


Consolidated Performance Report

2008-2022



Table of contents

Introduction	3
Methodology.....	4
Results (summary tables).....	6
Theme 1 – Organizational enablers	6
Theme 2 – Clinical staff.....	15
Theme 3 – Flow and configuration of care and services.....	23
Conclusion	36



Note: The summary and consolidation work was carried out by the Performance, University Mission and Strategy sector, based on the work and analysis carried out by Ernst & Young LLP (EY).

Introduction

Since it was established in 2008, Vitalité Health Network has made significant changes in the harmonization, regionalization and integration of health care services and programs. It is a model that is increasingly adopted as a standard of practice. To achieve the Network's goals, the organization's structure as well as its priorities and directions have constantly evolved over the years.

The Network remains convinced that it is always possible to improve the delivery of high quality, safe and sustainable health care and services. More than ever, the Network is focused on a learning organization approach in which transparency, the inclusion of patient partners in the development and improvement of all services and initiatives, recognition of the importance of research and training, a willingness to learn from mistakes and raise standards, stakeholder empowerment, and timely action are all part of the equation.

Two performance reports were made by Raymond Chabot Grant Thornton, in 2013 and 2016 respectively, and more recently in 2021, the Network and its Board of Directors entrusted Ernst & Young with a third organizational performance review. Although the context did not allow them to produce a final report, the work done by this consulting firm enabled us to identify strengths as well as opportunities for improvement in the Network's operations and capacity to adequately meet the public's health care and service needs.

In 2022, the Network carried out a thorough analysis of the contents of these reports and work. As a result, the Network identified the progress made, reflected on its next strategic plan and, importantly, humbly and rigorously rethought its organization and, of course, the care and services provided to the public.

The specific objectives of this report were:

1. To consolidate findings, opportunities for improvement, and recommendations from the two performance reports by Raymond Chabot Grant Thornton and Ernst & Young's work;
2. To describe improvement initiatives prioritized by the Network that have been completed, are underway or are planned and directly or indirectly follow recommendations made.



Methodology

Organizational performance review reports consulted

The purpose of the initial organizational performance review carried out by Raymond Chabot Grant Thornton in 2013 was to identify and quantify gaps in clinical, operational and financial performance by benchmarking N.B. hospitals against similar facilities across Canada.

In 2016, Raymond Chabot Grant Thornton helped the Network develop a clinical services plan. The purpose of this plan was to consolidate the French-language services that were and should be offered to the population served by the Network with due regard for the needs and rural distribution of this population. The plan also focused on a catch-up plan for the Network to develop new services for people in the province.

The third organizational performance review of the Network, performed by Ernst & Young in 2021, was conducted to identify opportunities for improvement and make recommendations to help the Network align its health care and services with the Quadruple Aim framework, which is centred on the following goals:

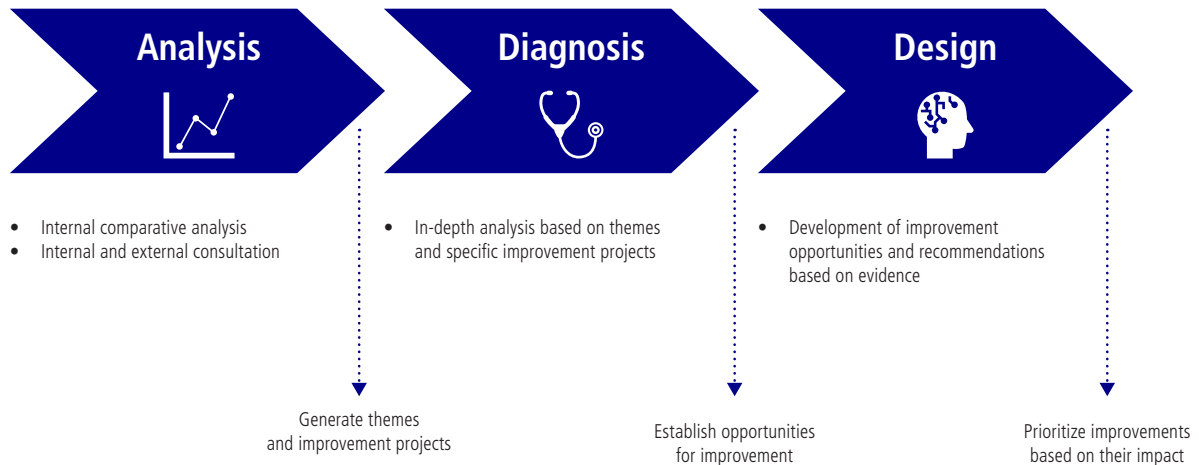
- Improving the patient experience and quality of care;
- Improving the health of populations;
- Reducing per capita health care costs (improving efficiency);
- Improving the health care provider experience.

To this end, their review process focused on four main steps:

1. A survey of 715 employees (Network managers, clinicians and professionals);
2. Over 100 interviews conducted with clinical leaders, partners, directors, and Leadership Team members;
3. An analysis of over 50 internal data files to better understand current trends and improvements made since the last organizational performance reviews;
4. A triangulated analysis of internal documents.



This made it possible to identify strengths as well as opportunities for improvement in the Network's operations and ability to meet the public's needs adequately in terms of health care and services.



Specifically, analysis of the data collected from interviews and the survey, as well as internal documents, made it possible to identify key areas for improvement, which have been classified into three main themes:

- **Theme 1** – Organizational enablers
- **Theme 2** – Clinical staff
- **Theme 3** – Flow and configuration of care and services

Summary of reports and work and presentation of improvement initiatives prioritized by the Network

To make it easier to understand and set things in motion, the results are presented here in the form of summary tables, making it easy to generate findings, opportunities for improvement, recommendations made in existing organizational performance reports, and actions taken by the Network so far. The three themes identified reflect the logic of Ernst & Young's work.

All the recommendations and opportunities for improvement raised in the two Raymond Chabot Grant Thornton reports and in Ernst & Young's work, which are still relevant today, have been included.

Results (summary tables)

Theme 1 – Organizational enablers

A regional organizational structure has certain advantages but it needs to be optimized and take local realities into account to better respond to the needs in the field.

Theme 1- **Organizational enablers** includes six elements to be assessed, i.e. structure, roles and responsibilities, governance, data integration and availability, culture, and talent acquisition.

Starting questions and elements assessed:

Elements Assessed	
Structure	Are reporting lines clear and in line with best practices?
Roles and responsibilities	Are roles and responsibilities clearly defined and do they meet goals?
Governance	Does the Network have the right decision-making and resource allocation processes in place?
Data integration and availability	Does the Network have access to comprehensive data to fully understand the effectiveness of clinical services?
Culture	Does the Network create a positive work environment for employees and physicians?
Talents	Is the Network able to anticipate and prepare for its workforce needs?

To address these questions, the elements to be assessed were classified into the following three broad categories:

1. Structure and governance;
2. Performance management system;
3. Culture and belonging.

Table 1 – Organizational enablers

Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
Structure and governance			
<p>1.1 The centralized functional structure and regionalization of clinical programs make it easier to standardize practices and direct resources towards sectors that need it the most, optimize information sharing, and allow for a swift implementation of decisions.</p> <p>1.2 Although 100% of vice-presidents and directors agree with the adoption of a centralized regional structure, field teams and senior management want to have local representatives.</p> <p>This would facilitate the operationalization of local needs, community engagement activities and/or accelerate problem solving.</p> <p>1.3 Physicians want to be involved in decision-making.</p> <p>After the regional mandate was implemented in 2016, clinical administrative dyads were proposed but they have not been set up yet.</p>	<p>Improvement opportunity 1:</p> <p>Optimize the centralized regional model.</p>	<p>1A:</p> <ul style="list-style-type: none"> Promote transparency and optimize communications at all levels. Continue to advocate for regionalization with clinical groups, highlighting successes, ensuring clear reporting lines, and strengthening the culture of belonging. 	<p>Completed:</p> <ul style="list-style-type: none"> Hold monthly virtual meetings with all Network managers during the COVID-19 pandemic, which were transformed into monthly meetings to provide updates on human resources. Issue quarterly reports and organizational performance reports. Hold virtual “Let’s chat with the President and CEO and the Leadership Team” meetings. Hold “To your health and your ideas” meetings with groups of employees at all levels of the organization. <p>Underway:</p> <ul style="list-style-type: none"> Develop aligned, strategic communications. Implement learning client programs.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>1.4 Misunderstandings, communication problems and a lack of transparency seem to be hampering regionalization efforts.</p> <p>Employees and clinicians have openly expressed their frustration at their lack of involvement in decision-making and have pointed out that the different interpretations of directives from line management led to a lack of standardization between sites.</p>		<p>1B:</p> <ul style="list-style-type: none"> • Create Hospital Activity Director positions in regional hospitals to coordinate daily operations in collaboration with VPs in order to allow the latter to concentrate on regional strategic projects. • Create Local Coordinator positions in the other facilities to manage local operational needs. 	<p>Completed:</p> <ul style="list-style-type: none"> • Hire hospital activity directors in the four regional hospitals. • Hire hospital activity managers in the community hospitals. <p>Underway:</p> <ul style="list-style-type: none"> • Revise the patient flow structure.
		<p>1C: Formalize medical administrative dyads beyond pathology and surgery*, and clearly define their individual roles in administration and decision-making.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Introduce learning client programs at all levels of the organization. <p>Underway:</p> <ul style="list-style-type: none"> • Organize the medical structure by program. • Implement learning client programs.
		<p>1D: Develop a job description and training for physicians in leadership roles, such as in surgery and pathology, to better support clinical teams.</p>	<p>Underway:</p> <ul style="list-style-type: none"> • Formalize the shared leadership approach, the role of the medical director in a dyad, the description of the joint and individual activities of the dyad members.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
Performance management system			
<p>1.5 The clinical and administrative data collection, coding and management processes are fragmented and lack standardization between the sites/zones.</p> <p>1.6 The planning, resource allocation, and initiative management processes need to be optimized. The initiatives underway across the Network are not subject to central control.</p>	<p>Improvement opportunity 2: Optimize the data integration and management system to better measure the Network's performance.</p>	<p>2A: Promote the integration of data derived from existing systems to improve our ability to make evidence-based decisions.</p>	<p>Completed:</p> <ul style="list-style-type: none"> Automate several reports and scorecards. Implement several projects to standardize data collection (e.g., emergency department data). <p>Underway:</p> <ul style="list-style-type: none"> Optimize the analytical sector processes to generate scorecards. Implement a data governance framework.
<p>1.7 The Network ought to make greater use of its own databases and strengthen its performance measurement culture. Communication and alignment of databases and project inventories could better support initiatives in line with strategic objectives.</p>		<p>2B: Standardize the data collection and entry processes in each zone and site to facilitate performance and need analysis and benchmarking between sites.</p>	<p>Completed:</p> <ul style="list-style-type: none"> Conduct several benchmark studies (imaging, pharmacy, etc.). <p>Underway:</p> <ul style="list-style-type: none"> Carry out projects to improve data collection (e.g., emergency department, ALC, etc.). Continue standardizing certain data collection processes.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
	<p>Improvement opportunity 3: Form a committee to prioritize the Network’s initiatives.</p>	<p>3A: Set up a committee and related processes to prioritize and pilot projects.</p>	<p>Completed:</p> <ul style="list-style-type: none"> Set up a strategy execution team to take care of project prioritization and follow-ups. <p>Underway:</p> <ul style="list-style-type: none"> Optimize the methods used to carry on planning activities, including the planning cycle.
Culture and belonging			
<p>1.8 Employees are not familiar with the Network’s vision, mission and strategic plan.</p> <p>1.9 The Network has neither the resources nor the organizational change management strategies needed to effectively manage the broad transformation projects underway.</p> <p>1.10 Despite the difficult work environment, the voluntary turnover rate of Network clinicians is lower than the average rate in other Canadian health organizations and it is true for all the zones.</p>	<p>Improvement opportunity 4: Improve employee engagement and develop change management strategies within the Network.</p>	<p>4A:</p> <ul style="list-style-type: none"> Clearly define the Network’s purpose. Improve communication of the Network’s strategic plans to the clinical and field teams. Develop strategies to promote a culture of belonging. 	<p>Completed:</p> <ul style="list-style-type: none"> Hold virtual “Let’s chat with the President and CEO and the Leadership Team” meetings. Hold “To your health and your ideas” meetings with groups of employees at all levels of the organization. Implement a regional nursing care structure that optimizes consultation with staff members and managers. Develop our purpose, values, major directions, and strategic priorities following different levels of internal and external consultation.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>1.11 responsibility for finding a solution to the problem of staff shortage and retention should be better shared.</p> <p>There is a lack of understanding as to who is responsible for making decisions about the resources and work organization to provide care and services.</p>			<p>Underway:</p> <ul style="list-style-type: none"> • Develop and issue roadmaps for priority projects. • Organize virtual coffee breaks to share progress on priority projects. • Develop a monthly report for all Network employees on priority projects underway. • Carry out improvement projects that enable us to engage team members, listen to problems, and find solutions as a team, as well as with people in the field. • Continue the work environment interventions of HR teams.
		<p>4B:</p> <ul style="list-style-type: none"> • Develop organizational change management strategies with clear management by stakeholders, organizational alignment, learning development, as well as responsibility and feedback loops throughout the process. • Listen to the needs of the field teams and address emerging concerns. 	<p>Completed:</p> <ul style="list-style-type: none"> • Conduct consultations with the Minister of Health and obtain recommendations. • Develop and align organizational priorities with the Provincial Health Plan. • Conduct consultations to obtain feedback from the field, as well as ideas and recommendations (nursing, medical, human resources). • Hold huddles with staff.





Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
	<p>Improvement opportunity 5: Develop the leadership skills of physicians in leadership or management roles.</p>	<p>5A: Prioritize retention efforts as much as recruiting activities to mitigate the loss of talents with the training and experience required to provide quality care and services.</p>	<ul style="list-style-type: none">• Develop a strategic execution approach based on best practices (weekly sector meetings, etc.).• Conduct internal communication audits. <p>Underway:</p> <ul style="list-style-type: none">• Carry out improvement projects that enable us to engage team members, listen to problems, and find solutions as a team, as well as with people in the field.• Develop employee accountability sheets. <p>Completed:</p> <ul style="list-style-type: none">• Analyze voluntary departures (nursing).• Create new positions to support immigrants.• Develop a mentorship program (nursing). <p>Underway:</p> <ul style="list-style-type: none">• Improve the orientation and integration of new employees (nursing).• Develop a leadership skills framework.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
			<ul style="list-style-type: none"> • Implement initiatives to reduce turnover rates, including improvement of nursing work schedules. • Implement initiatives to reduce turnover rates including: <ul style="list-style-type: none"> • Informal recognition tools; • Exit interviews and ongoing communication (stay interviews); • Salary allocation.
		<p>5B: Offer leadership training to managers, department heads, and directors to help them improve their communication and management skills..</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Implement training cohorts as part of the Organizational Leadership Development Program (for several years now). <p>Underway:</p> <ul style="list-style-type: none"> • Continue to implement training cohorts as part of the Organizational Leadership Development Program. • Develop the leadership skills model. • Continue to support and implement projects to improve attendance management.

Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
		<p>5C: Encourage (and help) physicians in leadership roles to work with Employee Experience to find creative solutions to the staff shortage.</p>	<p>Medical Affairs has taken an approach that differs from the one recommended, opting instead for developing an in-house medical recruiting capability to better address the specific requirements of medical recruiting.</p> <p>Completed:</p> <ul style="list-style-type: none"> • Hire a medical recruiting strategy specialist. • Continue building closer ties with medical training programs (medical mentorship).



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* This best practice is used in pathology and surgery within the Network and can be extended to other clinical fields.

Theme 2 – Clinical staff

Theme 2 – **Clinical staff** includes five elements to be assessed, i.e. care model, resourcing, workforce monitoring, skill ratio, and optimized remuneration.

Two major **improvement projects** were identified following extensive analysis:

1. Care model;
2. Recruitment and retention.

Starting questions and elements assessed:

Elements Assessed	
Care model	Do we have the right care models in place to meet patient needs in the hospital and elsewhere?
Resourcing	Do we have the right resources in place to support the care models required?
Workforce monitoring	Do we have the right mechanisms in place to monitor overtime and absenteeism?
Skill ratio	Are staffing levels optimized to meet patient demand?
Optimized remuneration	Is there an opportunity to reduce workforce expenses?



Table 2 – Clinical staff

Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
Care model			
<p>2.1 Bed designation and allocation, as well as nursing unit configuration no longer meet the public’s current needs. This revision dates back to over 10 years.</p> <p>2.2 The management structure and skill ratio of nursing teams can be optimized.</p> <p>2.3 Nurse staffing can be optimized according to skills.</p> <p>2.4 The challenges of attendance and monitoring of absenteeism have a negative impact on work organization and the maintenance of prearranged work schedules.</p>	<p>Improvement opportunity 6: Identify actual bed designation and allocation needs on the territory.</p>	<p>6A: Prepare medium- and long-term projections of acute care bed needs based on demographic trends and their impact on care and service delivery.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Make analyses and projections of the public’s needs. <p>Underway:</p> <ul style="list-style-type: none"> • Manage hospital capacity (Dr. Georges-L.-Dumont UHC - 4A and 4C). • Manage hospital capacity – alternate level of care (Zone 6). • Implement a warning code for critical overflows. • Develop analyses based on projections. • Plan the team’s leave of absence and structure. • Post a VP, Logistics and Patient Flow position. • Continue implementing projects on the flow of acute/vulnerable patients and hospital capacity management.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
	<p>Improvement opportunity 7: Optimize capacity and clinical resource allocation in the hospital setting.</p>	<p>7A: Validate nurse/manager ratios and then adjust nursing management according to best practices.</p>	<p>Underway:</p> <ul style="list-style-type: none"> Continue implementing the new care model. Implement support for managers in order to direct them more towards patients and employees. The addition of non-clinical managers will make this possible. Revise the nursing and professional practice structure.
		<p>7B: Improve access to real-time data on bed and service utilization throughout the Network for easier decision-making.</p>	<p>Completed:</p> <ul style="list-style-type: none"> Improve timely access to data during the COVID-19 pandemic. Optimize collaboration with the Department of Health and Horizon Health Network for easier access to data. <p>Underway:</p> <ul style="list-style-type: none"> Improve access to real-time data.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
		<p>7C: Set up a process and tool to regularly assess nursing staff/bed ratios based on the intensity of service required on each unit, ensuring patient safety.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Develop patient day reports and analyze nursing capacity. • Develop heat maps to better manage risk and optimize contingency plans and recruiting processes. <p>Underway:</p> <ul style="list-style-type: none"> • Set up a process and tool to regularly assess staff/bed ratios based on the intensity of service required on each unit, ensuring patient safety.
		<p>7D: Implement a process to actively monitor absenteeism and overtime. To this end, favour standardized individual monitoring to enable informed decision-making in workforce planning.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Carry out a few projects/actions to analyze units with longer overtime hours and set up work groups. • Implement reports generated by Kronos. <p>Underway:</p> <ul style="list-style-type: none"> • Develop monitoring tools and processes to optimize clinical resource allocation.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
Recruiting and retention – medical and nursing			
<p>2.5 The Network has implemented a forward-looking strategy that shows the need for a paradigm shift. A culture of continuous learning is advocated in the last strategic plan, which places an employee-focused culture at the core of recruiting and retention efforts.</p> <p>2.6 Health professionals want to be involved in the recruiting process but they stress that they need more support from Employee Experience. All departments reported that addressing the staff shortage required combined efforts between recruiting experts from Employee Experience and a medical or clinical leader with the necessary skills to promote a positive work environment that attracts and retains talents.</p>	<p>Improvement opportunity 8: Designate Employee Experience as responsible for physician and staff recruiting, with support from field representatives</p>	<p>8A: Centralize recruiting efforts so that all the zones benefit from the necessary expert services to recruit the best talents.</p> <p>8B: Involve field teams in recruiting efforts and make them aware of the crucial collective contribution of each employee, physician and volunteer in creating and maintaining a healthy, positive work environment as an attraction and retention factor.</p> <p>8C: Under the responsibility of Employee Experience, help coordinate recruiting efforts and promote a coordinated vision with the Network’s external partners.</p>	<p>Underway:</p> <ul style="list-style-type: none"> Recruit at the international level. Implement a simplified online job application. Have flexible triage criteria when pre-selecting candidates. <p>Underway:</p> <ul style="list-style-type: none"> Ensure that clinical services are involved in human resources visits to university and college students, as well as in international recruiting missions. Collaborate with partners to improve the image of the nursing profession. <p>Underway:</p> <ul style="list-style-type: none"> Visit university campuses and colleges for recruiting and communicate with faculties more regularly. Visit secondary schools in partnership with the NBCC and the Université de Moncton.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>2.7 The Network’s external partners want to better coordinate recruiting efforts. A common theme during interviews with partners was the willingness to coordinate recruiting efforts to better promote opportunities available.</p> <p>2.8 Health professionals are worried that the work overload and lack of staff will compromise the quality of care. With a staff shortage in all four zones, physicians and clinical staff members work well beyond their scheduled working hours, which can increase patient care risks.</p> <p>2.9 It may be difficult to recruit nurses and physicians for the Network. While recruiting Francophone physicians and nurses is a challenge, the staff report that the lack of incentives and strategies, as well as the lengthy recruiting and staffing process actually undermine recruiting efforts.</p> <p>2.10 The medical staff shortage is aggravated by the upcoming retirement of many family physicians. 34% of Network physicians are over 50 years old. The Canadian trend shows that one general practitioner must be replaced by 2.7 people.</p>		<p>8D: Assess the distribution of nursing tasks and develop competency guides to optimize nursing resource allocation based on patient needs.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Implement new collaborative care models. • Assess the tasks done by the practice team. <p>Underway:</p> <ul style="list-style-type: none"> • Implement recommendations prioritized following a job evaluation report. • Develop an integrated primary care model, including a role optimization exercise and the addition of other health professions. • Continue implementing and offering in-house hemodialysis attendant training to optimize the nurse’s role on these units



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>2.11 Employee Experience lacks data to assess staffing needs proactively with field managers, which is a risk in terms of continuity and safety of care and services.</p>	<p>Improvement opportunity 9: Develop and implement a solid, integrated workforce strategy that takes recruiting, retention and succession planning into account.</p>	<p>9A: Consider new recruiting strategies. E.g.:</p> <ul style="list-style-type: none"> • Increase the number of residency training spots for international students; • Work with regulating authorities to develop accreditation programs for international medical/nursing graduates trained abroad; • Enhance return-of-service contracts; • Explore new promotional ideas; • Use the internet sites of departments to enable potential candidates to learn about the team and work; • Etc. 	<p>Completed:</p> <ul style="list-style-type: none"> • Implement an accelerated program for prior learning recognition by NANB for Francophone nurses trained abroad (France, Belgium, Switzerland, Morocco, Lebanon). • Sign employment contracts at the end of the first year of nursing for student jobs valid until the end of training (with the promise of a permanent position when studies are completed). • Implement a bridging program (patient care attendants-licensed practical nurses-registered nurses). • Negotiate an agreement with the Province of Quebec to add CaRMS matching positions for training medical residents in specialities in demand in N.B.





Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
			<p>Underway:</p> <ul style="list-style-type: none"> Propose nursing recruiting and retention incentives. Develop a recruiting plan on a continuous 12-month basis (needs, targets, activities). Implement a simplified online job application. Improve computer access for new employees.
		<p>9B: Develop and implement a workforce strategy based on a holistic approach where future staff needs take into account the entire professional life cycle, from hiring to retirement.</p>	<p>Completed:</p> <ul style="list-style-type: none"> Confirm the three strategic priorities of Human Resources: recruiting, retention, and employee experience. <p>Underway:</p> <ul style="list-style-type: none"> Set up a project portfolio for each of the three priorities.
		<p>9C: Ensure that systematic staffing data collection done by units is in line with that of Employee Experience to model future needs and identify trends.</p>	<p>Underway:</p> <ul style="list-style-type: none"> Develop scorecards on needs, targets, and performance rates with respect to recruiting, retention, organizational health, and employee experience.

Theme 3 – Flow and configuration of care and services

Theme 3 – **Flow and configuration of care and services** includes ten elements to be assessed, i.e. service coordination, internal patient flow, bed utilization, wait times, surgical suite utilization, primary care, mental health, configuration of clinical support services, utilization of clinical support services, and redundant tests.

Starting questions and elements assessed:

Elements Assessed	
Service coordination	Do patients have access to the resources and services they need?
Internal patient flow	Is length of stay in acute care aligned with the expected length of stay?
Bed utilization	Does the Network have adequate bed capacity to meet patient needs?
Wait times	Are wait times in clinical services in line with external benchmarks?
Surgical suite utilization	Are operating rooms used optimally to meet patient needs?
Primary care	What are the barriers to accessing primary care services?
Mental health	How can the Network better meet the mental health needs of the communities it serves?
Configuration of clinical support services	Are all clinical support services available where patients and physicians need them the most?
Utilization of clinical support services	Are all clinical support services used appropriately within the Network?
Redundant tests	Are unnecessary or redundant tests ordered for patients?

To address these questions, the elements to be assessed were classified into the following three broad categories:

1. Access;
2. Hospital capacity management;
3. Clinical support services.



Table 3 – Flow and configuration of care and services

Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
Access			
<p>3.1 Access to primary care does not meet the public’s needs.</p> <p>3.2 The hospital workload that falls on the family practice team takes up too much of their time. This limits the time that they have left for their community practice. Hospital workload refers to visits to inpatients, emergency coverage, participation in various clinics (e.g., addictions, oncology, geriatrics), OR assistance, etc.</p> <p>3.3 Continuity of primary care is jeopardized by the retirement of family physicians. It should be noted that it takes approximately 2.7 new family physicians to replace one who retires. Recruiting must therefore be stepped up and new physician positions will have to be allocated.</p>	<p>Improvement opportunity 10: Improve access to primary care.</p>	<p>10A:</p> <ul style="list-style-type: none"> • Optimize existing resources to improve access to primary care. • Review the distribution of family physicians in communities. • Better integrate nurse practitioners in providing primary care to reduce the number of less urgent emergency department visits and prevent worsening of patients’ condition. 	<p>Completed:</p> <ul style="list-style-type: none"> • Develop an advanced access model in family practice. <p>Underway:</p> <ul style="list-style-type: none"> • Extend and increase recruiting capacity as part of the At Home Program. • Provide care to orphan patients by adding a remote nurse practitioner (virtual consultations). • Develop a plan to integrate patients and families into our care environment.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>3.4 The number of non-urgent emergency department visits (triage levels 4 and 5) is progressively increasing. Furthermore, emergency departments are not suited for providing mental health services, especially at night when 30% of emergency</p> <p>3.5 The data collected on the reason for the visit are neither harmonized nor standardized in the information system used, which limits the Network's ability to analyze trends and plan services required to meet needs.</p>		<p>10B: Create multidisciplinary primary care clinics.</p>	<p>Completed:</p> <ul style="list-style-type: none"> Implement nurse practitioner clinics in Zone 1B. <p>Underway:</p> <ul style="list-style-type: none"> Set up the integrated primary care model (pilot projects in Edmundston and Moncton) with the aim of extending the model to the 13 communities. The coordination and delegation of care will reduce the need for physicians.
		<p>10C: Extend and optimize the deployment of digital health solutions to improve access to family physicians and nurse practitioners and solve minor problems.</p>	<p>Underway:</p> <ul style="list-style-type: none"> Implement telepsychiatry in Bathurst. Standardize the data entry process on patient wait times in the emergency. Implement electronic medical records. Connect the different members of the new integrated primary care model. Integrate the virtual and face-to-face options for the referral centre of this new model, as well as for the clinical services of all professionals in this model.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
	<p>Improvement opportunity 11: Optimize care pathways in the emergency department according to the patient needs.</p>	<p>11A:</p> <ul style="list-style-type: none"> • Implement a care pathway that is better adapted for mental health cases. • Define a low stimulus zone with mental health resources close or adjacent to the emergency. 	<p>Underway:</p> <ul style="list-style-type: none"> • Implement integrated mental health services in the emergency in Bathurst. • Redevelop a new rehabilitation/detoxification centre to increase admitting capacity (from 18 to 24 beds). • Provide supportive housing supported by a clinical consultation model.
		<p>11B:</p> <ul style="list-style-type: none"> • Extend access to mental health resources after hours. • Change the management culture of HR and operating hours in some clinical departments to guarantee access to the right care at the right time. 	<p>Underway:</p> <ul style="list-style-type: none"> • Implement integrated mental health services in the emergency in Bathurst. • Improve the emergency staff's knowledge to respond to the needs of patients with mental health disorders or substance use problems (e-learning on trauma).



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
		<p>11C: Implement a process to redirect emergency level 4 and 5 patients to appropriate resources.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Implement a personalized service management (PSM) program. • Implement a home-care program. <p>Underway:</p> <ul style="list-style-type: none"> • Redirect non-urgent emergency cases to the community. • Implement the integrated primary health care model. • Implement a process to identify vulnerable patients.
Hospital capacity management			
<p>3.6 Bed occupancy by patients admitted to the hospital as alternate level of care (ALC) limits the supply of services to patients from other departments for whom hospitalization is indicated. ALC patients occupied 35% of hospital beds in 2019-2020.</p>	<p>Improvement opportunity 12 : Address barriers to admission flow.</p>	<p>12A: Adopt an active patient discharge planning management mode to reduce length of stay and bed occupancy by ALC patients.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Set up an arbitrary budget to facilitate the departure of patients who have been discharged and whose immediate needs cannot be met. • Develop a procedure to better identify ALC patients and try it out at the Dr. Georges-L.-Dumont UHC. • Develop the geriatric day hospital concept.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>3.7 There are no formal real-time processes or tools for inpatient bed management. The volume of beds available can vary based on workforce availability rather than patient needs.</p> <p>3.8 The use of specialized ambulatory care services is not optimized to complement the end of hospital stay in order to speed up discharge, prevent admissions/readmissions, and reduce overcrowding in the emergency department. The operating hours of specialized ambulatory care services do not meet the needs.</p> <p>3.9 Vitalité Health Network ought to increase the opportunities to collaborate with Horizon Health Network to provide a range of safe, quality complementary services and optimize the use of clinical resources and infrastructure.</p>		<p>12B: Implement a hospital command centre to optimize the management of operations and the patient care path (admissions, bed turnover, surgical procedure turnover, diagnostic tests, etc.).</p>	<p>Underway:</p> <ul style="list-style-type: none"> • Optimize patient access to respiratory health clinics. • Assess and implement a communication line with physicians who provide coverage in level 3 nursing homes as well as with managers. • Formalize the short-stay hospital and virtual hospital concepts and extend the models. • Optimize the surgical suite operating mode. • Expand the project to improve the flow of vulnerable patients on a larger scale. • Expand the hospital capacity management project – 4C at the Dr. Georges-L.-Dumont UHC. <p>Underway:</p> <ul style="list-style-type: none"> • Expand the hospital capacity management project – 4C at the Dr. Georges-L.-Dumont UHC. • Improve the project in the emergency department of the Dr. Georges-L.-Dumont UHC. • Revise and optimize internal processes (patient flow) to set up a hospital command centre.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>3.10 Communities have difficulty accessing specialized services. With a geographically dispersed population, the Network faces a challenge in recruiting and supporting volumes of highly specialized services in rural communities.</p> <p>3.11 The Network has made significant progress in consolidating services and is encouraged to continue in that direction. The Network must seek opportunities to combine services in order to optimize the use of resources and delivery of safe, quality care and services.</p> <p>3.12 The Network must find a balance between access to services and rurality. It is hard to recruit physicians in rural areas or to have sufficient volumes to provide large-scale quality services that attract providers. To guarantee access, creative solutions must be found and put forward.</p>		<p>12C: Equip the command centre with real-time tools and information to better coordinate bed management.</p>	<p>Underway:</p> <ul style="list-style-type: none"> Develop real-time tools and information to better coordinate bed management.
		<p>12D: Assess the performance of ambulatory care services and make the necessary changes to ensure that they complement hospital services.</p>	<p>Underway:</p> <ul style="list-style-type: none"> Develop a prospective scorecard to facilitate the decision-making process and improve patient flow in the Network emergency departments
	<p>Improvement opportunity 13: Reorganize services to reflect utilization and the public's needs.</p>	<p>13A:</p> <ul style="list-style-type: none"> Actively monitor access levels and optimize leverage on the capacity to centralize access whenever logical and possible throughout the Network in order to balance workloads and minimize wait times. Collaborate with Horizon Health Network to identify potential initiatives at the provincial level whenever logical and possible. 	<p>Completed:</p> <ul style="list-style-type: none"> Implement various strategies to analyze and plan the clinical services and staff required to deliver these services based on people's needs (projection and modelization, medical staffing regional planning). Maintain front-line and in some cases second-line services in community hospitals without jeopardizing quality of care and patient safety. Implement centralized telepathology services to better distribute the workload among Network pathologists in order for patients to have quicker access to results. Implement a centralized surgery waiting list for the Network to provide patients with better access.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>3.13 Patients must often travel long distances to access care and services, which compromises the patient experience.</p>			<ul style="list-style-type: none"> • Implement various community engagement strategies (healthy learning communities) to help people take responsibility for the health of their community. • Collaborate with Horizon Health Network where appropriate. <p>Underway:</p> <ul style="list-style-type: none"> • Centralize an endoscopy waiting list within the Network. • Implement a provincial patient care and transportation coordination system (maternity, neonatal and pediatrics). • Implement a provincial pharmaceutical drug library. • Continue modernizing laboratory services. • Set up the Provincial Public Health Laboratory. • Set up a provincial collaborative council between the BODs of the two health networks • Implement performance reports by program and clinical sector to monitor patient health outcomes and the quality of services provided.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
		<p>13B:</p> <ul style="list-style-type: none"> • Conduct an internal audit to identify services that are actually underused. • Standardize data and reports between facilities and zones to identify actual opportunities for consolidation. <p>13C:</p> <ul style="list-style-type: none"> • Assess actual access to specialized services for rural communities. • Perform a focused review of rural communities to identify potential referral models and telehealth solutions. 	<p>Underway:</p> <ul style="list-style-type: none"> • Implement performance reports by program and clinical sector to monitor the use and performance of the various services provided. <p>Underway:</p> <ul style="list-style-type: none"> • Assess community health needs. • Assess community health needs in Native communities. • Set up a process to measure access to various services (including secondary and tertiary services), by community, to properly prioritize improvement projects. • Develop a primary care model with a referral centre.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
		<p>13D: Consider transferring some services to a non-hospital setting to free up space in hospital facilities and bring these services closer to communities.</p>	<p>Underway:</p> <ul style="list-style-type: none"> • Dieppe geriatric community clinic, Zone 1B diabetes clinic, community mental health interventions, and progressive transition of several clinics to the new integrated primary care model. • Cataract surgery clinic (Bathurst) • Cataract surgery clinic (Edmundston) <ul style="list-style-type: none"> – Optimize space in Grand Falls to maximize the supply of scope services (cytology and digestive endoscopy, ENT surgery). • Ophthalmology clinic



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
	<p>Improvement opportunity 14: Optimize the configuration of services and facilitate patient movements within the Network.</p>	<p>14A: Improve care coordination to speed up decision-making. This may help to quickly identify the optimal location for a patient to receive a service and decrease delays in care.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Add an oncology navigator position to assist and direct patients. <p>Underway:</p> <ul style="list-style-type: none"> • Review the hemodialysis patient care pathway to provide more treatments at home. • Implement a provincial patient care and transportation coordination system (maternity, neonatal and pediatrics)..
		<p>14B: Provide patient transportation to improve access to care. This can improve the patient experience by avoiding the need to find their own transportation means.</p>	<p>Underway:</p> <ul style="list-style-type: none"> • Use the healthy learning community approach to identify priority community health needs and work with communities to implement solutions.



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
Clinical support services			
<p>3.14 It is difficult to determine whether the Network has appropriately optimized the utilization of medical imaging services. Although a decrease has been noted in the utilization of medical imaging services, partly through the Choosing Wisely national initiative, it is difficult and complex to verify the clinical relevance of tests across the province.</p> <p>3.15 There may be opportunities to further optimize the configuration of diagnostic imaging services in the province. Several sites have low activity volumes.</p> <p>3.16 Medical imaging is facing manpower constraints, namely a lack of technicians, which is a factor in the reduced activity volumes.</p>	<p>Improvement opportunity 15: Continue optimizing services by raising awareness of the overuse of medical imaging and by exploring innovative service delivery models.</p>	<p>15A :</p> <ul style="list-style-type: none"> • Continue assessing diagnostic imaging utilization across the Network. • Continue rolling out the Choosing Wisely program across the Network. 	<p>Underway:</p> <ul style="list-style-type: none"> • Reduce the medical imaging waiting list (wait times/backlogs) across the Network. • Develop an automated report with key performance indicators for medical imaging. This will help standardize wait time management and thus offer patients different locations with shorter wait times. • Implement Choosing Wisely criteria for MRI test requisitions (implementation will soon be completed in all the zones). • Optimize red blood cell transfusions for adult inpatients in the Network facilities as part of the Using Blood Wisely campaign (an initiative of Choosing Wisely and Canadian Blood Services) - pilot project at the Edmundston Regional Hospital (launched in August 2022).



Findings and Context	Improvement Opportunities	Recommendations	Initiatives Completed or Underway
<p>3.17 There are opportunities to optimize flows and facilitate the clinical transportation of specimens within the Network. Pathology leadership has a clear vision and an actual regional program. Leadership initiatives create an environment that promotes the engagement of providers, improves recruiting, and supports staff retention.</p>	<p>Improvement opportunity 16: Consider digital and physical solutions to improve medical specimen transportation in order to regulate volumes among sites.</p>		<ul style="list-style-type: none"> The Edmundston Regional Hospital was designated as a Choosing Wisely Canada Hospital, the first in Atlantic Canada to receive this designation. It is an important step in our optimization strategy. Stabilize the medical imaging teams to provide timely services.
		<p>15B: Devise and implement a strategy to develop and maintain artificial intelligence skills and attract skilled labour, in partnership with teaching institutions.</p>	<p>Underway:</p> <ul style="list-style-type: none"> Project to modernize the Bathurst campus/Centre d'innovation et de formation Nouveau-Brunswick (CIFNB)/ simulation laboratory.
		<p>16A:</p> <ul style="list-style-type: none"> Explore pathology technological solutions that facilitate the distribution of work among the Network sites. Optimize specimen transportation to increase efficiency on the regional level. 	<p>Underway:</p> <ul style="list-style-type: none"> Digital pathology Develop an automated report with key performance indicators for medical imaging (phase 1, Zone 5).





Conclusion

The Network is committed to offering the public the best health care and services and to ensure that public funds are used wisely. The two Raymond Chabot Grant Thornton reports and Ernst & Young's work were a useful source of information for making the necessary realignments, as well as confirming the successes of the organization.

The consolidated report bears witness to these convergent efforts by outlining the main initiatives that have been completed, are underway or are planned with respect to the themes addressed here. It is a work in progress that will certainly shape the Network's next strategic planning process.

