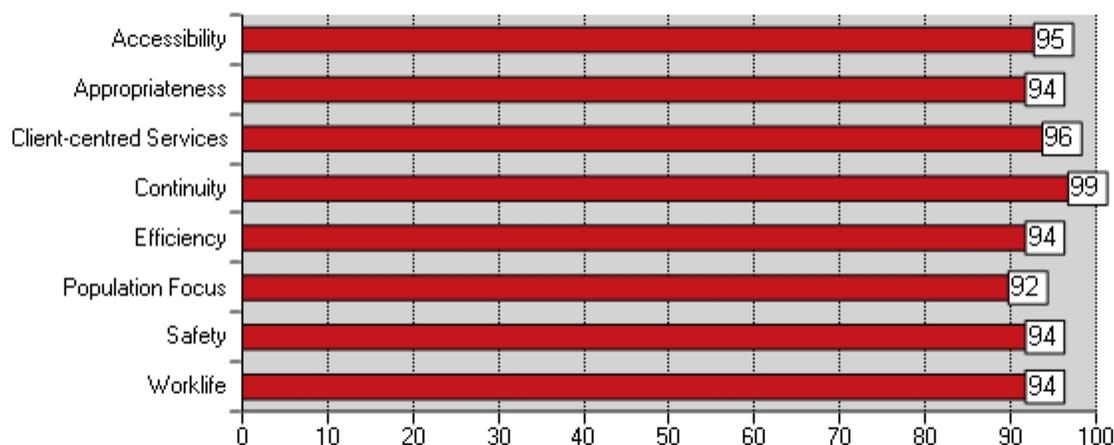
The quality dimensions are:

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

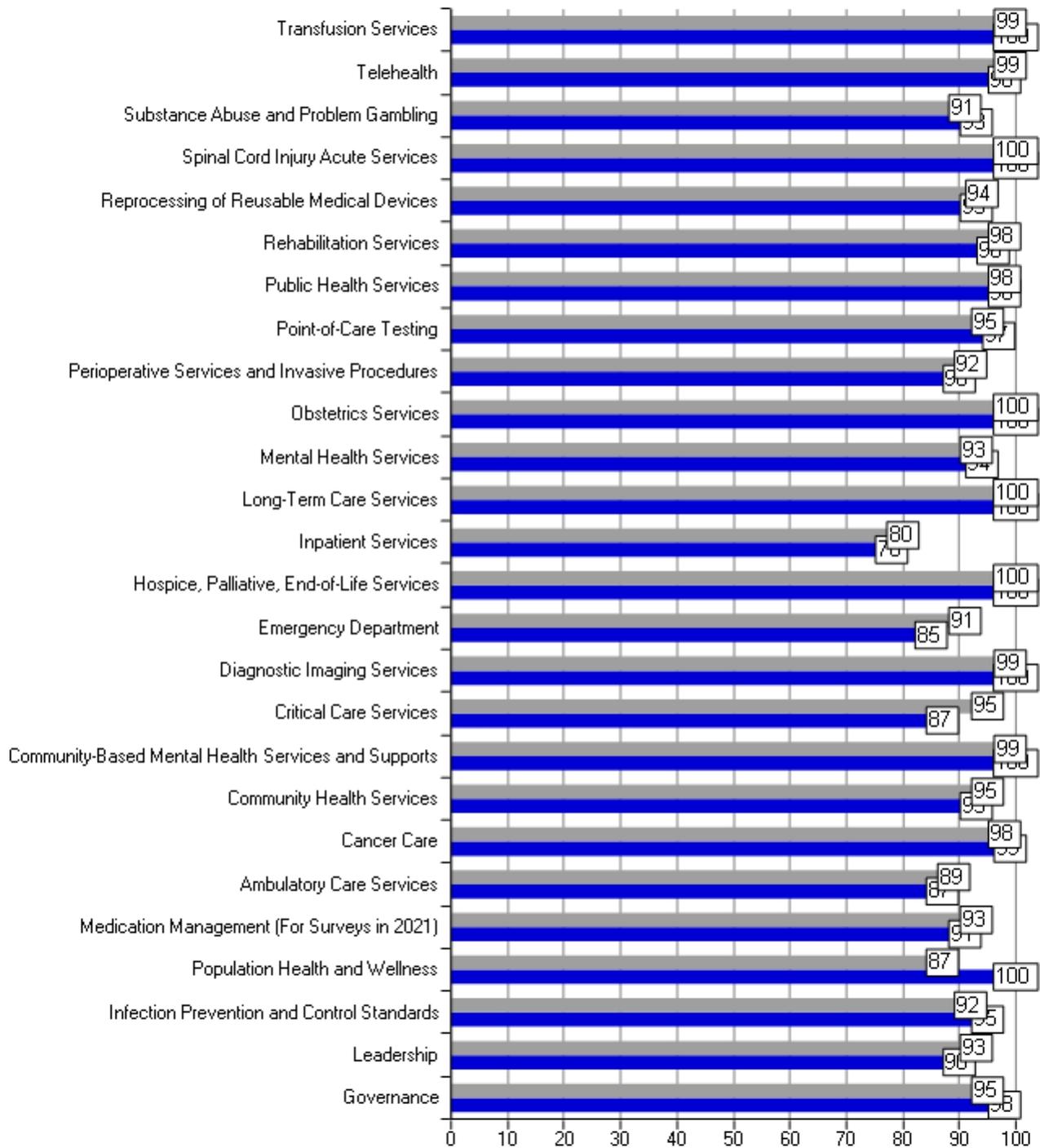
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

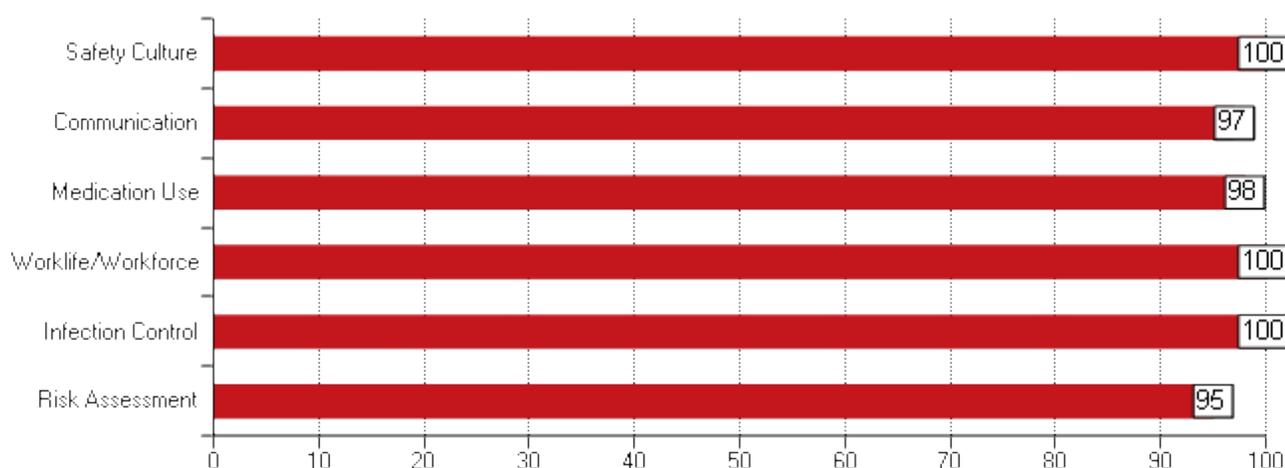
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



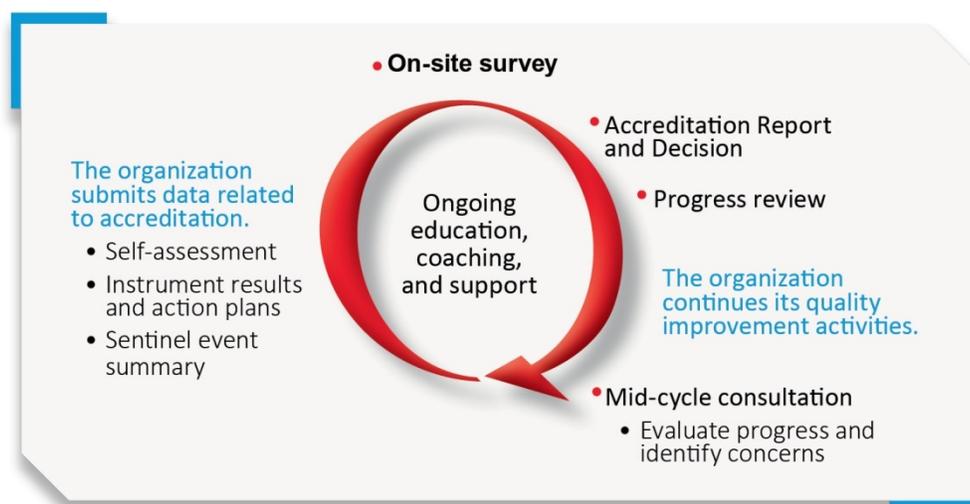
## The quality improvement journey

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** 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 Charlotte County Addiction and Mental Health Services
- 2 Charlotte County Hospital
- 3 Dr. Everett Chalmers Regional Hospital
- 4 Fredericton Addiction and Mental Health Services
- 5 Fredericton Junction Health Centre
- 6 Fundy Health Centre
- 7 Miramichi Addiction and Mental Health Services
- 8 Miramichi Health Centre
- 9 Miramichi Regional Hospital
- 10 Moncton Addiction and Mental Health Services
- 11 Moncton Primary Health Care
- 12 Oromocto Community Health Centre
- 13 Oromocto Public Hospital
- 14 Petitcodiac Health Centre
- 15 Public Health Fredericton
- 16 Public Health Saint John
- 17 Queens North Community Health Centre
- 18 Ridgewood Addiction Services
- 19 Ridgewood Veteran's Health Wing
- 20 Rogersville Health Centre
- 21 Sackville Memorial Hospital
- 22 Saint John Community Mental Health Services
- 23 Saint John Regional Hospital
- 24 St. Joseph's Community Health Centre
- 25 St. Joseph's Hospital
- 26 Stan Cassidy Centre for Rehabilitation
- 27 Sussex Health Centre
- 28 The Moncton Hospital
- 29 Upper River Valley Hospital
- 30 Woodbridge Centre

## Appendix B Required Organizational Practices

### Safety Culture

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

### 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

### Medication Use

- Antimicrobial Stewardship
- Concentrated Electrolytes
- Heparin Safety
- High-Alert Medications
- Infusion Pumps Training
- Narcotics Safety

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