RÉSEAU DE SANTÉ

vitalité

HEALTH NETWORK

Clinical Services Plan Consultation Document

November and December 2015

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

Plan for the presentation

- Context
- Population and Vitalité Health Network profile
- Trends
- Transformation and modernization
- Hospital system reorganization
- Savings and investments
- Conditions for success

CONTEXT

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Context

- The Government of New Brunswick's approach to program review
- Two scenarios proposed to Vitalité Health Network by the Department of Health for analysis and feedback
- **Seeking solutions: an imperative**

Context

- Findings: current model obsolete
  - Many resources
    - Physician to human resources ratios among the highest in the country
    - Bed ratios among the highest in the country
  - Health conditions of the New Brunswick population among the least favourable, especially on the territory served by Vitalité Health Network

- Population health profiles closely related to behavioural and socioeconomic factors but not much to health care services

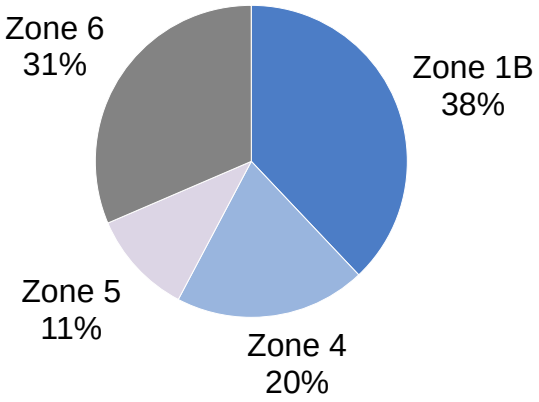
- **Proposed solution: transforming and modernizing Vitalité Health Network**

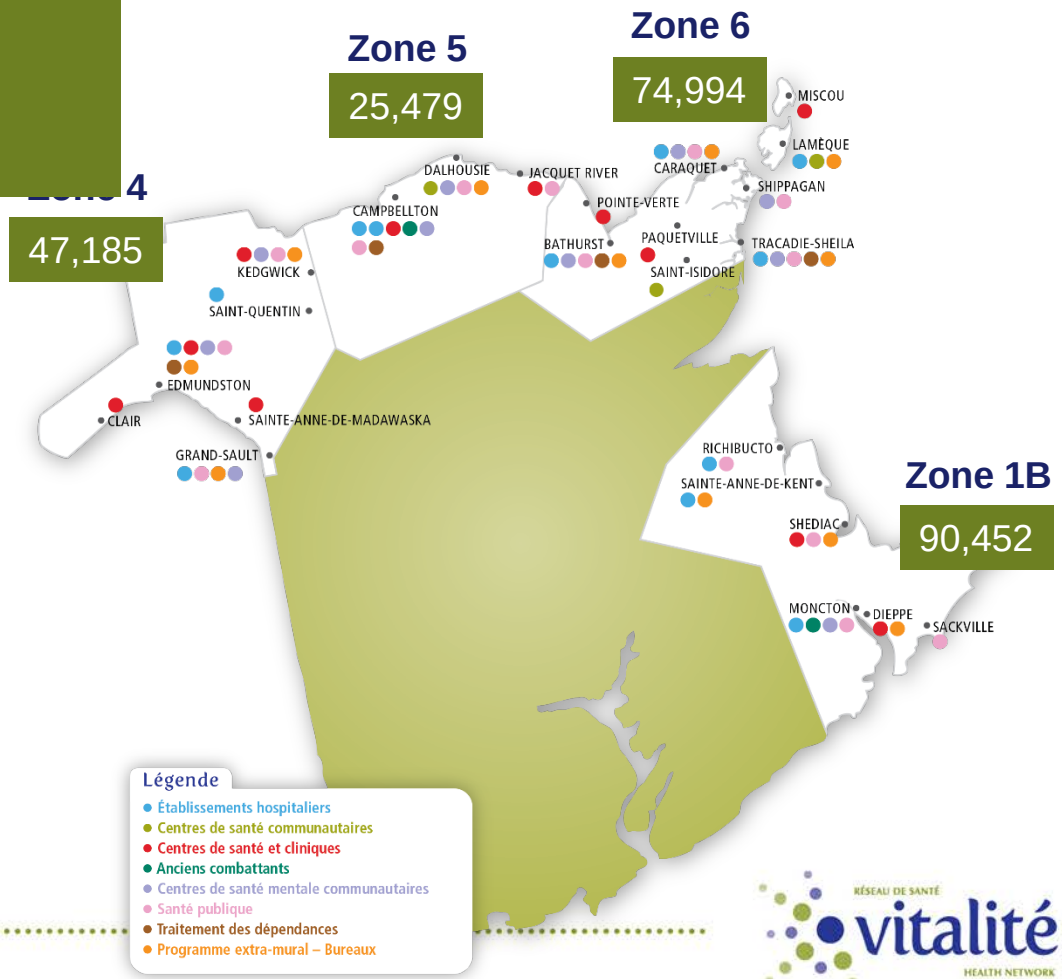
POPULATION AND VITALITÉ HEALTH NETWORK PROFILE

Population profile

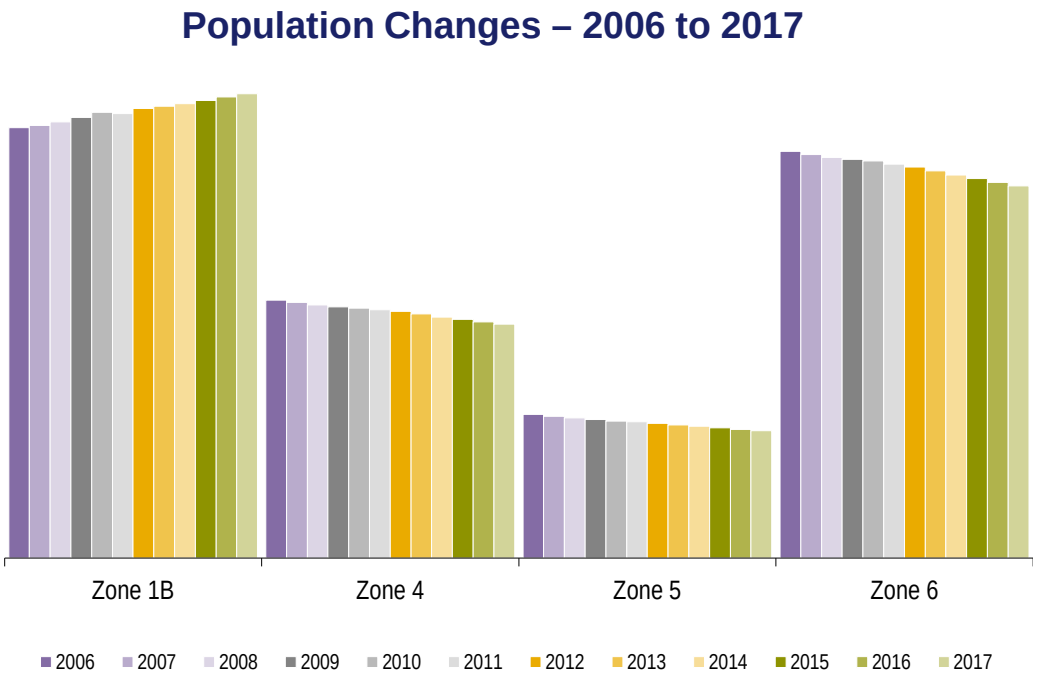
The Network's population in 2015:
238,380
(32% of New Brunswick's population)

Distribution of the Network's Population by Zone





Population profile



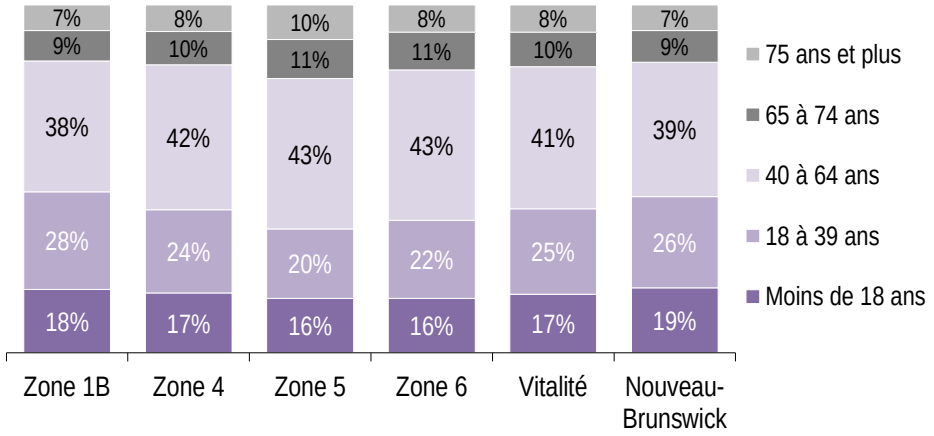
Source: Vitalité Health Network

- Growth of the population in Zone 1
- Decline in the population of the three northern zones

Population profile

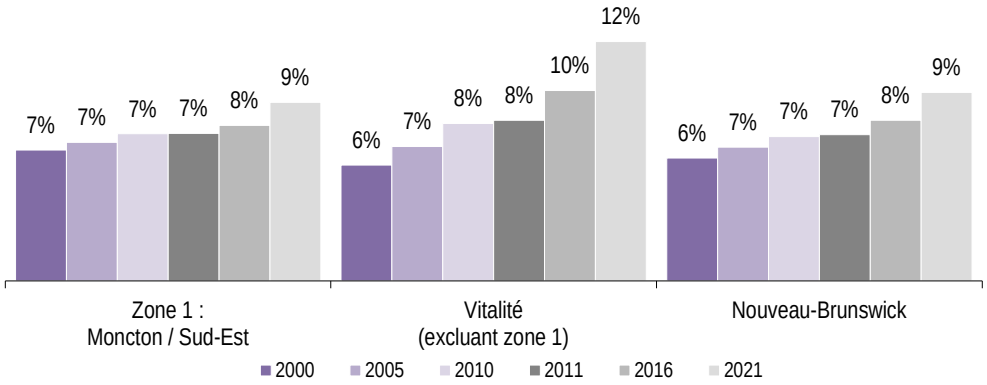
- Vitalité Health Network's population relatively old in the northern zones, especially in Zone 5
- Progress of aging over the next few years

Population by Age Group – 2011



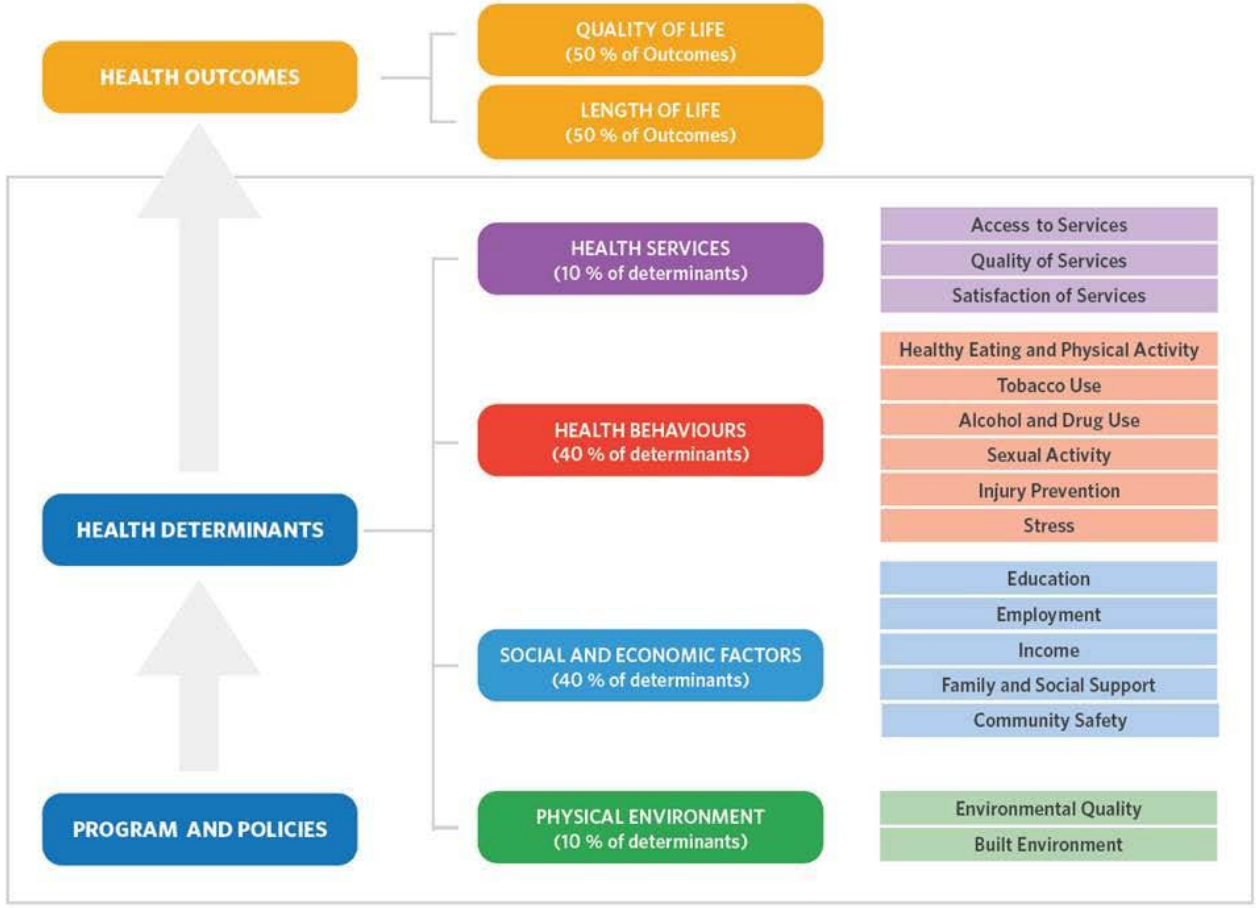
Source: Statistics Canada, 2011 Census

Changes in Demographic Weight in People 75 and Older – 2000 to 2021



Source: Vitalité Health Network

Population health model



Source: New Brunswick Health Council

Health profile

- New Brunswick compared with Canada
  - Province with the population that has the worst perception of its health, both physical and mental
  - One of the most disadvantaged provinces in terms of education, employment, and income
  - Health-related behaviours to be improved (alcohol, smoking, physical activity)

- Health profile of Vitalité Health Network zones
  - Zone 1: relatively good
  - Zone 4: relatively bad when seen from the point of view of many indicators
  - Zone 5: generally very badly positioned, except for health-related behaviours
  - Zone 6: generally better positioned than zones 4 and 5 for health-related outcome and behaviour indicators, in spite of a very unfavourable socioeconomic profile

Health profile

Examples of Indicators

	Zone 1	Zone 4	Zone 5	Zone 6	N.B.	Canada
Life expectancy: (2007-2009)	81.4	79.3	78.6	81.3	80.2	81.1
Rank	1/7	6/7	7/7	2/7	5/10	
Premature death due to cancer (years of life lost, rate by 1,000, 2008-2012)	158	199	200	176	171	n/d
Rank	2/7	6/7	7/7	3/7		
Without a high school diploma (2011)	15.3%	23.0%	25.3%	28.8%	16.8%	12.7%
Rank	3/7	5/7	6/7	7/7	8/10	
Smoking, regular or occasional smokers (2013)	18.4%	24.9%	29.5%	24.0%[E]	21.8%	19.3%
Rang	1/7	5/7	7/7	4/7	9/10	

Rank: For zones, the rank positions the zone among the seven zones in New Brunswick (from best to worst). For New Brunswick, the rank positions the province among the ten Canadian provinces.

[E]: Use data with caution, sample too small.

Source: New Brunswick Health Council, Population Health Snapshot 2014-2015

Rank 5/7, 6/7 or 7/7

Health profile

Use of Primary Health Care Services in the Past 12 Months

2014	Zone 1	Zone 4	Zone 5	Zone 6	N.B.
Visited usual family physician	83.5%	74.5%	77.1%	83.2%	80.3%
Visited a hospital emergency department	37.5%	54.8%	48.0%	51.2%	41.3%
Visited a community health centre	5.5%	3.0%[E]	10.1%	9.8%	6.9%

[E]: Use data with caution, sample too small.
Source: New Brunswick Health Council, Primary Health Survey 2014

Hospital beds

		Acute Care	Chronic and Long-Term Care	Rehabilitation	Veterans	Restigouche Hospital Centre	Total
Zone 1B	Dr. Georges-L.-Dumont UHC	256	21	25	40		342
	Stella-Maris-de-Kent Hospital	20					20
Zone 4	Edmundston Regional Hospital	139	30				169
	Grand Falls General Hospital	20					20
	Hôtel-Dieu Saint-Joseph de Saint-Quentin	6					6
Zone 5	Campbellton Regional Hospital	121	25		20		166
	Restigouche Hospital Centre					152	152
Zone 6	Chaleur Regional Hospital	171	44				215
	Tracadie-Sheila Hospital	59					59
	Enfant-Jésus RHSJ† Hospital	12					12
	Lamèque Hospital	12					12
	Total	**816**	**120**	**25**	**60**	**152**	**1,173**

Note: Profile before acute care beds were reclassified as chronic care beds on April 1, 2015:
27 beds reclassified at the Dr. Georges-L.-Dumont UHC and 26 at the Edmundston Regional Hospital.

Community health services

	Zone 1B	Zone 4	Zone 5	Zone 6
Community health centres			• St. Joseph	• Lamèque • Saint-Isidore
Health centres	• Shediac Regional Medical Centre	• Sainte-Anne	• Jacquet River	• Chaleur • Miscou • Paquetville
Clinics	• Phlebotomy Clinic	• Haut-Madawaska Medical Clinic • Kedgwick Medical Clinic	• E. L. Murray Clinic	
Community mental health centres	• Moncton • Richibucto	• Edmundston • Grand Falls • Kedgwick	• Campbellton • Point of service in Dalhousie	• Bathurst • Caraquet • Shippagan • Tracadie-Sheila
Public Health	• Moncton • Richibucto • Sackville • Shediac	• Edmundston • Grand Falls • Kedgwick	• Campbellton • Point of service in Dalhousie • Point of service in Jacquet River	• Bathurst • Caraquet • Shippagan • Tracadie-Sheila
Addiction Services		• Edmundston	• Campbellton	• Bathurst • Tracadie-Sheila
Extra-Mural Program	• Dieppe • Sainte-Anne-de-Kent • Shediac	• Edmundston • Grand Falls • Kedgwick	• Dalhousie	• Bathurst • Caraquet • Lamèque • Tracadie-Sheila

Source: Vitalité Health Network, Annual Report 2014-2015

Community health services

Activity Volumes by 1,000 Population (2014-2015)

	Zone 1B	Zone 4	Zone 5	Zone 6	Average Vitalité
Community health centres and health centres					
Consultations	562	129	2,159	1,118	826
Extra-Mural Program					
Admissions	33	34	33	30	32
Visits	784	1,010	838	666	797
Public Health					
Immunization: vaccines in schools	50	17	23	21	32
Healthy Toddler Assessment: children seen	7	5	3	5	6
Community Mental Health					
New requests for service	18	21	26	29	23
Individuals who received a service	27	43	59	56	43
Therapeutic follow-up - adults	22	33	49	45	34
Therapeutic follow-up – children/adolescents	5	10	10	10	8
Addiction Services					
Admissions	Services delivered by Horizon Health Network	7	7	5	6
Clients seen on an outpatient basis		13	10	8	10
Outpatient visits		111	69	76	86

Source: Vitalité Health Network, Annual Report 2014-2015 and Population by Zone in 2014

TRENDS

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Trends

Chronic diseases

- Current situation
  - Leading cause of death worldwide
  - In Canada, more than two-thirds of all deaths caused by chronic diseases (cancer, diabetes, cardiovascular diseases, and COPD)
- Health services to be adapted
  - Health promotion and disease prevention
  - Use of a frontline interdisciplinary team
  - Continuous, integrated and coordinated care and services
  - Involvement of individuals in self-management of their disease

Trends

Chronic diseases

- Challenges
  - Current service organization more focused on response to acute health care problems
  - Current approach hardly appropriate for coordinated prevention and management
  - Services generally delivered in a hospital setting
  - Few formal mechanisms for sharing information between partners

Trends

Care and service organization

- From a comprehensive point of view
  - Strengthen frontline services
  - Prioritize care (primary, secondary, tertiary; general, specialty, subspecialty, etc.)
  - Organize services and expertise into networks
  - Make specialized or limited resources available throughout the Network rather than in a single facility
  - Focus on interdisciplinarity
  - Standardize practices

TRANSFORMATION AND MODERNIZATION

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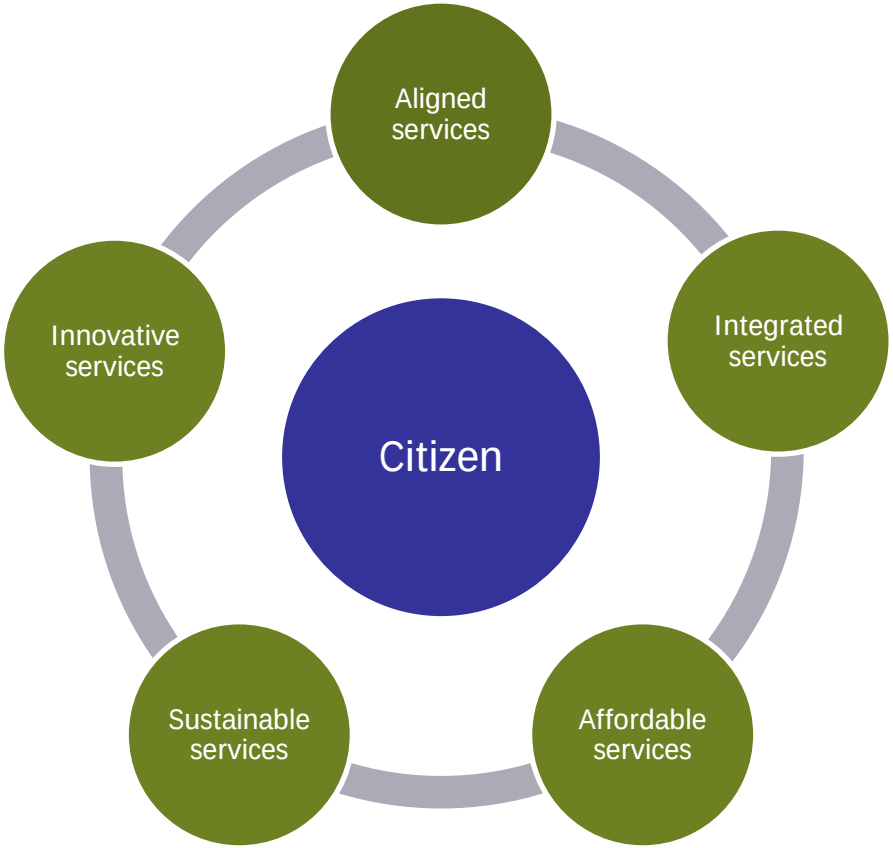
Guiding principles

Seven dimensions related to service quality

- Accessibility
- Clinical viability
- Equity
- Safety
- Appropriateness
- Efficiency
- Effectiveness

Citizen-focused services



Vision and foundations

Shift to primary health care services, with major emphasis on ambulatory and community care, as well as on home care

Foundations

- For people
  - Acknowledging that people are the priority
  - **Preventive action on health determinants**
  - Focus on services for the most vulnerable

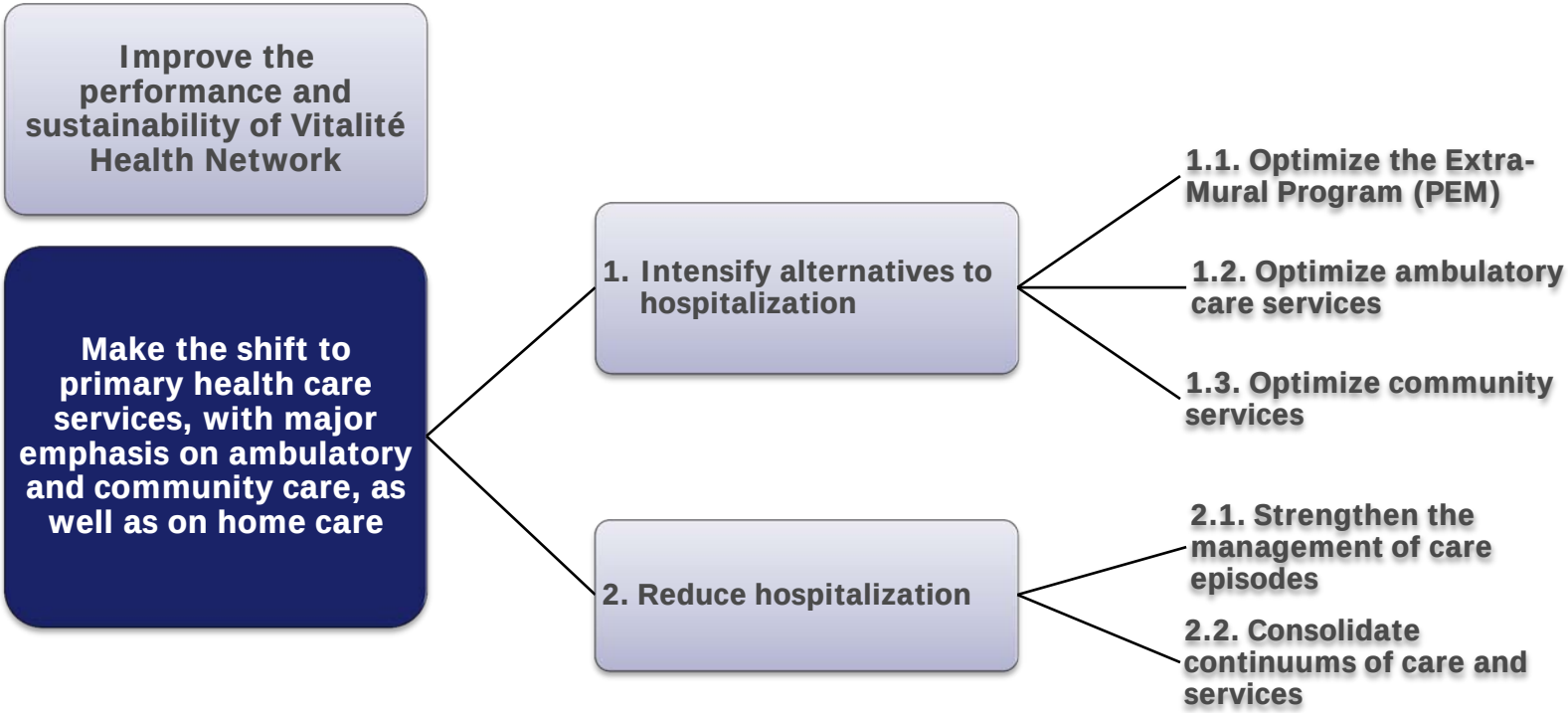
- For the organization of services
  - Delivering appropriate services
  - **Overall performance** vision**, high quality standards, and evidence-based data**
  - Range of **standardized services** throughout the territory
  - **Interdisciplinarity**
  - Specialized services organized **into networks**

Vision and foundations

Foundations (cont.)

- For clinical practices
  - Multidisciplinary team in physicians' offices and community centres
  - Case management model and individualized care plans (e.g., elderly, chronic diseases, mental health)
  - "Home First"
  - Geriatric approach in the hospital setting
  - "Choose with care" (reducing the number of useless tests, treatments, and procedures)
- For the Network management
  - Developing strong **clinical governance**
  - Physician **involvement**
  - **Mutual trust** between physicians and the organization

Transformation plan



Transformation plan – Alternatives to hospitalization

1. Intensify alternatives to hospitalization

1.1. Optimize the EMP

1.1.1. Improve service accessibility and intensity
1.1.2. Improve medical care for EMP patients
1.1.3. Integrate EMP services into each program/clientele
1.1.4. Increase home care for long-term clients (elderly, chronic diseases)
1.1.5. Develop home geriatric assessment/intervention
1.1.6. Develop home rehabilitation services
1.1.7. Develop home telehealth
1.1.8. Develop home palliative care
1.1.9. Increase resources to keep heavier cases at home
1.1.10. Improve access to short-term support services
1.1.11. Optimize the use of individual support services on a short-term basis
1.1.12. Facilitate access to diagnostic services and medical and professional specialized consultations for clients at home (e.g., “virtual hospital”)
1.1.13. Optimize coordination with home-based assistance and support services

Transformation plan – Alternatives to hospitalization

1. Intensify alternatives to hospitalization

1.2. Optimize ambulatory care services

1.2.1 Maintain emergency services while setting up what is needed to reduce these services during the night in community hospitals

1.2.2 Establish a day hospital

1.2.3 Ensure access to outpatient rehabilitation services

1.2.4 Develop specialized clinics (COPD, diabetes, heart failure, elderly clients with multiple needs, mental health clients, etc.)

1.2.5 Optimize renal replacement therapy services

Transformation plan – Alternatives to hospitalization

1. Intensify alternatives to hospitalization

1.3. Optimize community services

- 1.3.1 Support the development of living environments adapted to seniors
- 1.3.2 Decentralize some specialty clinics towards community health centres/family health teams
- 1.3.3 Develop new community health centres/family health teams or improve service delivery in existing centres
- 1.3.4 Develop community palliative care
- 1.3.5 Improve quick access to a family physician by developing networks of medical clinics
- 1.3.6 Optimize complementarity between frontline multidisciplinary care teams and pharmacists in the community for therapeutic follow-up
- 1.3.7 Implement integrated crisis services for mental health clients
- 1.3.8 Develop support services in the community for individuals with serious mental disorders (FACT model)

HOSPITAL SYSTEM REORGANIZATION

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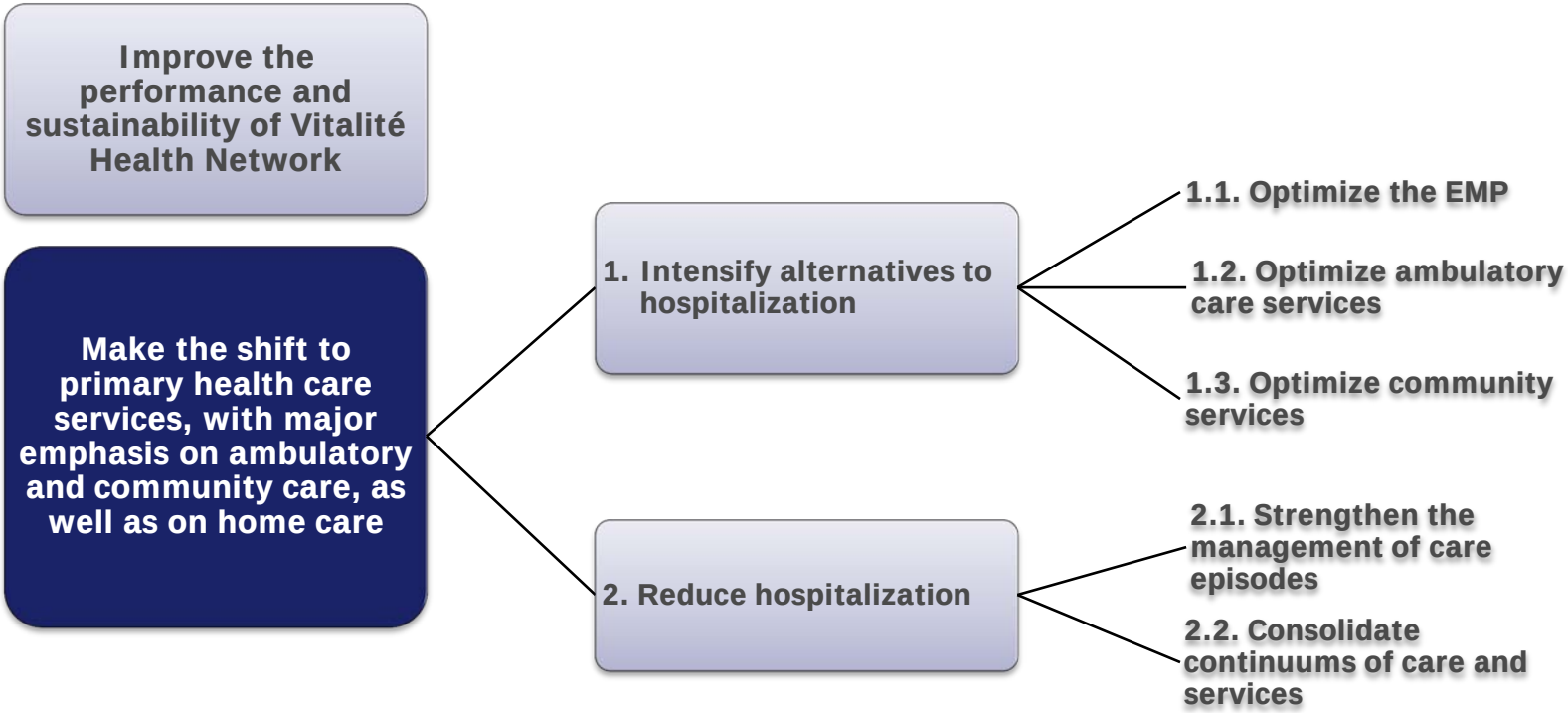
Medical staff organization

Regional Medical Departments	Divisions
General Practice	Family Practice
	Emergency
Specialized Medicine	Cardiology
	Dermatology
	Endocrinology
	Gastroenterology
	Geriatrics
	General Internal Medicine
	Nephrology
	Neurology
	Oncology
	Physiatry
	Pneumology
	Rheumatology
Mother/Child	Fertility
	Obstetrics
	Pediatrics

Regional Medical Departments	Divisions
Psychiatry	
Surgery	Anesthesia
	Bariatric
	General
	Gynecology
	Ophthalmology
	ENT
	Orthopedics
	Plastic
	Thoracic
	Urology
	Vascular
Diagnostic Services	Laboratory Medicine
	Radiology

Reminder of the transformation plan



Transformation plan – Reduce hospitalization

2. Reduce hospitalization

2.1. Strengthen the management of care episodes

2.1.1 Assign daily bed utilization management to “episode managers” (EMs)

2.1.2 Develop and implement systematic follow-up protocols for clients

2.1.3 Identify the major users of hospital services who could benefit from individual care plans

2.1.4 Manage the appropriateness of admissions and stays on a day-to-day basis

2.1.5 Develop memoranda of understanding and service corridors with nursing homes

2.1.6 Implement protocols for returning patients to their referring facility

2.1.7 Realize full potential of day surgery

2.1.8 Develop telehealth (remote consultations)

Transformation plan – Reduce hospitalization

2. Reduce hospitalization

2.2. Consolidate the continuums of care and services

2.2.1 Improve integration with extra-mural care and services (prehospital, ambulatory, community, home-based)

2.2.2 Optimize patterns of service by program/clientele

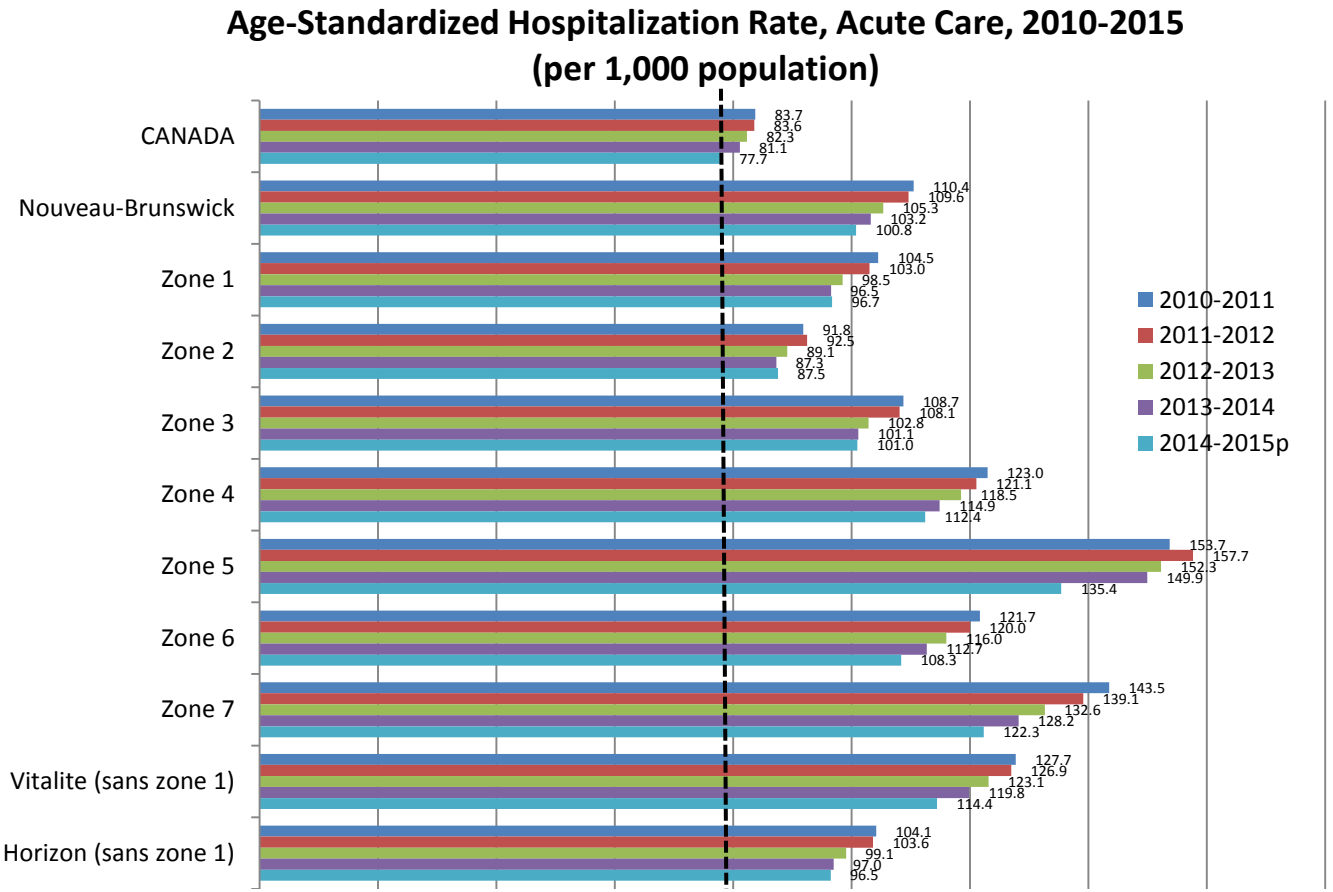
2.2.3 Implement a single point of access for each program/clientele

2.2.4 Implement clinical access

Use of hospitalization

- A number of studies and comparative analyses show that hospital beds are overused in New Brunswick and within Vitalité Health Network in particular.
  - High hospitalization rate per 1,000 population compared to the Canadian average
  - High number of beds per 1,000 population compared to other Canadian provinces and other OECD countries

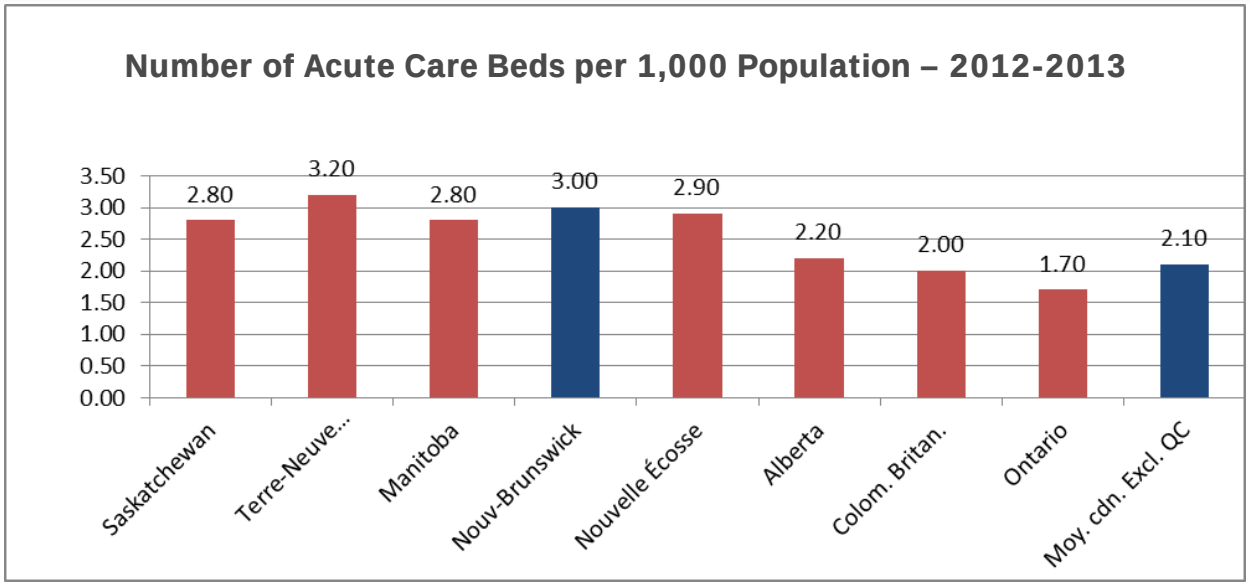
Use of hospitalization



Note: Age-standardized hospitalization rate, excluding newborns. Based on the patient's place of residence (province or region). Canada excludes data related to Quebec and the territories. 2014-2015 data projected over 6 months.

Sources: CIHI Portal DAD. CGM 2014. Estimates of population by census division, sex and age group for July 1, based on the Standard Geographical Classification (SGC) 2011, annual (persons)

Use of hospitalization



Note: Excluding pediatric hospitals and psychiatric facilities
Source: CIHI Hospital Beds Staffed and in Operation, 2012-2013

Acute Care Beds per 1,000 Population – April 2015

	Number of Acute Care Beds	Number of Acute Care Beds per 1,000 Population
Vitalité	816	3.41
Horizon	1,400	2.70
New Brunswick	2,216	2.92

Source: Vitalité Health Network, Regional Health and Business Plan 2015-2018

Use of hospitalization

- Significant number of acute care beds occupied by alternate level of care (ALC) patients
  - Mostly older people awaiting transfer to a more appropriate care environment, nursing home, or home with services that meet their needs
  - In 2014-2015, an equivalent of 177 family practice beds occupied by ALC patients within the Network
- Significant number of beds occupied by patients with chronic diseases and by patients who are ready for discharge

Closure of 99 beds

	Service population	Acute care beds	Acute care beds per 1,000 people served	Acute care beds per 1,000 people served - target	Surplus beds by zone
Dr. Georges-L.-Dumont UHC	91,694	256			
Stella-Maris-de-Kent Hospital	1,615	20			
Zone 1B	**93,309**	**276**	**2.96**	**2.82**	**13**
Edmundston Regional Hospital	44,744	139			
Hôtel-Dieu Saint-Joseph de Saint-Quentin	1,366	6			
Grand Falls General Hospital	1,716	20			
Zone 4	**47,826**	**165**	**3.45**	**2.88**	**27**
Campbellton Regional Hospital	27,964	112			
Zone 5	**27, 964**	**112**	**4.01**	**3.13**	**25**
Chaleur Regional Hospital	66,076	171			
Tracadie-Sheila Hospital	6,745	59			
Lamèque Hospital	335	12			
Enfant-Jésus RHSJ† Hospital	1,549	12			
Zone 6	**74,705**	**254**	**3.40**	**2.94**	**34**
Vitalité	**243,804**	**807**	**3.31**	**2.91**	**99**

Service population based on data from the Department of Health
Acute care beds before some beds were reclassified on April 1, 2015. Acute care beds, excluding cribs, veterans' units, rehabilitation,
the Restigouche Hospital Centre, and 9 psychiatry beds at the Campbellton Regional Hospital.

Closure of 99 beds

- Reduction of the bed ratio per 1,000 population from 3.31 to 2.91 (based on the service population)
- Realistic target, close to New Brunswick's current average, taking into account the territorial and socioeconomic particularities of Vitalité Health Network
- Weighted bed ratio by zone to take into account the population age structure of each zone

- The number of surplus beds would be much higher if the bed target per 1,000 population were lower.

	Bed Ratio per 1,000 Population	Surplus Beds
Based on the target ratio	2.91	99
Based on Horizon Health Network's ratio	2.7	150
Based on the Canadian average ratio	2.1	296

SAVINGS AND INVESTMENTS

Annualized savings and investments

Savings	**$9,791,667**
Beds	
Closable beds	99
FTE reduction	127.4
Potential savings	$9,441,667
Medical Imaging	
FTE reduction	7.0
Anticipated savings	$350,000
Investment of 50% of savings from the bed reduction	**$4,720,835**
Improve alternatives to hospitalization - Episode manager positions - Optimize EMP and create a virtual hospital - Optimize ambulatory care services - Optimize community services - Optimize home-based services	
Net savings	**$5,070,832**

IN CONCLUSION

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In conclusion

- Proactive approach to the organization of services and implementation of future-oriented changes
- Improved management by services and care in the community
- Reduction in the number of ALC days, increasing significantly patient days available for acute care and OR activities, medical care, and faster admissions from emergency departments
- Better use of short-term care beds
- Follow-ups that better meet the public's changing needs

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