



# A Unifying and Strengthening Network

Annual Report  
2009-2010





# Annual Report

## 2009-2010

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Communications and Engagement  
Vitalité Health Network

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# Message from the Chairperson of the Board of Directors



*Aldéa Landry, Chairperson of the Board of Directors*

If the year 2008-2009 was marked by major transformation of the New Brunswick health care system, the year 2009-2010 was marked, in part, by the implementation of the changes brought about by such a large-scale reorganization, starting with strategic planning, community information strategies, harmonization, regionalization, and integration of the health services and programs delivered across our territory and beyond.

The restructuring of our network formed the backdrop to fundamental decisions and enabled the advancement of numerous projects involving health facilities located at the heart of our rural and urban communities in the area of programs and services—at the regional and provincial levels and beyond—as well as education, professional development, and research.

Vitalité Health Network was established to manage a system of health care and health service facilities and programs that are accessible, equitable, effective, and sustainable and that put patients first. Maintaining a balance between integrating services and preserving the identity and spirit of each facility and program is always central to our decisions. The language policy in effect within the Network is an integral and essential part of our vision, mission, and values. Commitment by our staff, health professionals, physicians, volunteers, and community members to these fundamental principles will foster a network that, first and foremost, meets the needs of the population served by Vitalité Health Network.

Throughout the year, Vitalité Health Network and the community worked in close collaboration to develop a strategic plan designed to encourage people to be actively committed to attaining wellness. The Board of Directors devised broad strategic directions leaning on dialogue and discussions with the community and suggestions received—suggestions that will guide the Network toward superior quality health care and health service delivery in the years to come.

The Board of Directors is supported by the Medical Advisory

Committee and Professional Advisory Committee. Board members, accompanied by the Senior Management Team, also met with the medical staff in each of the four zones to identify their specific challenges and to explore possible solutions.

Because patients, their safety, and the quality of services they receive are at the heart of all decisions, the Board adopted a regional code of ethics that clearly defines the rights and responsibilities of patients, as well as the responsibilities of the health professionals who care for them. The Board of Directors also adopted a new official languages policy that puts forth the internal working language requirements—and how these apply to everyone in the organization from the Board of Directors to staff members—and that guarantees access to services in the official language of the client's choice. The Network firmly believes that decision-making must factor in the needs and aspirations of the province's official language communities.

The Board has made a commitment to include community members in its planning process and, in keeping with

this commitment, it had the opportunity, over the course of the year, to exchange with several of its many partners, including the New Brunswick Health Council, the Mouvement acadien des communautés en santé, Santé et mieux-être en français du Nouveau-Brunswick, several local mayors, the Association des aînées et aînés francophones du Nouveau-Brunswick, the Atlantic Cancer Research Institute, the hospital foundations in each zone, stakeholders from the Elsipogtog First Nation, as well as several interest groups.

Do we have more challenges to face? More goals to meet? Absolutely! That is why I wish to thank my Board colleagues for their unconditional support, as well as the President and Chief Executive Officer, the other members of the Senior Management Team, physicians, specialists, staff members, and volunteers of Vitalité Health Network for their extensive collaboration. Your commitment and support will allow us to enhance our health care system so that it is more patient-centered, accessible, viable, and equitable for future generations.



**Aldéa Landry**

# Message from the President and Chief Executive Officer



*Andrée Robichaud, President  
and Chief Executive Officer*

In 2009-2010, the Senior Management Team, in collaboration with the staff, continued its efforts to identify needs and possible solutions to harmonize, regionalize, and integrate the organization's services and programs, while taking into account a new management philosophy that balances preservation of each facility's and program's corporate culture and integration. The success of Vitalité Health Network rests entirely on the spirit and strengths of these facilities and programs and the unique character of each community.

This annual report provides an overview of the provincial and territorial activities, initiatives, achievements, and projects in which Vitalité Health Network has been involved over the year. These have included the announcement of the revitalization of the Chaleur Regional Hospital, the announcement of the construction of a new facility to house the Restigouche Hospital Centre, the designation of the Edmundston Regional Hospital's laboratory as the province's only facility certified to conduct bacteriological water analyses, the announcement of the reorganization of some services at the Grand Falls General Hospital, the implementation of a community mobilization project with the Eel River Bar First Nation, the inauguration of the Saint-Isidore Health Centre, the establishment of new medical beds and a medical education rural training unit at the Enfant-Jésus RHSJ+ Hospital in Caraquet, as well as extension of medical coverage in this facility's walk-in clinic, the start of construction in the Emergency Department of the Tracadie-Sheila Hospital, the opening of an internal medicine teaching unit and a pediatric oncology clinic at the Dr. Georges-L.-Dumont Regional Hospital, as well as the construction of two new radiation therapy treatment rooms at the Dr. Léon-Richard Oncology Centre, the signing of an affiliation contract with the Université de Moncton and a collaboration agreement with the Collège communautaire du Nouveau-Brunswick, the addition of rapid response teams for home-based care in two emergency departments, mobilization to cope with two waves of pandemic influenza, and work in preparation for Accreditation Canada's external health care review.

Through the support of the Department of Health, hospital foundations, volunteer associations, and the Ladies Auxiliary associations, Vitalité Health Network was able to purchase new cutting-edge medical equipment and material to enhance patient comfort and wellness. We must acknowledge the support of our many community partners because their contribution plays a key role in meeting the goals and objectives of our Network and community. These ambassadors are instrumental in helping to ensure patient satisfaction with regard to services provided. On behalf of the entire team of Vitalité Health Network, I wish to extend my sincerest gratitude to our dedicated and committed team of nearly 8,000 employees and health professionals, including nearly 500 physicians

and 1,200 volunteers. Thank you for your competence and your compassion toward our clients. Going that extra mile makes all the difference in the world and helps people overcome life's challenges.

A united health network further strengthens our organization and allows us to provide the entire community with primary and specialized health care services that are integrated, effective, affordable, and of unrivalled quality—services that focus on individuals and their need to be served in the official language of their choice. I look forward to continuing our joint efforts to make this vision—your vision—a reality.



**Andrée Robichaud**

# Board of Directors

**Aldéa Landry**, Chairperson  
**Dr. Odette Albert**, Ammon  
**Carmel Brun**, Shediac  
**Adélarde Cormier**, Saint-Paul-de-Kent  
**Philippe Desrosiers**, Grand-Barachois  
**Tanya Irvine**, Campbellton  
**Ghislaine S. Landry**, Caraquet  
**Jocelyne Landry**, Charlo  
**Rhéal LeBlanc**, Sainte-Marie-de-Kent  
**Shawn Patterson**, Bathurst  
**Lyne Raymond**, Campbellton  
**Jocelyne Roy-Vienneau**, Haut-Shippagan  
**Verne Savage**, Grand Falls  
**Gloria Sock**, Elsipogtog  
**Anne C. Soucie**, Edmundston  
**Sr. Gaétane Soucy**, Saint-Simon

**Andrée Robichaud**, President and Chief Executive Officer, Secretary of the Board of Directors, ex-officio member

**Dr. France Desrosiers**, Regional Chief of Staff, Chairperson of the Medical Advisory Committee, ex-officio member

**Deborah Gammon**, Chairperson of the Professional Advisory Committee, ex-officio member

**Dr. Daniel Beaudry**, President of the Medical Staff, ex-officio member

# Senior Management Team

**Andrée Robichaud**, President and Chief Executive Officer

**Dr. Neil Branch**, Vice-President, Medical and Academic Affairs

**Linda Lepage-LeClair**, Acting Executive Director, Academic and Medical Affairs

**Joey Caissie**, Vice-President, Finance and Corporate Services

**Jean-Stéphane Chiasson**, Vice-President, Communications and Engagement

**Claire Dennie**, Vice-President, Community Health Services

**Dr. France Desrosiers**, Regional Chief of Staff

**Lise Guerrette-Daigle**, Executive Vice-President, Acute Care Facilities

**Dan Arseneau**, Executive Director, Campbellton Regional Hospital

**Jacques Duclos**, Executive Director, Restigouche Hospital Centre

**Richard Losier**, Executive Director, Dr. Georges-L.-Dumont Regional Hospital

**Jean-Claude Pelletier**, Acting Executive Director, Chaleur Regional Hospital

**Pierre Verret**, Executive Director, Edmundston Regional Hospital

**Aline Johanns**, Vice-President, Human Resources

**Annette LeBouthillier**, Vice-President, Nursing Affairs

**Stéphane Legacy**, Vice-President, Professional and Diagnostic Services

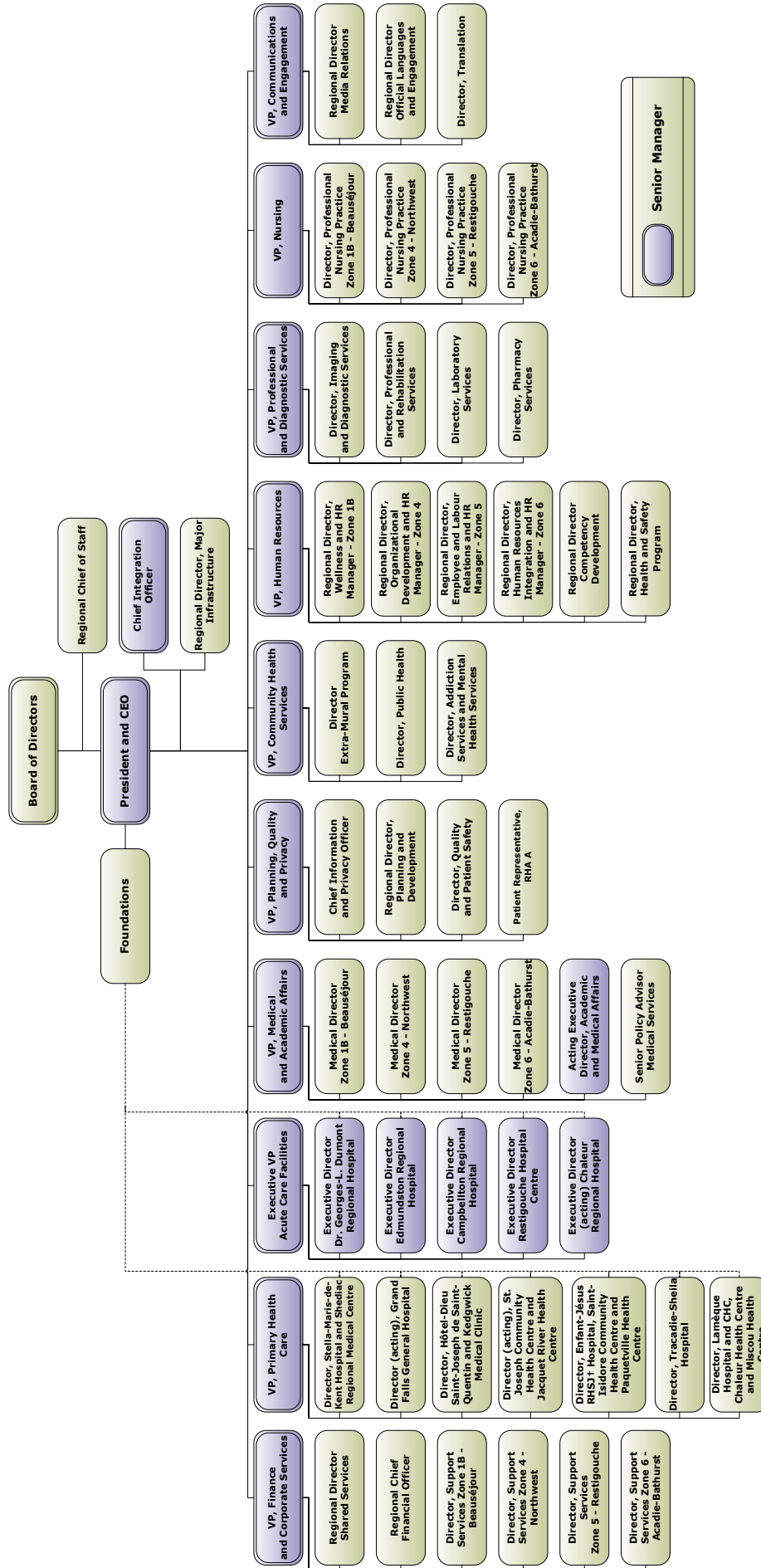
**Suzanne Robichaud**, Vice-President, Primary Health Care

**Lise Roy**, Vice-President, Planning, Quality and Privacy

**Bernadette Thériault**, Chief Integration Officer



# Organizational Chart 2009-2010 Vitalité Health Network



# Our Organization

Vitalité Health Network is a Francophone organization that governs a network made up of Francophone and bilingual facilities and programs. These facilities and programs have a unique identity, reflected through strong ties with the community, a corporate culture, and rich history. The strength and success of Vitalité Health Network is dependent on knowledge-sharing between our organization's facilities and programs and on the promotion of the unique identity of each.

The members of the Board of Directors and Senior Management Team recognize the value people place on these identities, which is why it is important to respect the historical background of each facility.

Vitalité Health Network is driven by the success of its components; corporate headquarters serves as facilitator between the various components of the Network. All parts of the Network interact with each other in order to promote and preserve health and well-being.

## A community-engaging corporate identity

In the fall 2009, the Communications and Engagement sector launched a community information strategy aimed at giving the Network a corporate identity. Initiatives generated by this strategy included a contest for a new name, as well as internal and external engagement sessions.

The word "Vitalité" is at the heart of our corporate identity. This word faithfully reflects the Network's mission—to help the citizens it serves lead healthy lives by providing quality, effective, and accessible health care services.

The new logo is a graphical representation of the Network—a network of unique components rallying around a common goal.

Blue is a calming and peaceful colour that suggests serenity, safety, hygiene, freshness and cleanliness. The chosen blue is bright with a purple hue, giving it a more vibrant look.

The green, an anti-stress colour, is evocative of tranquility, nature, and health. It is a calming and refreshing colour.

The combination of these logo colours provides a refreshing and inviting branding. The logo as a whole reinforces the message of a professional and stable organization.



# Vitalité Health Network in numbers

<b>Population served</b>	246,353
<b>Budget</b>	\$664,908,532
<b>Employees</b>	7,600
<b>Physicians</b>	470
<b>Volunteers</b>	1,200

## Hospital facilities (11)

Restigouche Hospital Centre  
 Enfant-Jésus RHSJ+ Hospital  
 Tracadie-Sheila Hospital  
 Lamèque Hospital and Community Health Centre  
 Grand Falls General Hospital  
 Chaleur Regional Hospital  
 Edmundston Regional Hospital  
 Campbellton Regional Hospital  
 Dr. Georges-L.-Dumont Regional Hospital  
 Stella-Maris-de-Kent Hospital  
 Hôtel-Dieu Saint-Joseph de Saint-Quentin

## Community health centres (2)

St. Joseph Community Health Centre (Dalhousie)  
 Lamèque Hospital and Community Health Centre

## Health centres (7) and clinic (1)

Chaleur Health Centre (Pointe-Verte)  
 Jacquet River Health Centre  
 Miscou Health Centre  
 Paquetville Health Centre  
 Sainte-Anne Health Centre  
 Saint-Isidore Health Centre  
 Clair Clinic  
 Shediac Regional Medical Centre

## Veterans' units (2)

Veterans' Unit – Campbellton Regional Hospital  
 Veterans' Unit Health Centre – Moncton

## Community mental health centres (10)

Bathurst  
 Campbellton (point of service in Dalhousie)  
 Caraquet  
 Edmundston  
 Grand Falls  
 Kedgwick  
 Moncton  
 Richibucto  
 Shippagan  
 Tracadie-Sheila

## Public Health – Head offices (12)

Bathurst  
 Campbellton (points of service in Dalhousie and Jacquet River)  
 Caraquet  
 Edmundston  
 Grand Falls  
 Kedgwick  
 Moncton  
 Richibucto  
 Sackville  
 Shediac  
 Shippagan  
 Tracadie-Sheila

## Public Health – Sexual health centres (8)

Bathurst  
 Campbellton  
 Caraquet  
 Dalhousie  
 Edmundston  
 Grand Falls  
 Moncton  
 Shippagan

## Addiction Services (4)

Addiction Services – Edmundston  
 Regional Addiction Services – Campbellton  
 Addiction Services Centre – Tracadie-Sheila  
 Addiction Services – Bathurst

## Extra-Mural Program – Offices (11)

Bathurst  
 Caraquet  
 Dalhousie  
 Dieppe  
 Edmundston  
 Grand Falls  
 Kedgwick  
 Lamèque  
 Sainte-Anne-de-Kent  
 Shediac  
 Tracadie-Sheila

## Foundations (9)

Dr. Georges-L.-Dumont Hospital Foundation  
 Friends of Healthcare Foundation  
 Edmundston Regional Hospital Foundation  
 The Foundation of the Friends of the Grand Falls General Hospital Inc.  
 Fondation Dr Romaric Boulay  
 Chaleur Regional Hospital Foundation Inc.  
 Fondation Hôpital de l'Enfant-Jésus Inc. 1988  
 La Fondation de l'Hôpital de Lamèque Inc.  
 Fondation Les Amis de l'Hôpital de Tracadie Inc.

# Strategic Planning

During the past year, Vitalité Health Network continued its work to finalize its strategic planning exercise. Several consultations were held with staff members, physicians, and various partners. In addition, residents within the Network's territory were approached as part of a survey to identify health care needs. Interviews were also conducted with members of Aboriginal communities. The results were used to compile data, as well as align and define the rationale and broad strategic directions of the Network. As a result, the Board adopted the following vision, mission, and values:

## Vision

Vitalité Health Network is Atlantic Canada's Francophone leader in health care and services, training, and research. It delivers unparalleled services to both linguistic communities, who are actively involved in their health and wellness.

## Mission

Vitalité Health Network is a health care and services network that is integrated, effective, approachable and client-centred. It delivers a combination of primary, secondary and tertiary care services to clients in the official language of their choice. The Network help the population it services to:

- remain in good health;
- recover from an injury or illness;
- manage chronic conditions effectively;
- adapt when illness, disability or the effects of aging lead to lifestyle changes;
- maintain quality of life, extending through end-of-life circumstances.

The Network is an innovative organization that makes optimum use of technology and seeks excellence in health care by providing training opportunities to its professionals, conducting research, and engaging the population it serves.

To guide decision-making and the manner in which services are provided, the Board of Directors adopted the following values:

## Integrity

People are honest, portray things accurately, tell the truth, inspire confidence, and act based on their professional code of ethics and the Network's Code of Ethics.

## Respect

People show respect for themselves, others and the environment. They listen, participate in dialogue, are open-minded, and respect differences and cultural identity.

## Compassion

People show empathy and openness, are attentive, and adopt a comforting, stabilizing and non-judgmental attitude toward others. They acknowledge human beings' holistic dimensions (biological, psychological, social and spiritual).

## Equality

Everyone has equal access to care and services. The quality of care provided is similar across the Network, while reflecting demographic realities and identified priority needs.

## Supportiveness

People support the vision, mission, values, strategic directions, and decisions of Vitalité Health Network. They have a sense of belonging and share common interests.

The broad strategic directions adopted by the Board of Directors are as follows:

- Develop an integrated network of facilities, programs and services responsive to the needs of the population;
- Promotion of health and prevention of disease are a pillar of health care delivery at all levels;
- Implement a patient- and staff-centered culture of safety and promote best practices;
- Develop clinical and health research services;
- Make the tertiary mental health facility the leading authority in its field;
- Create a working climate that fosters recruitment and retention of Vitalité Health Network's workforce;
- Adopt an accountable management style that promotes empowerment of informed decision-making;
- Build partnerships with Aboriginal communities in order to ensure continuity of health care services.

The Senior Management Team developed strategic objectives related to these broad directions. Work is underway with managers and directors to finalize the strategic objectives and develop strategies to implement them.

Once this process is completed, Vitalité Health Network will develop its regional health and business plan, as required under the *Regional Health Authorities Act*.

# Official Languages of the Network

Vitalité Health Network is bound under the *Official Languages Act* and *Regional Health Authorities Act* to ensure that members of the public can access the services and programs offered by the Network in the official language of their choice and to establish requirements in the area of official languages for its internal operations.

Vitalité Health Network is committed to guaranteeing delivery of services of equal quality, that is services that are offered actively in both official languages and available in the language of the client's choice without undue delay, in all its facilities and programs. The Network issues public information in both English and French simultaneously.

In January 2010, the Board of Directors adopted an official languages policy, which stipulates that French is the working language of the Board of Directors and staff members at corporate headquarters. Furthermore, this same policy clearly indicates that the working language of staff members in Zone 1 (Beauséjour), Zone 4 (Northwest), and on the Acadian Peninsula in Zone 6 (Acadie-Bathurst) is French, while French and English are the working languages of staff members in Zone 5 (Restigouche) and the Chaleur region in Zone 6 (Acadie-Bathurst).

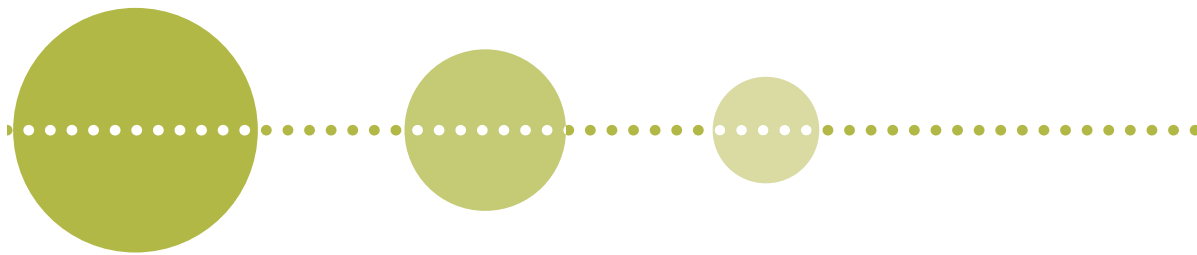
In 2009-2010, Vitalité Health Network centralized its Translation Department in Campbellton. Appropriate actions were taken to prevent official languages complaints and the required follow-up work was conducted to address any complaint filed in order to improve services to both English- and French-speaking clients. Second-language development courses were also offered (in both English and French) as part of a pilot project aimed at helping physicians in



the Chaleur region and on the Acadian Peninsula develop their second-language skills. Over 70 employees from the Campbellton region obtained English- and French-language training between December 2008 and May 2009.



# Retrospective 2009-2010



# Priority on Quality Care and Patient Safety!

The Quality and Patient Safety sector continued its efforts to regionalize and integrate the processes governing the quality management, risk, patient safety, accreditation, and infection control fields. The terms of reference of the Regional Quality and Infection Control committees were approved, and several operational processes are currently being revised in order to regionalize policies. A quality program is being developed and expertise is increasingly being shared. The organization is participating in several initiatives of the “Safer Healthcare Now!” campaign and will be intensifying its efforts in this area in 2010.

Further to the recommendations of the Creaghan Report, Vitalité Health Network approved the creation of two regional positions, including a position for a person in charge of patient relations and a position for a person in charge of developing and implementing quality assurance criteria.

## A code of ethics for the Network

Vitalité Health Network also adopted a new code of ethics that applies to all staff members (physicians, health professionals, support employees, volunteers, students, and interns), as well as to all users of the Network and their families.

The Code of Ethics is, first and foremost, a document outlining the values and ethical principles to help guide the conduct of staff members towards patients and vice versa. It also defines the rights and responsibilities of patients and those of care providers. Steps are being taken to distribute the plan to all levels of the organization to ensure everyone understands the principles of the code.

The terms of reference of the ethics committees in each Network zone have been standardized. The members of the ethics committees provide expert advice to health professionals when they are faced with decisions of an ethical nature affecting a person’s ethical rights.

The Network also adopted a regional structure in order to support the work of the ethics committees in each zone.



## Information management and privacy protection

In 2009-2010, staff members responsible for information management and privacy protection were actively involved in developing the new *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*.

At Vitalité Health Network, great emphasis is placed on the protection of privacy of clients, which is why a rigorous process is in place to monitor for any infringement of confidentiality. The Network's Planning, Quality and Privacy sector remains very vigilant in addressing and managing any infringement of confidentiality and is committed to resolving any situation that may arise while also complying with provincial legislation.

## Canadian Patient Safety Week

Canadian Patient Safety Week is an annual event organized by the Canadian Patient Safety Institute. The goal of Canadian Patient Safety Week is to increase awareness among Canadians of patient safety issues in the country. From November 2 to November 6, 2009, various activities were held throughout Vitalité Health Network zones to mark Canadian Patient Safety Week. The theme for 2009 focused on communication: "Good healthcare starts with good communication. Ask. Listen. Talk."



## External review of radiology exams



In October 2009, Vitalité Health Network announced that certain radiology exams performed by a radiologist at the Grand Falls General Hospital and the Hôtel-Dieu Saint-Joseph de Saint-Quentin would undergo an external quality review. By March 2010, nearly 27,000 exams performed between 2006 and 2009 were reviewed by independent experts, of which 18,143 were for Vitalité Health Network and 8,686 for Horizon Health Network. All patients of Vitalité Health Network affected by this external review were contacted by their family physician or the attending physician in charge of their radiology exam and appropriate follow-up was carried out. These exams included ultrasounds, chest X-rays, fluoroscopies, venograms, Doppler ultrasounds, and mammographies.

## Patients waiting for long-term care placement

A large number of seniors who are no longer in the acute phase of illness are still waiting at the hospital for a place in a nursing home or special care home. As a result of this situation, a significant number of acute care beds in facilities throughout Vitalité Health Network are currently occupied by this group of patients.

Vitalité Health Network, in conjunction with the Department of Health, the Department of Social Development, and other partners, worked to find solutions to avoid hospital admissions and to redirect these seniors towards the most appropriate care facility. A provincial committee on hospital admissions, made up of representatives from the above-mentioned groups, is actively working on identifying and implementing initiatives to improve access to long-term care.

In turn, Vitalité Health Network formed a working group on long-term care; its mandate is to develop innovative, coordinated, and comprehensive strategies to address the challenges from the rising number of seniors occupying beds in facilities throughout the organization. Possible solutions are currently emerging that may hopefully address the situation.

It should be noted that Vitalité Health Network implemented a balanced scorecard that allows the Board of Directors and Senior Management Team to closely monitor development of the file, through a series of indicators. Stakeholders on site in the different zones have made a sustained effort to analyze and improve current processes, while strengthening the lines of communication with nursing homes and other partners.

For instance, in 2009, the Extra-Mural Program added a home-care rapid response team in the Emergency Department of the Chaleur Regional Hospital. The purpose of this project is to improve access to long-term care services by avoiding and reducing the number of unnecessary admissions to the hospital, while enabling individuals to remain in their home, where they receive the medical care and social support they need. The Network plans to pursue, and in some cases expand, certain targeted initiatives for long-term care within the framework of the Extra-Mural Program's short-term emergency and home care services.

# At the Heart of Your Communities

## Edmundston Regional Hospital

The Edmundston Regional Hospital is a health care facility providing complex and critical care, surgical and ambulatory care, medical and long-term care, mother/child care, and mental health care. The hospital provides mobile clinics in areas such as infectiology and neurology.

Following the creation of the New Brunswick Trauma Network, the Edmundston Regional Hospital was chosen by the Board to participate in a pilot project. The purpose of this project is to implement a solution to provide clinical effectiveness in trauma in order to ensure continuity of pre-hospital, emergency, trauma, and critical care services. In January 2010, training sessions were held to expose participants to therapeutic interventions and procedures performed in trauma cases and to allow them to put them in practice. Medical staff, nursing staff, respiratory therapists, and paramedical workers were able to benefit from the experience and knowledge of Dr. Marcel Martin, Medical Director of the Provincial Trauma Program.

In February 2010, the Edmundston Regional Hospital laboratory responsible for the bacteriological analysis of water was granted its second three-year accreditation by the Canadian Association for Laboratory Accreditation (CALA). This accreditation is also recognized by the International Laboratory Accreditation Cooperation (ILAC) pursuant to the 17011:2004 standard. The accreditation ensures high quality water test results for the public and municipalities. In fact, this is the only hospital laboratory in New Brunswick with an ISO 17025 accreditation. Bacteriological analyses performed under the scope of the accreditation are total coliform count, E. coli, and heterotrophic bacteria.

In 2009-2010, the Edmundston Regional Hospital reorganized two rooms on the Pediatric Unit in order to better meet the needs of children and adolescents under the age of 16 hospitalized with a critical mental health condition. Psychiatric health professionals are developing work tools and implementing a structured therapeutic framework.

With the help of the Edmundston Regional Hospital Foundation and the Edmundston Regional Hospital's Ladies Auxiliary, funds were raised during the year to support numerous projects and purchase equipment. The Ladies Auxiliary helped to enhance patient well-being by providing funds to purchase 16 rocking chairs for patient rooms. The Foundation, in turn, donated \$161,919 to purchase various pieces of medical equipment, including an intrapulmonary percussive ventilation unit, a mobile patient lift, an orthopedic bone drill, a ureteroscope, a mattress overlay, and an advanced wound care system.



*Edmundston Regional Hospital*

## Grand Falls General Hospital



*Grand Falls General Hospital*

The Grand Falls General Hospital is a primary health care facility that provides various services, including critical care, surgical and ambulatory care, as well as certain mobile clinics, and a multifunctional unit.

In September 2009, Vitalité Health Network and staff agreed on a renovation plan for the facility, which includes ambulatory care, diagnostic imaging, and laboratory services. Last March, the schematic plan was presented to the Department of Supply and Services. Work is scheduled to begin in the summer of 2010.

The restructuring of nursing care services, which began in 2008, is still underway. The goal is to maximize the role of the nursing staff and provide medication administration training, among other things, to licensed practical nurses. Training began in the summer of 2009 and the new structure will be implemented in the summer of 2010.

Last September, the nursing staff started using the PacMed system (patient bedside medication distribution cart) to dispense medication to patients. The new system is helping to improve the medication-dispensing process and reduce medication errors.

The number of visits increased considerably in the anticoagulant therapy clinic. The number of visits rose from 1,932 in 2007-2008 to 3,333 in 2009-2010. Clients of the clinic obtain services that include teaching, monitoring of anticoagulant therapy and therapeutic outcomes, which consequently keeps them better informed of their health status.

Through the support of the Foundation of the Friends of the Grand Falls General Hospital, the facility was able to purchase various pieces of equipment totaling \$78,323. Some of the equipment purchased included a wound-care system for home-care patients, a device for muscle and joint rehabilitation, two laryngoscopes, a bicycle ergometer, a hot pack unit, and a device to facilitate location of veins.

## Hôtel-Dieu Saint-Joseph de Saint-Quentin

The Hôtel-Dieu Saint-Joseph de Saint-Quentin is a health care facility providing critical care, ambulatory care, a six-bed acute care multipurpose unit, extended care, pediatric care, and palliative care, as well as a mental health mobile clinic. The management staff of this hospital is also in charge of the Kedgwick Medical Clinic.

In October 2009, two new physicians joined the medical team that serves the residents of Saint-Quentin and surrounding areas. Physician work areas, exam and waiting rooms, and clerical work areas have since been reorganized.

The Hôtel-Dieu Saint-Joseph de Saint-Quentin is happy to be able to count on the community's support, namely through the Fondation Dr Romaric Boulay and the Hôtel-Dieu Saint-Joseph de Saint-Quentin's Ladies Auxiliary. In 2009-2010, the Fondation Dr Romaric Boulay contributed over

\$55,000 to help purchase a number of cardiac monitors and monitor screens, as well as a treadmill for the Multipurpose Unit, Emergency Department, and Cardiac Rehabilitation. The Ladies Auxiliary, for their part, donated a cot to accommodate family members, children's games for the waiting room, cork bulletin boards for patient rooms, and books entitled *From Tiny Tot to Toddler*.



*Hôtel-Dieu Saint-Joseph de Saint-Quentin*

## Campbellton Regional Hospital

The Campbellton Regional Hospital, a 166-bed acute care facility, opened in 1991 following the amalgamation of the former Soldiers' Memorial Hospital and Hôpital Hôtel-Dieu. It provides a full range of primary and secondary services.

One of the biggest challenges for hospitals today is the growing increase of geriatric patients requiring hospital care. In order to address this demographic change, the Campbellton Regional Hospital and all health care facilities throughout the Restigouche region became part of the NICHE program (Nurses Improving Care for Healthsystem Elders). NICHE is a leading program designed to give health care professionals an opportunity to improve their clinical knowledge and nursing competencies, especially in the area of elderly care.

Becoming a NICHE organization enabled hospitals in the Restigouche region to benchmark and measure the success of their programs against peer hospitals of the same size. Zone 5 (Restigouche) is proud to be a leader in the field of geriatric care. Several education sessions were also offered to registered nurses and licensed practical nurses.

The NICHE program equips the organization with the tools needed to create a positive care environment that is responsive to the needs of older patients and their family and in compliance with nursing care standards.



*Campbellton Regional Hospital*

Since January 2009, the oncology clinic in this hospital has seen over 460 patients requiring, for example, venous access care, medical evaluations, supportive treatments, and nearly 60 patients requiring chemotherapy treatments. Patients have the opportunity to be treated in this clinic when administration of their first treatment in one of the provincial tertiary centres is performed without complications.

Telephone support is provided by a nurse to answer questions or address concerns clients may have;

a support group is available to them upon completion of treatments. This service helps to reduce costs and travel and allows patients to benefit from the support of their family. Three physicians joined the oncology team in this hospital's clinic.

## Restigouche Hospital Centre

Located in Campbellton, the Restigouche Hospital Centre offers specialized mental health services, including a provincial tertiary care program in forensic psychiatry.

A partnership with the public and private sectors will make it possible to build the new 140-bed acute psychiatric care hospital, which will also house the majority of shared support services for all facilities throughout Zone 5 (Restigouche).

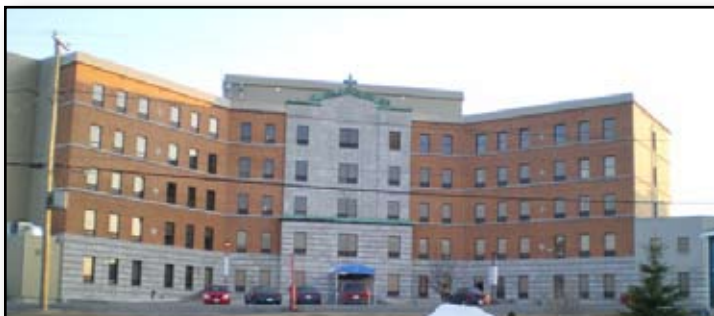


*Restigouche Hospital Centre*

In the meantime, work to relocate certain services and staff teams was initiated in January 2010. Furthermore, the hospital centre's clinical team continued to work on implementing the new recovery oriented care model—a key reference point in the new facility's functional plan.

Concurrently, hospital management is working on getting the grounds of the future facility ready for construction, which includes demolishing a section of the existing building that is no longer in use.

## St. Joseph Community Health Centre



*St. Joseph Community Health Centre*

The purpose of the St. Joseph Community Health Centre in Dalhousie is to improve access to primary health care and the health status of communities by focusing on the promotion of health and prevention of chronic diseases and by ensuring delivery of services that are tailored to the needs of clients.

The range of services provided in this facility includes basic services, wellness programs, diagnostic services, clinics, and outpatient rehabilitation services. Furthermore, the Restigouche Satellite Dialysis Unit is located at the centre, which allows residents in the Restigouche region to obtain dialysis treatments in their own community and consult specialists who visit the centre on a regular basis. A walk-in clinic is open 12 hours a day, seven days a week.

In January 2009, a community mobilization project with the Eel River Bar First Nation was launched. Through Health Canada's Aboriginal Health Transition Fund, the project received funds to hire a director who, with the help of a consulting firm, organized various discussion groups and individual interviews in this community. The purpose of this dialogue was to determine the strengths of the community and collaboratively establish an action plan identifying priorities and objectives. Three work groups resulted from these sessions.

In 2009-2010, the St. Joseph Community Health Centre organized health promotion information kiosks within the scope of a few community festivals. The goal was to encourage people to take charge of their health. Several themes were promoted, including the warning signs of stroke, the long-term effects of hypertension, healthy eating, and the importance of regular exercise.



## Chaleur Regional Hospital

The Chaleur Regional Hospital is a facility that offers a full range of regional and specialized primary and secondary health care services.

The provincial government has made a commitment to revitalize the Chaleur Regional Hospital, setting in motion the first phase of renovations, at a cost of \$1.5 million earmarked in the 2010-2011 budget. This commitment will allow us to hire the architectural and engineering firms needed to develop the plans and estimates to renovate the Intensive Care Unit and build a new step-down unit

in order to enhance patient safety standards and ensure better coordination of health care services in a more spacious environment.



*Chaleur Regional Hospital*

This investment will also be used to create a detailed plan to renovate the facility, which will involve various sectors including ambulatory care (endoscopic procedures), electrodiagnosis services, gynecology sector, maternity and neonatal services, pediatric services, and patient care units, and update the existing private and semi-private rooms. Work is expected to start in the spring of 2011.

The government has made a commitment to provide significant funding for capital investments in the upcoming fiscal years once preliminary architectural plans are completed.

A new bariatric clinic and surgery program for morbidly obese patients was established in the spring of 2009. Staff members in this clinic prepare patients for surgery and help them make lifestyle changes that will help to ensure success pre- and post-surgery. The first gastric banding procedure (Lap-Band®) was performed on June 3, 2009. During fiscal year 2009-2010, a total of 54 procedures were performed. A total of 80 procedures are budgeted annually. This program will evolve to include gastric sleeve surgery, which is planned for the summer of 2010.

## Lamèque Hospital and Community Health Centre



*Lamèque Hospital and Community Health Centre*

The Lamèque Hospital and Community Health Centre provides primary health care services using an interdisciplinary team approach and complementary practice protocols. Programs and services provided span across all levels of the health care continuum, including end-of-life care. The Miscou Health Centre and the Chaleur Health Centre in Pointe-Verte are part of the facilities managed by the Lamèque Hospital and Community Health Centre.

A new community education program entitled *My Choices, My Health* is offered to clients with chronic conditions. The purpose of the program is to help clients take charge of their health. Various clinics and prevention activities were also organized with community partners. Some of the topics addressed included stroke, diabetes, cholesterol/triglycerides, and smoking. The Active Health promotion program was offered four times during 2009 and was presented at the provincial symposium on the prevention and treatment of weight-related problems, in February 2010.

Health care services were enhanced in the Miscou, Saint-Isidore, and Pointe-Verte regions. In Miscou, a second exam room was added to enable a physician and nurse practitioner to see patients. Pap test clinics and smoking cessation clinics were also offered.

The Chaleur Health Centre in Pointe-Verte increased its medical clinics to two days per week. In 2009-2010, 1,228 patients were treated in the clinic. Phlebotomy clinics continue to see an important number of patients; 5,179 tests were performed using blood sample withdrawals during 2009-2010.

The Saint-Isidore Health Centre officially opened its doors in March 2010. A nurse practitioner and secretary are in charge of coordinating activities in the Centre, as well as patient consultation, follow-up, and treatment services; a physician also joined the team and provides services once a week. This project was made possible through the collaboration of La Coopérative Les Fondateurs Itée. This facility is managed by the Enfant-Jésus RHSJt Hospital in Caraquet.

The Fondation de l'Hôpital de Lamèque Inc. turned over a total of \$116,000 with a view to improve patient health care services at the Lamèque Hospital and Community Health Centre; for instance, some of the money was used to enhance spiritual care services and purchase an ultrasound unit for the Medical Imaging Department.

## Enfant-Jésus RHSJ† Hospital

The Enfant-Jésus RHSJ† Hospital in Caraquet is a primary health care facility providing diagnostic, therapeutic, medical and nursing services, with and without appointment.

New services were added at the Enfant-Jésus RHSJ† Hospital in the summer of 2009, including eight medical beds and a medical training unit. In addition, the hospital is happy to count among its staff a nurse practitioner—a first for this facility—who provides services to patients without a family physician. The medical beds and four existing palliative care beds have been moved to a recently reorganized section of the hospital.



*Enfant-Jésus RHSJ† Hospital*

The medical training unit was implemented in response to a recommendation by Dialogue Santé. The clinical internship office, located at the Enfant-Jésus RHSJ† Hospital, is in charge of coordinating the internship programs underway in all three hospitals on the Acadian Peninsula (i.e. the Tracadie-Sheila Hospital, the Lamèque Hospital and Community Health Centre, and the Enfant-Jésus RHSJ† Hospital). These internship programs are offered to all medical students enrolled in the faculty of medicine and health sciences at the Université de Sherbrooke and in other medical faculties throughout Canada. Priority is given to students enrolled in the Centre de formation médicale du Nouveau-Brunswick. In 2009-2010, 16 students completed their internship program in facilities on the Acadian Peninsula.

Since January 2010, medical coverage has been extended in the walk-in clinic to ensure services from 8 a.m. to midnight, seven days a week. The goal is still to eventually provide round-the-clock services, once the required number of physicians and staff members have been recruited. At that time, designated medical beds, currently being used for long-term care, will be put back into service as acute care beds.

Since March 2010, pregnant women living on the Acadian Peninsula can be seen in the Prenatal Clinic. A physician and nurse provide follow-up services up to the 32nd week of pregnancy. After this gestational period, women are directed to the Chaleur Regional Hospital, in Bathurst. After delivery, mothers can seek services in the Postnatal Clinic at the hospital in Caraquet.

The Pediatric Development Team provides services to children at risk of developmental delays at birth. This team includes a physiotherapist, occupational therapist, speech-language pathologist, dietitian, and social worker. Psychology and audiology services are provided from the Chaleur Regional Hospital, in Bathurst. Referrals to the Pediatric Development Team increased significantly in 2009-2010 (55%).

In 2009-2010, the Fondation Hôpital de l'Enfant-Jésus Inc. 1988 donated nearly \$130,000 to the hospital, which, among other things, went towards the purchase of an ultrasound unit for the Medical Imaging Department.

## Tracadie-Sheila Hospital

The Tracadie-Sheila Hospital provides clinical services, outpatient services, surgical services, diagnostic services, and therapeutic services, as well as specialized services that include renal dialysis and endoscopy.

In order to improve emergency services, an in-depth evaluation of the facility was conducted. Following approval from the Department of Health, work for phase 1 and phase 2 was completed in January 2010; work for phase 3 was started that same month.

During the past year, the Concentrated Care Unit added a dysphagia program to its services in order to evaluate swallowing problems in stroke patients.

Staff members of the Tracadie-Sheila Hospital participated in the organization and planning of the health and safety



*Tracadie-Sheila Hospital*

components of the World Acadian Congress held on the Acadian Peninsula in August 2009. An action plan was developed taking into account the impact of the event on the various health facilities and staffing needs. With the help of a local committee made up of staff members from the Tracadie-Sheila Hospital, Vitalité Health Network, and community members, staff in this facility provided safe on-site care for three major events during the World Acadian Congress, as well as throughout all Network facilities on the Acadian Peninsula for the 17-day duration of this large-

scale event.

The Tracadie-Sheila Hospital is fortunate to count on the generous support of the community and the Fondation Les Amis de l'Hôpital de Tracadie-Sheila. Together, they contributed more than \$250,000, which was used to purchase several pieces of equipment for the Emergency Department, therapeutic and diagnostic services, as well as the nursing units.

## Stella-Maris-de-Kent Hospital and Shediac Regional Medical Centre

The Stella-Maris-de-Kent Hospital is a 20-bed health facility that provides emergency services, as well as acute care and outpatient services to the rural community of Kent County. The Shediac Regional Medical Centre is also managed by this facility.

A part-time nurse practitioner was hired at the Stella-Maris-de-Kent Hospital and as a result, new programs were added to the facility's existing services. The nurse practitioner implemented a Pap test clinic—she also works closely with the nurse in the diabetes clinic.



*Stella-Maris-de-Kent Hospital*

The 12th annual Kent Health Focus took place under the theme Living with Cancer. The event was made possible through the leadership of health professionals and community volunteers. More than 125 people registered for workshops and conferences and visited the 20 or so information booths that had been set up.

A subcommittee was mandated by the Advisory Committee of the Stella-Maris-de-Kent Hospital to assess the feasibility of re-establishing the Stella-Maris-de-Kent Hospital Foundation, which would work in collaboration with the Dr. Georges-L.-Dumont Hospital Foundation. In February 2009, a decision was made to re-establish the hospital foundation and to form a board of directors made up of community members with expertise and specialty knowledge in various areas. The structure and mission will be developed during the course of 2010.

With the support of its community partners, the Shediac Regional Medical Centre offered support programs to people wishing to quit smoking, a diabetes clinic, and a cervical cancer screening clinic. Volunteers and staff members established a Health Info Centre, where one can find a host of resources and information on healthy lifestyle habits and prevention and management of disease, along with those available in the community.

## Dr. Georges-L.-Dumont Regional Hospital



*Dr. Georges-L.-Dumont Regional Hospital*

The Dr. Georges-L.-Dumont Regional Hospital provides primary, specialized, and tertiary health care services to residents in the Southeastern part of the province, as well as to the rest of the population. A teaching hospital, the facility also plays a key role in research.

In 2009, the Department of Health approved construction of a separate building to house two new radiation treatment rooms for the Dr. Léon-Richard Oncology Centre, at a cost of \$3.5 million. Construction should be completed in summer 2010, and the new rooms are expected to be in service by summer 2011.

In March 2009, Vitalité Health Network purchased three linear accelerators as part of a provincial project aimed at improving access to radiation therapy. The new devices will replace two dated linear accelerators, increasing the number of operational accelerators from three to four.

In March 2010, a Pediatric Oncology Clinic opened its doors at the Dr. Georges-L.-Dumont Regional Hospital. Through a contribution from the Grocery Foundation of Atlantic Canada, young cancer patients can now be treated in a safer environment and one that is better equipped to meet their needs.

The Dr. Georges-L.-Dumont Regional Hospital's Nephrology Department celebrated the 10th anniversary of its satellite hemodialysis unit in Miramichi. Since its establishment, the unit has seen its number of dialysis stations double, from 6 to 12. Approximately 4,500 hemodialysis treatments were provided during 2009-2010. A total of 34 patients in the Miramichi region are currently receiving hemodialysis treatments. In October 2009, patients in the hospital's nephrology and kidney transplant clinics were pleased to have access to newly refurbished clinics that were more responsive to their needs.

Through the generous contribution of the community, the Dr. Georges-L.-Dumont Hospital Foundation was able to donate \$813,517 to the hospital during the past fiscal year. This important contribution helped to improve the quality of health care services in this facility. The funds went towards various pieces of state-of-the-art equipment for the Medical and Surgical Intensive Care units, Pediatrics, Gynecological Oncology, Physiotherapy, Nephrology, Ambulatory Care, and Emergency. Community accessible health programs were also implemented and free lodging at the Mgr. Henri-Cormier Lodge for cancer patients was also made possible through this contribution.

Furthermore, the Dr. Georges-L.-Dumont Regional Hospital was able to count on the valued commitment and dedication of 430 volunteer members of the Dr. Georges-L.-Dumont Regional Hospital Volunteer Association. In 2009-2010, these volunteers donated some 49,200 hours to 40 different programs in various nursing units throughout the hospital. This association contributed \$25,823 to help purchase equipment to improve patient well-being and comfort.

## Community Mental Health

Harmonization activities were held in the community mental health, addiction services, and psychiatry sectors. A management team for the three sectors was also created, as well as a Continuity of Care Committee in each zone. A forum for managers in mental health, addiction services, and psychiatry was held in 2009-2010.

Within the framework of integration, the management the Psychiatric Unit in Zone 6 (Acadie-Bathurst) was transferred to Community Mental Health Services in September 2009 in order to integrate all Network psychiatry units into the mental health care continuum.

There are two separate child psychiatry service teams, one in Zone 1 (Beauséjour) and one in Zone 6 (Acadie-Bathurst). In June 2009, the Chaleur Regional Hospital child psychiatry team was transferred under the authority of community mental health centres to integrate the program into the care continuum and the team into the child and adolescent care team.



Pediatric units in Zone 4 (Northwest) and Zone 1 (Beauséjour) were reorganized to make rooms safer and more functional for children and adolescents coping with a mental illness. In March 2010, consultations were conducted with physicians, medical specialists, and managers. A common vision of needs and community mental health delivery models was developed for the entire Vitalité Health Network.

## Public Health

Public Health includes 12 head offices and two points of service, and it manages the Talk With Me Services in Zone 6.

The entire Public Health workforce in Zone 1 of Horizon Health Network (i.e. Southeast region) was transferred to Public Health in Zone 1 (Beauséjour) of Vitalité Health Network in September 2009. This transfer has allowed for greater efficiency in the integrated management of staff members.

Public Health management staff set up harmonization teams for Early Childhood Initiatives, communicable diseases, and immunization. Teams will be implemented in 2010 for various programs, including sexual health, anonymous HIV screening, Healthy Learners, and nutrition. An H1N1 vaccination campaign and Early Childhood Initiatives, as well as a pandemic regional plan are now standardized and coordinated.

## The Extra-Mural Program... Services at your doorstep



The Extra-Mural Program (EMP), which is well-established in 12 communities and manages three Talk With Me programs, is striving to make its services more accessible to clients. This is the reason why over the past few years, the programs have been leaving the hospital setting to establish offices in urban and rural central communities. Indeed, since 2008, the Blanche-Bourgeois unit (Beauséjour), as well as the Kedgwick (Northwest), Caraquet (Acadie-Bathurst), Edmundston (Northwest), and Bathurst (Acadie-

Bathurst) units have relocated their offices to improve access to their services and the efficiency of their resources.

The EMP formed a Regional Palliative Care Committee to improve delivery of health care services and implement guidelines to ensure that home-based palliative care services comply with provincial and Canadian standards.

For the first time, a licensed practical nurse position was added to each zone's EMP unit team. This addition is having a positive impact on community services and is also helping to improve the effectiveness of the teams.

A physician specializing in palliative care now makes home visits to patients on the Acadian Peninsula. This initiative inspired the establishment of a new provincial model in which the physician will be integrated into the EMP palliative care team.



Staff members in the EMP Talk With Me Program were tasked with the development of new initiatives. For instance, they produced a DVD of nursery rhymes in four languages, that is French, English, Malecite, and Creole. This DVD is used to stimulate early-childhood language development in Zone 4 (Northwest). The staff also developed a quarterly newsletter aimed at promoting program activities and sharing information on various communication-related topics, including the impact of communication on childhood development.

Staff members in Zone 1 (Beauséjour) created a new session entitled “Sounds for Speaking,” which aims to equip parents with the skills needed to deal with a child who has pronunciation difficulties. Two sessions were also developed for educators.

The Storytent Program, held last summer, will be extended to other regions in Kent County. Storytent is a family literacy program organized in partnership with the Kent Family Resource Centre.

The EMP, in conjunction with the Department of Social Development, occupational therapists in Vitalité Health Network, the New Brunswick Association of Occupational Therapists, and Easter Seals New Brunswick, developed a new approval form for patient equipment requests.

Furthermore, the EMP staff, in collaboration with the Department of Social Development, implemented a Disability Support Program in Zone 4 (Northwest). In 2010, the program will gradually be extended over the entire Vitalité Health Network territory and throughout the province.

# Medical Advisory Committee

The mandate of the Medical Advisory Committee is to advise the Board of Directors on issues related to the quality of medical procedures and granting of privileges.

In 2009-2010, the Medical Advisory Committee addressed various matters, including the mandate and appointment of members of the Credentials Committee; the revision of the application for privileges form; the creation of the Medical Audit Committee, appointment of membership, and standardization of medical audit activities, including standardization of the complaint management process; the organization of a provincial neurological committee to oversee the development of emergency neurological protocols; the establishment of a provincial critical care coordination service; and representation of Vitalité Health Network on the Provincial Ambulance Committee, including the pediatric component.

# Professional Advisory Committee

The mandate of the Professional Advisory Committee consists in dealing with issues related to clinical care and health, access to health care services, criteria for the admission and discharge of patients, and quality and risk management.

In 2009-2010, the Professional Advisory Committee addressed various matters, including indicators for patients waiting for placement in a nursing home and establishment of a work group on the evaluation process; measure of health indicator results and detailed analysis of some indicators; establishment of an annual renewal process for all registered health professionals; development of a plan on the use of abbreviations and revision of existing policies and procedures; and development of a policy on patient visits.

# Medical Services

The staff assigned to Medical Services initiated a complete review of its organizational structure, paying particular attention to its mandate, roles and responsibilities, as well as its existing workforce and staffing requirements to meet the increasing needs of the population. This sector also standardized job descriptions for chiefs of staff, department heads, service chiefs, and medical directors.

The zone medical directors are now meeting on a regular basis to share information related to their area of responsibility and standardize the administration and management of medical services. In a similar perspective, a forum of medical directors and chiefs of staff was implemented to systematically share information related to medical services and explore potential solutions or even a systematic approach, including the harmonization and regionalization of services.

The privilege-granting process was standardized throughout all Vitalité Health Network facilities. The Network also set minimum medical education requirements for annual renewal of medical privileges.

In cooperation with the Department of Health, employment contracts and the contract approval process for salaried physicians were standardized.

Several regional policies related to Medical Services were initiated over the past year, including those related to on-call lists and locum physicians. It will be on-going in 2010.

# Professional and Diagnostic Services

Professional and Diagnostic Services include all medical imaging departments, laboratory departments, professional and rehabilitation departments, and pharmacy departments. Professionals who work within these teams play a vital role in providing medical teams with the information needed to ensure proper diagnosis, screening, and treatment of diseases.

In 2009-2010, these services contributed to the vision of Vitalité Health Network through the following projects and accomplishments:

## Laboratory Services



Vitalité Health Network takes seriously the recommendations made in the Creaghan Report on pathology services and continues to work with the Department of Health and Horizon Health Network to improve these services.

Several initiatives were launched to implement various elements of the recommendations. Vitalité Health Network signed an agreement with an external firm of pathologists to deal with the increased workload resulting

from the shortage of pathologists in the province. The Network partnered with the New Brunswick Cancer Network as part of a pilot project that will ensure consistency in pathology report writing. The organization was actively involved in the provincial committee on the recommendations dealing specifically with quality assurance and laboratory accreditation.

Vitalité Health Network was also actively involved in the provincial cervical cancer screening and prevention initiative and the One Patient One Record electronic health record initiative; laboratory test results account for over 80% of records. These initiatives will give clinicians and other health care providers secure access to patient information in one single record, which means that test results conducted in more than one zone will be grouped.

## Imaging and Diagnostic Services

Imaging and Diagnostic Services in Zone 1 (Beauséjour), Zone 5 (Restigouche), and Zone 6 (Acadie-Bathurst) purchased digital mammography units through financial support from the Department of Health and the hospital foundations, allowing these services to move from film-based to digital imaging. Images are now stored electronically.

Furthermore, the new units are more efficient, resulting in a greater number of cases per day and reduced wait times in this sector.

## Professional and Rehabilitation Services

The planning process to transfer a new responsibility for the Provincial Management Program for Phenylketonuria (PKU) at the Dr. Georges-L.-Dumont Regional Hospital began in 2009. This responsibility consists in coordinating the start of treatments for newborns with a positive screen benefiting from services under the Provincial Program for Metabolic and Genetic Disorders.

Vitalité Health Network, in collaboration with the Department of Health, Canada Health Infoway, the Stan Cassidy Rehabilitation Centre, and Horizon Health Network, took part in a project on tertiary telerehabilitation, which uses a combination of traditional, telehealth (videoconference), and secured Web file (patient portal) technologies. This method of providing health care allows patients from the Rehabilitation Centre to benefit from a range of physical rehabilitation services, regardless of where they live in the province. In the winter of 2009, two telerehabilitation sites were set up in the Network—one at the Chaleur Regional Hospital and the other at the Campbellton Regional Hospital.

In 2009-2010, a region-wide system was implemented to manage waiting lists for patients requiring physiotherapy services without hospitalization. This system is helping to better meet the needs of patients, based on their condition. It is also helping to maximize resources in this area and reduce wait times for patients, as well as wait times for actual treatment.

In August 2009, five students completed their post-degree dietetics internship program at the Dr. Georges-L.-Dumont Regional Hospital. In 2009-2010, the Network and the École des sciences des aliments, de nutrition et d'études familiales at the Université de Moncton worked together to develop the integrated nutrition internship program as part of the Bachelor of Science in Nutrition at the Université de Moncton.

## Pharmacy Services



A new organizational structure for pharmacy services in Zone 4 (Northwest), Zone 5 (Restigouche), and Zone 6 (Acadie-Bathurst) was implemented to address the prevailing shortage of pharmacists in the northern part of the province. A manager, who is not a pharmacist, works closely with a pharmacist clinical coordinator.

With a view to maximizing resources, the pharmacy sector began the process of merging pharmacy services on the Acadian Peninsula with those of the Pharmacy

Department in Bathurst. Prescription entry and monitoring for hospitals in Caraquet, Lamèque, and Tracadie-Sheila are now done from the Chaleur Regional Hospital, in Bathurst.

A province-wide project initiated in 2009 ensures drug supply logistics by using technology to reduce the risk of medication-related errors; to boost efficiency by reducing prescription processing time and drug administration time; and to ensure better stock control by strengthening security measures.

In April 2009, Vitalité Health Network took part in a Steering Committee that led to the establishment of a provincial pharmacology and therapeutics committee and a provincial hospital drug formulary to improve the efficiency, utilization, and quality of the medication-delivery process. This committee will ensure optimization of pharmacotherapy and standardization of patient health care plans. The Steering Committee developed the structure of the provincial committee and its subcommittees and set their terms of reference and member profiles. A new position for a drug information pharmacist was approved to ensure full participation in these committees.

In order to meet new standards, highly-efficient, state-of-the-art sterile rooms were set up in Zone 5 (Restigouche) and Zone 6 (Acadie-Bathurst). These rooms now provide increased access control, air quality- and pressure-controlled ventilation, as well as cameras to monitor product preparation from outside the room. This limits traffic in and out of these rooms.

# Training and Research

## Key Components to Good Health

Training and research not only improve the health of the community but also have a positive impact on recruitment and retention of health professionals, senior investigators, and new investigators.

In June 2009, staff members from Vitalité Health Network's Training and Research sector, in collaboration with Horizon Health Network and the Department of Health, organized a forum to promote and build research capacity in the province. As part of the forum, staff from Vitalité Health Network presented



a structure model, which included the creation of a research consortium. In November 2009, following a consensus, the consortium became the Strategic Research Committee. The Committee works in close partnership with the Université de Moncton, the Université de Sherbrooke, the Centre de formation médicale du Nouveau-Brunswick, the Atlantic Cancer Research Institute, and Vitalité Health Network.

Vitalité Health Network, in collaboration with its partners, entered into different affiliation agreements to support the integration of clinical knowledge of students enrolled in various college and university programs throughout facilities in all four Network zones. The official signing of the affiliation agreement with the Université de Moncton took place on February 18, 2010, and the signing of the cooperation agreement with the Collège communautaire du Nouveau-Brunswick took place on March 31, 2010. These agreements are for a five-year term.

A regional ethics research committee was set up to review and assess requests for research in the Network territory taking into account the Tri-Council Policy Statement, namely the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada: Ethical Conduct for Research Involving Humans.

In February 2010, an internal medicine teaching unit was opened at the Dr. Georges-L.-Dumont Regional Hospital. This clinical practice site, which can accommodate 15 patients, provides training opportunities to students from the Centre de formation médicale du Nouveau-Brunswick. Funding of the unit was made possible through a contribution by the Department of Health.

# Pandemic Influenza Shows Unity is Strength

The year 2009-2010 was marked by two waves of pandemic influenza. To fight this influenza, considerable energy, resources, and time were invested in efforts to manage the pandemic.

The virus was felt at varying intensities across Vitalité Health Network's zones. Some sectors, facilities, or programs had to scale back their services so they could screen, vaccinate, or treat a certain percentage of the population.



An unprecedented vaccination campaign took place throughout Vitalité Health Network. For example, the Network's public health services held 422 mass vaccination clinics between October 26 and December 19, 2009.

The efforts deployed to prevent the spread of the virus were successful, which meant that the pandemic's impact on the delivery of essential services were minimal. As a result of the tremendous collaboration between physicians and staff, the Network was able to maintain and deliver safe and high-quality care and services.

To free up the community vaccination clinics for other clients, the Extra-Mural Program's staff vaccinated over 2,000 EMP clients in their home.

The Communications and Engagement sector was responsible for informing the public about changes in health care and services resulting from the pandemic and for updating the Department of Health on the vaccination clinics held within the Network's territory. To meet the needs of the community and the media, this sector managed a considerable number of media requests.

## Prevention and Treatment of Weight-related Problems

A provincial symposium on the prevention and treatment of weight-related problems was held in Moncton in February 2010. The symposium was made possible through the support of Vitalité Health Network, Health Canada through the Société Santé en français, the Government of New Brunswick, and the Société Santé et Mieux-être en français du Nouveau Brunswick. Over 150 health and training professionals gathered for conferences, presentations, round table discussions, and workshops to devise an action plan to deal with weight-related problems. The symposium's final report will be published in the summer of 2010.



# Our Team... A Unifying Strength

The mandate of Vitalité Health Network's Human Resources sector is to develop practices and strategies to address the organization's major human capital challenges and support managers to ensure they have skilled, well-performing, and engaged employees working in a safe and healthy environment.

The new organizational structure was completed in May 2009. As part of a first meeting, employees from the sector developed work plans for priority-specific files such as the establishment of e-learning strategies, integration of organizational recruitment approaches, development of a regional workforce plan, and harmonization of policies and procedures. Work in these areas continued throughout the year, alongside each department's regular activities.

With the new job-posting system in place throughout the Network's facilities, employees now have access to a broader range of vacant positions, allowing for greater mobility.

In September 2009, Vitalité Health Network formed a partnership with WorkSafeNB to reduce the number of work-related accidents.

In addition to establishing an e-learning strategy, training departments implemented a training program for employees working in reception sectors throughout the Network facilities.

The wellness sector started developing a regional workplace wellness approach, based on the principles outlined by Accreditation Canada.

In early 2010, the sector adopted a new service delivery model for human resources advisors in order to expand their advisory role to better meet the needs of management groups.



# Business Activities That Speak Volumes

## Zone 1 - BEAUSÉJOUR

	Dr. Georges-L.-Dumont Regional Hospital		Stella-Maris-de-Kent Hospital		TOTAL ZONE 1	
	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009
Number of beds	302	302	20	20	322	322
Number of beds - Veterans' Unit	40	40			40	40
Number of beds - Psychiatry					0	0
<b>TOTAL</b>	<b>342</b>	<b>342</b>	<b>20</b>	<b>20</b>	<b>362</b>	<b>362</b>
Admissions (excluding newborns)	8,750	9,021	283	321	9,033	9,342
Admissions - Veterans' Unit	22	15			22	15
Admissions - Psychiatry					0	0
<b>TOTAL</b>	<b>8,772</b>	<b>9,036</b>	<b>283</b>	<b>321</b>	<b>9,055</b>	<b>9,357</b>
Number of newborns	833	834			833	834
Patient days (excluding newborns)	96,433	96,776	8,028	7,332	104,461	104,108
Patient days - Veterans' Unit	14,337	14,483			14,337	14,483
Patient days - Psychiatry					0	0
<b>TOTAL</b>	<b>110,770</b>	<b>111,259</b>	<b>8,028</b>	<b>7,332</b>	<b>118,798</b>	<b>118,591</b>
Emergency visits (triage codes 1 to 5)	50,457	49,342	37,864	38,542	88,321	87,884
Surgical procedures	8,465	8,882			8,465	8,882
Dialysis treatments	31,753	30,760			31,753	30,760
Oncology clinic treatments (chemo) (excluding bedside treatments)	3,485	3,641			3,485	3,641
Attendance days - Radiation therapy	28,123	28,864			28,123	28,864
Laboratory procedures	2,252,282	2,294,017	141,412	146,299	2,393,694	2,440,316
Medical imaging procedures	147,752	145,966	18,592	18,125	166,344	164,091
Respiratory therapy and pulmonary clinic procedures	132,126	107,919	767	481	132,893	108,400
<b>Attendance Days - Rehabilitation Services</b>						
Audiology	2,768	2,205			2,768	2,205
Occupational therapy	13,603	14,558	638	524	14,241	15,082
Physiotherapy	24,141	26,128	3,536	3,110	27,677	29,238
Speech-language pathology	3,197	3,483			3,197	3,483
Recreology	15,540	15,193			15,540	15,193

	Dr. Georges-L.-Dumont Regional Hospital		Stella-Maris-de-Kent Hospital				TOTAL ZONE 1	
	2009-2010	2008-2009	2009-2010	2008-2009			2009-2010	2008-2009
<b>Attendance Days - Therapeutic Services</b>								
Social work	6,544	6,212					6,544	6,212
Psychology	6,506	6,771					6,506	6,771
Clinical nutrition	10,803	9,041	765	847			11,568	9,888
<b>Community Health Centres</b>								
Scheduled visits							-	-
Unscheduled visits							-	-
<b>Extra-Mural Program*</b>								
	<i>Blanche-Bourgeois</i>		<i>Kent</i>		<i>Shediac</i>			
Admissions	1,310	1,538	466	490	994	960	2,770	2,988
Visits	35,361	32,372	11,390	11,166	18,768	17,528	65,519	61,066
<b>Public Health</b>								
					<b>Moncton</b>			
Immunization: vaccines administered							26,384	15,616
Sexual Health Program: consultations							4,680	5,790
Early Childhood Initiatives: postnatal cases admitted							389	321
Clinics for 3- to 5-year-olds: number of children seen							1,467	569
<b>Community Mental Health</b>								
					<b>Community Mental Health centres in Moncton and Richibucto</b>			
Number of individuals seen for an intake interview							1,533	n/a
Total number of individuals who received a service							2,341	n/a
Number of adults - Therapeutic follow-up							432	n/a
Number of children/adolescents - Therapeutic follow-up							426	n/a
<b>Addiction Services</b>								
					<b>Data managed by Horizon Health Network</b>			
Total number of admissions							n/a	n/a
Total number of clients seen on an outpatient basis							n/a	n/a
Total number of outpatient visits							n/a	n/a

\*EMP data for 2009-2010 are preliminary.

**Zone 4 - NORTHWEST**

	Edmundston Regional Hospital		Grand Falls General Hospital		Hôtel-Dieu Saint-Joseph de Saint-Quentin		TOTAL ZONE 4	
	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009
Number of beds	169	169	20	20	6	6	195	195
Number of beds - Veterans' Unit							0	0
Number of beds - Psychiatry							0	0
<b>TOTAL</b>	<b>169</b>	<b>169</b>	<b>20</b>	<b>20</b>	<b>6</b>	<b>6</b>	<b>195</b>	<b>195</b>
Admissions (excluding newborns)	5,165	5,333	1,357	791	316	323	6,838	6,447
Admissions - Veterans' Unit							0	0
Admissions - Psychiatry							0	0
<b>TOTAL</b>	<b>5,165</b>	<b>5,333</b>	<b>1,357</b>	<b>791</b>	<b>316</b>	<b>323</b>	<b>6,838</b>	<b>6,447</b>
Number of newborns	389	447				2	389	449
Patient days (excluding newborns)	53,098	55,524	7,657	6,828	1,632	2,385	62,387	64,737
Patient days - Veterans' Unit							0	0
Patient days - Psychiatry							0	0
<b>TOTAL</b>	<b>53,098</b>	<b>55,524</b>	<b>7,657</b>	<b>6,828</b>	<b>1,632</b>	<b>2,385</b>	<b>62,387</b>	<b>64,737</b>
Emergency visits (triage codes 1 to 5)	32,633	33,873	23,315	24,590	13,829	14,513	69,777	72,976
Surgical procedures	4,199	4,617	123	609			4,322	5,226
Dialysis treatments	3,450	3,455					3,450	3,455
Oncology clinic treatments (chemo) (excluding bedside treatments)	825	907	166	114	98	100	1,089	1,121
Attendance days - Radiation therapy							0	0
Laboratory procedures	669,525	650,659	201,693	198,542	85,048	76,119	956,266	925,320
Medical imaging procedures	69,204	69,746	12,316	12,582	5,758	5,765	87,278	88,093
Respiratory therapy and pulmonary clinic procedures	63,286	66,931	7,836	7,844	3,108	3,671	74,230	78,446
<b>Attendance Days - Rehabilitation Services</b>								
Audiology	2,292	1,867					2,292	1,867
Occupational therapy	4,091	4,718	905	828	84	96	5,080	5,642
Physiotherapy	14,473	15,854	3,010	3,667	1,315	1,285	18,798	20,806
Speech-language pathology	1,854	1,532	414	357	111	59	2,379	1,948
Recreology	4,583	4,269					4,583	4,269

	Edmundston Regional Hospital		Grand Falls General Hospital		Hôtel-Dieu Saint-Joseph de Saint-Quentin		TOTAL ZONE 4		
	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	
<b>Attendance Days - Therapeutic Services</b>									
Social work	2,253	2,746	578	550			2,831	3,296	
Psychology	3,396	3,550					3,396	3,550	
Clinical nutrition	6,913	6,898	1,563	1,466	975	925	9,451	9,289	
<b>Community Health Centres</b>									
Scheduled visits							-	-	
Unscheduled visits							-	-	
<b>Extra-Mural Program*</b>									
	Edmundston		Grand Falls		Kedgwick				
Admissions	1,010	1,043	424	508	202	254	1,636	1,805	
Visits	23,232	23,399	17,370	18,264	5,526	5,926	46,128	47,589	
<b>Public Health</b>									
			Edmundston						
Immunization: vaccines administered							8,107	9,234	
Sexual Health Program: consultations							783	1,224	
Early Childhood Initiatives: postnatal cases admitted							137	196	
Clinics for 3- to 5-year-olds: number of children seen							400	475	
<b>Community Mental Health</b>									
	Community Mental Health centres in Edmundston, Grand Falls and Kedgwick								
Number of individuals seen for an intake interview							1,081	n/a	
Total number of individuals who received a service							2,163	n/a	
Number of adults - Therapeutic follow-up							632	n/a	
Number of children/adolescents - Therapeutic follow-up							557	n/a	
<b>Addiction Services</b>									
Total number of admissions							390	n/a	
Total number of clients seen on an outpatient basis							3,475	n/a	
Total number of outpatient visits							1,925	n/a	

\*EMP data for 2009-2010 are preliminary.

### Zone 5 - RESTIGOUCHE

	Campbellton Regional Hospital		St. Joseph Community Health Centre in Dalhousie		Restigouche Hospital Centre		TOTAL ZONE 5	
	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009
Number of beds	146	146	4	0			150	146
Number of beds - Veterans' Unit	20	20					20	20
Number of beds - Psychiatry					172	172	172	172
<b>TOTAL</b>	<b>166</b>	<b>166</b>	<b>4</b>	<b>0</b>	<b>172</b>	<b>172</b>	<b>342</b>	<b>338</b>
Admissions (excluding newborns)	4,534	4,893	31	0			4,565	4,893
Admissions - Veterans' Unit	11	11					11	11
Admissions - Psychiatry					276	250	276	250
<b>TOTAL</b>	<b>4,545</b>	<b>4,904</b>	<b>31</b>	<b>0</b>	<b>276</b>	<b>250</b>	<b>4,852</b>	<b>5,154</b>
Number of newborns	210	270					210	270
Patient days (excluding newborns)	45,748	44,004	699	0			46,447	44,004
Patient days - Veterans' Unit	7,252	6,349					7,252	6,349
Patient days - Psychiatry					62,622	62,683	62,622	62,683
<b>TOTAL</b>	<b>53,000</b>	<b>50,353</b>	<b>699</b>	<b>0</b>	<b>62,622</b>	<b>62,683</b>	<b>116,321</b>	<b>113,036</b>
Emergency visits (triage codes 1 to 5)	27,506	27,634					27,506	27,634
Surgical procedures	2,774	2,688					2,774	2,688
Dialysis treatments			2,165	1,695			2,165	1,695
Oncology clinic treatments (chemo) (excluding bedside treatments)	399	369	26	82			425	451
Attendance days - Radiation therapy							0	0
Laboratory procedures	677,158	663,830	172,377	178,667			849,535	842,497
Medical imaging procedures	57,743	58,545	8,671	8,971			66,414	67,516
Respiratory therapy and pulmonary clinic procedures	90,870	88,848	334	842			91,204	89,690
<b>Attendance Days - Rehabilitation Services</b>								
Audiology	1,663	1,886	129	124	0	0	1,792	2,010
Occupational therapy	5,159	4,483	121	104	5,592	5,698	10,872	10,285
Physiotherapy	18,306	16,407	3,412	3,149	4,180	4,988	25,898	24,544
Speech-language pathology	1,227	946	290	84	1,792	1,923	3,309	2,953
Recreology	6,335	6,458	0	0	10,486	11,274	16,821	17,732

	Campbellton Regional Hospital		St. Joseph Community Health Centre in Dalhousie		Restigouche Hospital Centre		TOTAL ZONE 5	
	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009
<b>Attendance Days - Therapeutic Services</b>								
Social work	2,143	2,005	126	103	2,241	2,033	4,510	4,141
Psychology	1,808	1,074	0	0	1,260	1,829	3,068	2,903
Clinical nutrition	3,884	3,040	905	872	449	228	5,238	4,140
<b>Community Health Centres</b>								
<b>St. Joseph Community Health Centre</b>								
Scheduled visits							5,484	5,719
Unscheduled visits							8,618	7,939
<b>Extra-Mural Program*</b>								
<b>Restigouche</b>								
Admissions							889	755
Visits							23,590	24,075
<b>Campbellton</b>								
<b>Public Health</b>								
Immunization: vaccines administered							3,644	4,481
Sexual Health Program: consultations							531	847
Early Childhood Initiatives: postnatal cases admitted							82	86
Clinics for 3- to 5-year-olds: number of children seen							138	191
<b>Community Mental Health</b>								
<b>Campbellton Community Mental Health Centre</b>								
Number of individuals seen for an intake interview							847	n/a
Total number of individuals who received a service							1,386	n/a
Number of adults - Therapeutic follow-up							310	n/a
Number of children/adolescents - Therapeutic follow-up							253	n/a
<b>Addiction Services</b>								
Total number of admissions							266	n/a
Total number of clients seen on an outpatient basis							389	n/a
Total number of outpatient visits							1,744	n/a

\*EMP data for 2009-2010 are preliminary.

### Zone 6 - ACADIE-BATHURST

	Chaleur Regional Hospital		Tracadie-Sheila Hospital		Enfant-Jésus RHSJ† Hospital		Lamèque Hospital and CHC		TOTAL ZONE 6	
	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009
Number of beds	215	215	59	59	12	4	12	12	298	290
Number of beds - Veterans' Unit									0	0
Number of beds - Psychiatry									0	0
<b>TOTAL</b>	<b>215</b>	<b>215</b>	<b>59</b>	<b>59</b>	<b>12</b>	<b>4</b>	<b>12</b>	<b>12</b>	<b>298</b>	<b>290</b>
Admissions (excluding newborns)	7,313	7,797	1,475	1,675	77	63	57	70	8,922	9,605
Admissions - Veterans' Unit									0	0
Admissions - Psychiatry									0	0
<b>TOTAL</b>	<b>7,313</b>	<b>7,797</b>	<b>1,475</b>	<b>1,675</b>	<b>77</b>	<b>63</b>	<b>57</b>	<b>70</b>	<b>8,922</b>	<b>9,605</b>
Number of newborns	597	588							597	588
Patient days (excluding newborns)	72,693	72,173	22,656	20,892	2,776	706	3,691	3,792	101,816	97,563
Patient days - Veterans' Unit									0	0
Patient days - Psychiatry									0	0
<b>TOTAL</b>	<b>72,693</b>	<b>72,173</b>	<b>22,656</b>	<b>20,892</b>	<b>2,776</b>	<b>706</b>	<b>3,691</b>	<b>3,792</b>	<b>101,816</b>	<b>97,563</b>
Emergency visits (triage codes 1 to 5)	32,192	33,774	27,384	29,662					59,576	63,436
Surgical procedures	5,671	5,896							5,671	5,896
Dialysis treatments	6,135	6,347	2,464	2,527					8,599	8,874
Oncology clinic treatments (chemo) (excluding bedside treatments)	737	749			621	479			1,358	1,228
Attendance days - Radiation therapy									0	0
Laboratory procedures	1,403,711	1,344,209	560,356	562,636	414,321	392,400	200,766	181,625	2,579,154	2,480,870
Medical imaging procedures	81,308	81,056	39,707	40,620	25,756	26,877	10,742	10,202	157,513	158,755
Respiratory therapy and pulmonary clinic procedures	88,955	89,689	34,548	35,188	4,954	4,282	812	727	129,269	129,886
<b>Attendance Days - Rehabilitation Services</b>										
Audiology	2,445	1,986							2,445	1,986
Occupational therapy	5,679	5,895	2,343	2,215	862	628	343	324	9,227	9,062
Physiotherapy	16,662	17,818	7,637	9,079	5,998	5,470	3,943	2,160	34,240	34,527
Speech-language pathology	2,479	2,378	833	736	505	626			3,817	3,740
Recreology									0	0



	Chaleur Regional Hospital		Tracadie-Sheila Hospital		Enfant-Jésus RHSJ†		Lamèque Hospital and CHC		TOTAL ZONE 6	
	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009	2009-2010	2008-2009
<b>Attendance Days - Therapeutic Services</b>										
Social work	2,251	3,114	693	694	90	75	420	274	3,454	4,157
Psychology	1,482	2,077	353	217					1,835	2,294
Clinical nutrition	6,939	7,040	2,572	2,747	2,461	2,283	696	845	12,668	12,915
<b>Community Health Centres</b>										
	Lamèque Community Health Centre		Enfant-Jésus RHSJ† Hospital							
Scheduled visits	17,302	14,114	14,038	14,446					31,340	28,560
Unscheduled visits	19,433	20,123	31,619	29,984					51,052	50,107
<b>Extra-Mural Program*</b>										
	Bathurst		Tracadie-Sheila		Caraquet		Lamèque			
Admissions	1,139	981	593	615	495	489	370	401	2,597	2,488
Visits	18,780	17,082	14,317	12,364	10,611	11,105	7,616	7,397	51,324	47,948
<b>Public Health</b>										
<b>Bathurst and Acadian Peninsula</b>										
Immunization: vaccines administered									10,784	11,159
Sexual Health Program: consultations									494	539
Early Childhood Initiatives: postnatal cases admitted									201	287
Clinics for 3- to 5-year-olds: number of children seen									529	803
<b>Community Mental Health</b>										
<b>Community Mental Health centres in Bathurst and Caraquet</b>										
Number of individuals seen for an intake interview									1,961	n/a
Total number of individuals who received a service									3,415	n/a
Number of adults - Therapeutic follow-up									932	n/a
Number of children/adolescents - Therapeutic follow-up									697	n/a
<b>Addiction Services</b>										
Total number of admissions									337	n/a
Total number of clients seen on an outpatient basis									453	n/a
Total number of outpatient visits									3,112	n/a

\*EMP data for 2009-2010 are preliminary.

## Volumes and activities

	2009-2010	2008-2009
Number of beds	965	953
Number of beds - Veterans' Unit	60	60
Number of beds - Psychiatry	172	172
<b>TOTAL</b>	<b>1,197</b>	<b>1,185</b>
Admissions (excluding newborns)	29,358	30,287
Admissions - Veterans' Unit	33	26
Admissions - Psychiatry	276	250
<b>TOTAL</b>	<b>29,667</b>	<b>30,563</b>
Number of newborns	2,029	2,141
Patient days (excluding newborns)	315,111	310,412
Patient days - Veterans' Unit	21,589	20,832
Patient days - Psychiatry	62,622	62,683
<b>TOTAL</b>	<b>399,322</b>	<b>393,927</b>
Emergency visits (triage codes 1 to 5)	245,180	251,930
Surgical procedures	21,232	22,692
Dialysis treatments	45,967	44,784
Oncology clinic treatments (chemo) (excluding bedside treatments)	6,357	6,441
Attendance days - Radiation therapy	28,123	28,864
Laboratory procedures	6,778,649	6,689,003
Medical imaging procedures	477,549	478,455
Respiratory therapy and pulmonary clinic procedures	427,596	406,422
<b>Attendance Days - Rehabilitation Services</b>		
Audiology	9,297	8,068
Occupational therapy	39,420	40,071
Physiotherapy	106,613	109,115
Speech-language pathology	12,702	12,124
Recreology	36,944	37,194
<b>Attendance Days - Therapeutic Services</b>		
Social work	17,339	15,773
Psychology	14,805	12,786
Clinical nutrition	38,925	36,004
<b>Community Health Centres</b>		
Scheduled visits	36,824	34,279
Unscheduled visits	59,670	58,046

**Extra-Mural Program\***

Admissions	7,892	5,523
Visits	186,561	132,981

**Public Health**

Immunization: vaccines administered	48,919	40,490
Sexual Health Program: consultations	6,488	8,400
Early Childhood Initiatives: postnatal cases admitted	809	890
Clinics for 3- to 5-year-olds: number of children seen	2,534	2,038

**Community Mental Health**

Number of individuals seen for an intake interview	5,422	n/a
Total number of individuals who received a service	9,305	n/a
Number of adults - Therapeutic follow-up	2,306	n/a
Number of children/adolescents - Therapeutic follow-up	1,933	n/a

**Addiction Services**

Total number of admissions	993	n/a
Total number of clients seen on an outpatient basis	4,317	n/a
Total number of outpatient visits	6,781	n/a

\*EMP data for 2009-2010 are preliminary.

# Finance and Corporate Services

In a departure from past years, the budget cycle process was standardized and conducted in collaboration with the Network's four zones; a single financial report was produced and approved by the Board of Directors.

The process by which staff request renovations was standardized, and a committee made up of representatives from a zone's clinical services now evaluates these requests. However, the processes of allocating the budget and coordinating the renovations are now handled by a regional committee and by staff with regional responsibilities, respectively.

The directors of Support Services from all four zones meet monthly to pursue the ongoing integration of their services (e.g. kitchen, housekeeping, facilities management).

## Salaries Paid to Senior Management

Section (4)(e) of the *Regional Health Authorities Act* stipulates that the annual report shall contain "a report on the salaries paid to senior management of the regional health authority".

### Titles and salary range

<b>President and Chief Executive Officer</b>	\$185,000 - \$210,000
<b>Vice-President, Finance and Corporate Services</b>	\$122,330 - \$148,694
<b>Vice-President, Community Health Services</b>	\$124,488 - \$137,124
<b>Vice-President, Human Resources</b>	\$124,488 - \$137,124
<b>Vice-President, Medical and Academic Affairs</b>	\$218,608 - \$238,446
<b>Vice-President, Professional and Diagnostic Services</b>	\$122,330 - \$148,694
<b>Vice-President, Primary Health Care</b>	\$122,330 - \$148,694
<b>Vice-President, Planning, Quality and Privacy</b>	\$124,488 - \$137,124
<b>Executive Vice-President, Acute Care Facilities</b>	\$139,282 - \$169,286
<b>Vice-President, Nursing Affairs</b>	\$111,410 - \$122,590
<b>Vice-President, Communications and Engagement</b>	\$91,806 - \$101,010

# Statement of Operations

**Regional Health Authority A**  
 Statement of operations  
 For the period ending March 31, 2010

	<u>Unaudited Budget</u>	<u>Actual</u>	<u>Variance</u>
<b>Revenues</b>			
Department of Health	598 718 106 \$	599 045 359 \$	327 253 \$
Federal programs	8 953 717	8 953 717	-
Patient recoveries	29 003 417	29 181 930	178 513
Other recoveries and sales	3 327 573	3 405 046	77 473
Board generated	4 976 806	5 046 253	69 447
Amortization of deferred contributions related to capital assets	19 276 227	19 276 227	-
<b>Total revenues</b>	<b>664 255 846</b>	<b>664 908 532</b>	<b>652 686</b>
<b>Expenses</b>			
Nursing inpatient services	177 727 303	177 139 223	588 080
Ambulatory Care Services	66 818 087	66 210 345	607 742
Diagnostic and Therapeutic Services	111 542 608	111 101 065	441 543
Community Services	68 632 329	68 433 857	198 472
Education	10 529 519	10 365 102	164 417
Medicare	78 992 738	78 992 738	-
Support Services	106 530 540	104 526 833	2 003 707
Administration Services	19 229 689	19 026 420	203 269
Board sponsored	3 292 022	3 292 022	-
Amortization of capital assets	20 961 011	20 961 011	-
<b>Total expenses</b>	<b>664 255 846</b>	<b>660 048 616</b>	<b>4 207 230</b>
<b>Excess of revenues over expenses for the year before the following adjustments:</b>	<b>-</b>	<b>4 859 916</b>	<b>4 859 916</b>
Adjustment of prior year-end settlements	-	401 624	-
Estimated reimbursement of the working capital deficiency related to current year operation	-	-	-
<b>Excess of revenues over expenses</b>	<b>- \$</b>	<b>5 261 540 \$</b>	<b>- \$</b>

# Financial Summary

The fiscal year just ended was our second year as Regional Health Authority A\* and brought with it many associated challenges. For the fiscal year ended March 31, 2010, Vitalité Health Network recorded a surplus of \$4,859,916 before a year-end adjustment of \$401,624, which generated a net surplus of \$5,261,540.

Surplus income from the Department of Health resulted from unforeseen funding received at year-end. We also recorded a \$178,513 surplus on net patient recoveries for a total of \$29,181,930. This demonstrates the important role the Network plays on the interprovincial scene.

In the area of operational expenditures, we ended the fiscal year with a surplus of \$4,207,230. Here are a few explanations:

We saw reductions in some sectors of activity, more specifically, in admissions, emergency visits, surgical cases, and oncology visits. These activity reductions had the effect of reducing our supply costs.

Due to the current shortage of health professionals, we met with considerable recruitment difficulties, which in turn led to an increase in the number of vacant positions.

In the area of Support Services, significant savings were realized on energy costs due to the very mild winter we experienced.

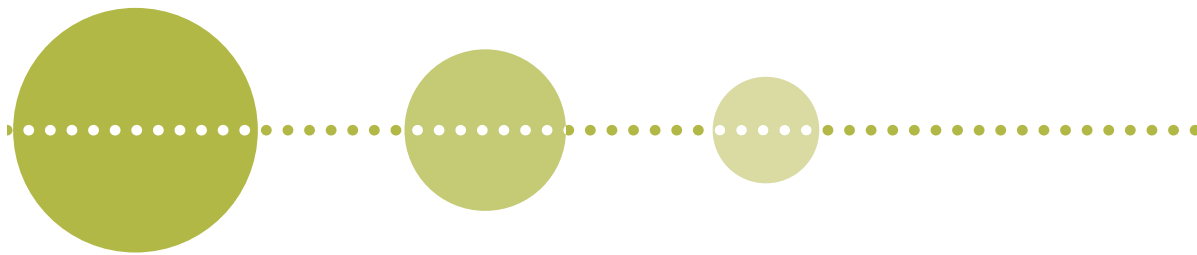
Finally, the computing and material management sectors were transferred to FacilicorpNB this year, with these transfers representing \$14,865,431 in total.

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\* The former name of Vitalité Health Network—Regional Health Authority A—is used in this section and in the following pages for accounting legality purposes only.



# Financial Statements



**REGIONAL HEALTH AUTHORITY A**

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**TO FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED MARCH 31, 2010**

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1.

## AUDITORS' REPORT

To the Members of the Board of Directors  
Regional Health Authority A

We have audited the statement of financial position of Regional Health Authority A as at March 31, 2010 and the statements of operations, changes in net assets and cash flow for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Regional Health Authority A as at March 31, 2010 and the results of its operations, changes in net assets and cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Bathurst, NB

June 7, 2010

Chartered Accountants

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Of Independent Accounting Firms Limited

**REGIONAL HEALTH AUTHORITY A**  
**Statement of Financial Position**  
**As of March 31**

**2010**

**2009**

**Assets**

**Current assets**

Cash	\$ 11,862,716	\$ 5,568,220
Investments (Note 3)	5,602,999	5,190,422
Cash Held in Trust	126,848	131,804
Accounts Receivable (Note 4)	36,233,880	64,279,856
Inventory (Note 5)	7,127,766	6,741,686
Prepaid Expenses	2,055,274	3,015,410
Estimated Year-End Adjustment Receivable - March 31, 2010 (Note 6)	1,246,968	-
Current Portion of Other Accounts Receivable (Note 7)	<u>677,482</u>	<u>641,946</u>
	64,933,933	85,569,344

**Other Accounts Receivable** (Note 7)

- 677,482

**Property, Plant and Equipment** (Note 8)

255,507,815 251,149,261

**Total Assets**

\$ 320,441,748 \$ 337,396,087

**Liabilities, Deferred Contributions and Net Assets**

**Current Liabilities**

Short-Term Borrowing (Note 9)	\$ 3,500,000	\$ 23,500,000
Accounts Payable and Accrued Liabilities (Note 10)	76,008,653	81,857,198
Patient Trust Funds	126,848	131,804
Estimated Year-End Adjustment Payable - March 31, 2009	-	549,368
Current Portion of Long Term Debt	677,482	641,946
Deferred Revenues and Reserves	<u>1,979,048</u>	<u>1,899,339</u>
	82,292,031	108,579,655

**Long Term Debt** (Note 11)

- 700,482

**Deferred Contributions Related to Property, Plant and Equipment**  
(Note 12)

241,839,921 237,211,927

**Total Liabilities and Deferred Contributions Related to Property, Plant and Equipment**

324,131,952 346,492,064

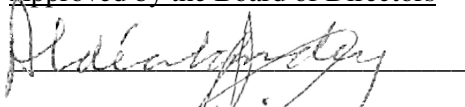

**Net Assets - Page 4**

Investment in Property, Plant and Equipment	13,667,906	13,937,328
Internally Restricted Board Reserves	10,310,465	5,036,894
Deficit	<u>( 27,668,575)</u>	<u>( 28,070,199)</u>
	<u>( 3,690,204)</u>	<u>( 9,095,977)</u>
	<u>\$ 320,441,748</u>	<u>\$ 337,396,087</u>

Commitments (Note 13)

Contingent Liabilities (Note 14)

Approved by the Board of Directors

 Director  
 Director

**REGIONAL HEALTH AUTHORITY A**  
**Statement of Operations**  
**For the Year Ended March 31**

	<u>2010</u>	<u>2009</u>
<b><u>Revenue</u></b>		
Department of Health	\$ 599,045,359	\$ 545,148,120
Federal Programs	8,953,717	8,408,858
Patient Recoveries	29,181,930	27,772,442
Other Recoveries and Sales	3,405,046	3,874,645
Board Generated	5,046,253	4,430,895
Amortization of Deferred Contributions Related to Property, Plant and Equipment	<u>19,276,227</u>	<u>22,307,076</u>
<b><u>Total Revenue</u></b>	<u>664,908,532</u>	<u>611,942,036</u>
<b><u>Expenses</u></b>		
Nursing Inpatient Services	177,139,223	168,970,341
Ambulatory Care Services	66,210,345	62,727,580
Diagnostic and Therapeutic Services	111,101,065	105,305,273
Community Services	68,433,857	62,065,054
Research and Education	10,365,102	9,956,764
Medicare	78,992,738	60,887,533
Support Services	104,526,833	117,354,318
Administration Services	19,026,420	17,880,895
Board Sponsored	3,292,022	3,657,166
Amortization of Property, Plant and Equipment	<u>20,961,011</u>	<u>24,133,380</u>
<b><u>Total Expenses</u></b>	<u>660,048,616</u>	<u>632,938,304</u>
<b><u>Surplus (Deficit) for the Year, Before the Year-End Settlements</u></b>	<u>4,859,916</u>	<u>( 20,996,268)</u>
<b><u>Year-End Settlements</u></b>		
- Adjustment of Prior Year-End Settlements	401,624	452,247
- Estimated Reimbursement of the Working Capital Deficiency Related to Current Year Operation	<u>-</u>	<u>17,571,798</u>
	<u>401,624</u>	<u>18,024,045</u>
<b><u>Surplus (Deficit) For the Year</u></b> - Page 4	<u>\$ 5,261,540</u>	<u>\$( 2,972,223)</u>

**REGIONAL HEALTH AUTHORITY A**  
**Statement of Changes in Net Assets**  
**For the Year Ended March 31**

**2010**

**2009**

**Investment in Property, Plant and Equipment**

Balance, Beginning of the Year	\$ 13,937,328	\$ 13,791,147
<u>Add:</u> Contribution in Investment in Property, Plant and Equipment	1,415,362	1,972,485
<u>Less:</u> Net Amortization of Property, Plant and Equipment	( 1,684,784)	( 1,826,304)
Balance, End of Year	<u>\$ 13,667,906</u>	<u>\$ 13,937,328</u>

**Internally Restricted Board Reserves**

Balance, Beginning of the Year	\$ 5,036,894	\$ 5,859,395
<u>Add:</u> Non-Shareable Surplus	1,754,231	773,729
Year End Settlement - Veteran Affairs of Canada	144,233	-
Operational Surplus Retention	4,790,469	-
<u>Less:</u> Net Contribution in Investment in Property, Plant and Equipment	( 1,415,362)	( 1,596,230)
Balance, End of Year	<u>\$ 10,310,465</u>	<u>\$ 5,036,894</u>

**Deficit**

Balance, Beginning of the Year	\$( 28,070,199)	\$( 25,774,296)
Surplus (Deficit) for the Year, Before the Year-End Settlements - Page 3	4,859,916	( 20,996,268)
<u>Ajustments:</u>		
- Non-Shareable Surplus	( 1,754,231)	( 773,729)
- Net Amortization of Property, Plant and Equipment	1,684,784	1,826,304
- Contribution in Investment in Property, Plant and Equipment	-	( 376,255)
	4,790,469	( 20,319,948)
- Transfert to Internally Restricted Board Reserves	( 4,790,469)	-
	-	( 20,319,948)
- Net Year-End Settlements - Page 3	401,624	18,024,045
Total Decrease (Increase) in Accumulated Deficit	401,624	( 2,295,903)
Balance, End of Year	<u>\$( 27,668,575)</u>	<u>\$( 28,070,199)</u>

**REGIONAL HEALTH AUTHORITY A**  
**Statement of Cash Flow**  
**For the Year Ended March 31**

**2010**

**2009**

**Cash Flows From Operating Activities**

Surplus (Deficit) for The Year - Page 3 \$ 5,261,540 \$( 2,972,223)

Items not Involving Cash:

Amortization of Property, Plant and Equipment 20,961,011 24,133,380

Amortization of Deferred Contributions Related to Property, Plant  
and Equipment ( 19,276,227) ( 22,307,076)

Changes in Non-Cash Operating Working Capital Items 21,199,095 4,424,084  
28,145,419 3,278,165

**Financing Activities**

Decrease in Short Term Borrowing ( 20,000,000) ( 500,000)

Recovery of Long Term Receivable 641,946 608,274

Repayment of Long Term Debt ( 664,946) ( 608,274)

( 20,023,000) ( 500,000)

**Investing Activities**

Purchase of Property, Plant and Equipment ( 25,319,565) ( 21,209,500)

Decrease (Increase) in Investments ( 412,577) 1,379,359

Donations Received for Property, Plant and Equipment 1,427,649 669,630

Increase in Deferred Contributions Related to Property, Plant and  
Equipment 22,476,570 18,566,753

( 1,827,923) ( 593,758)

**Increase in Cash and Cash Equivalents**

6,294,496 2,184,407

**Cash and Cash Equivalents, Beginning of Year**

5,568,220 3,383,813

**Cash and Cash Equivalents, End of Year**

\$ 11,862,716 \$ 5,568,220

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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

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**1. The Corporation**

Regional Health Authority A, was incorporated under the laws of the Province of New Brunswick on April 1, 2008. Regional Health Authority A includes the previous Regional Health Authorities as follows: Regional Health Authority 1B (Beauséjour), Regional Health Authority 4 (Northwest), Regional Health Authority 5 (Restigouche) and Regional Health Authority 6 (Acadie/Bathurst). These financial statements represent those four (4) previous Regional Health Authorities now named: "Zone". The principal activity of the Regional Health Authority A is providing for the delivery and administering of health services to the people of New Brunswick.

The Regional Health Authority A includes the following health care programs and facilities :

Zone 1B:

Dr. Georges-L. Dumont Regional Hospital	Veterans' Health Center
Stella-Maris-de-Kent Hospital	Family Medecine Unit
Shediac Regional Medical Center	Dr-Léon-Richard Oncology Center

Zone 4:

Edmundston Regional Hospital	Grand Falls General Hospital
Hôtel-Dieu Saint-Joseph of Saint-Quentin	Sainte-Anne of Madawaska Medical Center
Addiction Services	

Zone 5:

Campbellton Regional Hospital	Addiction Services
Restigouche Hospital Center	Community Mental Health Centers
St. Joseph Community Health Center	Jacquet River Health Center

Zone 6:

Chaleur Regional Hospital	Chaleur Health Centre - Pointe-Verte
Tracadie-Sheila Hospital	Paquetville Health Center
Lamèque Hospital and CHC	Miscou Health Center
Enfant-Jésus RHSJ† Hospital	Addiction Services
Saint-Isidore Health Centre	

Regional Programs

Mental Health  
Public Health  
Extra Mural Program

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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

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**2. Significant Accounting Policies**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. Significant accounting policies are summarized as follows:

a. Revenue Recognition

The Regional Health Authority A follows the deferral method of accounting for contributions which include donations and government grants.

The Regional Health Authority A is funded primarily by the Province of New Brunswick in accordance with budget arrangements established by the Department of Health. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions other than endowment contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of property, plant and equipment are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related property, plant and equipment.

Endowment investment income is recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

b. Inventory

Inventory is valued at the lower of cost and replacement cost. Cost is determined using the average cost method. Inventory is for internal use only.

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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

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**2. Significant Accounting Policies (Con't)**

c. Investments

Investments are classified as held-for-trading and are recorded at fair value. The fair market value is based on market price.

d. Property, Plant and Equipment

Property, Plant and Equipment are recorded at cost and are amortized on a straight-line basis using the following annual rates:

<u>Asset</u>	<u>Rate</u>
Land Improvements	5 - 20%
Buildings	2 - 10%
Equipment	5 - 50%
Vehicles	6 - 20%
Leasehold Improvements	5 - 10%

Amortization on capital equipment and furniture is calculated according to MIS guidelines.

e. Vacation Pay

Vacation pay is accrued to year-end. Related funding from the Department of Health of the Province of New Brunswick is recorded when received.

f. Accounting Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates that affect the amounts recorded in the financial statements and notes to financial statements. These estimates are based on management's best knowledge of current events and actions that the Regional Health Authority A may undertake in the future. Actual results may differ from those estimates.



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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

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**2. Significant Accounting Policies (Con't)**

g. Cash Flow Statement

For the purpose of the statement of cash flow, the Regional Health Authority A considers cash on hand and balances with banks, net of overdrafts as cash or cash equivalents. Bank indebtedness and long-term bank borrowings are considered to be financing activities.

<b>3. <u>Investments</u></b>	<b>2010</b>		<b>2009</b>	
	<b><u>Cost</u></b>	<b><u>Market Value</u></b>	<b><u>Cost</u></b>	<b><u>Market Value</u></b>
National Bank Cash Management \$	3,290,074	\$ 3,290,074	\$ 3,269,261	\$ 3,269,261
Marketable Shares	1,019,892	1,402,848	1,018,892	1,028,892
Bonds	<u>892,269</u>	<u>910,077</u>	<u>892,269</u>	<u>892,269</u>
	<u>\$ 5,202,235</u>	<u>\$ 5,602,999</u>	<u>\$ 5,180,422</u>	<u>\$ 5,190,422</u>

<b>4. <u>Accounts Receivable</u></b>	<b><u>2010</u></b>	<b><u>2009</u></b>
Province of New Brunswick		
Medicare	\$ 10,188,826	\$ 7,011,228
Equipment Grants	1,277,739	2,712,200
Provincial Plan	8,786,796	21,568,610
Current Year Estimated Working Capital Reimbursement	<u>-</u>	<u>17,571,798</u>
	20,253,361	48,863,836
Patients, less Allowance for Doubtful Accounts	7,509,387	7,249,894
Harmonized Sales Taxes	2,525,192	3,075,215
Other	<u>5,945,940</u>	<u>5,090,911</u>
	<u>\$ 36,233,880</u>	<u>\$ 64,279,856</u>

**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31**

**2010**

**2009**

**5. Inventory**

Drugs	\$ 3,322,761	\$ 3,103,080
Medical, surgical and other Supplies	3,502,791	3,366,451
Food	121,633	119,791
Fuel	<u>180,581</u>	<u>152,364</u>
	<u>\$ 7,127,766</u>	<u>\$ 6,741,686</u>

**6. Estimated Year-End Adjustment Receivable - March 31, 2010**

	<b><u>Actual</u></b>	<b><u>Budget</u></b>	<b><u>Receivable from (Payable to) the Province</u></b>
Net Patient Income Compared to Budget	\$ 29,885,924	\$ 33,137,411	\$ 3,251,487
Non-Transferable Programs Under Budget			( 2,004,519)
Due from Province of New Brunswick			<u>\$ 1,246,968</u>

The final calculation of the estimated year-end adjustment is subject to the approval of the Department of Health of the Province of New Brunswick.

**7. Other Accounts Receivable**

**Veterans Affairs Canada - Zone 1B**

Amount receivable from Veterans Affairs Canada, in the amount of \$ 4,522,667, repayable in monthly instalments of \$ 58,122 including interest at 5.4%, maturing March 31, 2011.

	\$ 677,482	\$ 1,319,428
<u>Less</u> : Current Portion of Other Accounts Receivable	<u>677,482</u>	<u>641,946</u>
	<u>\$ -</u>	<u>\$ 677,482</u>

**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

8. <b><u>Property, Plant and Equipment</u></b>	<b>2010</b>			<b>2009</b>
	<b><u>Cost</u></b>	<b><u>Accumulated Amortization</u></b>	<b><u>Net Book Value</u></b>	<b><u>Net Book Value</u></b>
Land	\$ 2,400,627	\$ -	\$ 2,400,627	\$ 2,400,625
Land Improvements	2,987,713	1,995,160	992,553	1,183,629
Buildings	456,416,581	241,921,538	214,495,043	210,975,800
Equipment	211,059,198	175,450,681	35,608,517	34,533,246
Vehicles	326,564	314,143	12,421	27,000
Leasehold Improvements	<u>6,621,879</u>	<u>4,623,225</u>	<u>1,998,654</u>	<u>2,028,961</u>
	<u>\$ 679,812,562</u>	<u>\$ 424,304,747</u>	<u>\$ 255,507,815</u>	<u>\$ 251,149,261</u>

9. <b><u>Short-Term Borrowing</u></b> - Minister of Finance	<b>2010</b>	<b>2009</b>
Zone 1B, paid during the year	\$ -	\$ 9,500,000
Zone 1B, bearing interest at 0.49%, repayable in September 2010	1,500,000	-
Zone 4, paid during the year	-	4,000,000
Zone 5, bearing interest at 0.52%, repayable in September 2010	2,000,000	-
Zone 6, paid during the year	<u>-</u>	<u>10,000,000</u>
	<u>\$ 3,500,000</u>	<u>\$ 23,500,000</u>

All of the above is repayable to the Province of New Brunswick, is intended for purposes of funding working capital and is unsecured.

**10. Accounts Payable and Accrued Liabilities**

Advance on Non-Resident Receivables	\$ 1,400,000	\$ 1,400,000
Accounts Payable and Accrued Liabilities	26,525,796	27,760,015
Salaries and Benefits	21,639,495	27,704,885
Accrued Vacation Pay	<u>26,443,362</u>	<u>24,992,298</u>
	<u>\$ 76,008,653</u>	<u>\$ 81,857,198</u>

**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31**

**2010**

**2009**

**11. Long Term Debt**

**Zone 5**

In 1975, the Province of New Brunswick advanced \$23,000 to the St. Joseph Hospital Center in order to provide the working capital needed to cover the overpayment on the 1974 payroll computation

\$ -            \$ 23,000

**Zone 1B**

Amount payable to the Minister of Health, in the original amount of \$4,522,667, repayable in monthly instalments of \$58,122 including interest at 5.4%, maturing March 31, 2011.

677,482      1,319,428  
677,482      1,342,428

Less: Current Portion of Long Term Debt

677,482      641,946  
\$ -            \$ 700,482

**12. Deferred Contributions Related to Property, Plant and Equipment**

Deferred contributions related to Property, Plant and Equipment represent the unamortized amount and unspent amount of donations and grants received for the purchase of Property, Plant and Equipment. The amortization of capital contributions is recorded as revenue in the statement of operations. The changes in the deferred contributions balance during the year are as follows:

Balance, Beginning of Year	\$ 237,211,927	\$ 240,282,620
<u>Add:</u> Grants and Donations Received During the Year	23,904,221	19,236,383
<u>Less:</u> Amount Amortized to Revenue	( 19,276,227)	( 22,307,076)
Balance, End of Year	\$ <u>241,839,921</u>	\$ <u>237,211,927</u>

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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

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**13. Commitments**

**Zone 1B**

The Regional Health Authority A has signed a 15 year lease with "Les Religieuses Notre-Dame du Sacré-Coeur" for the lease of the "Hôpital Stella-Maris-de-Kent" maturing February 28, 2022. The lease payment is \$1.00 annually, payable April 1<sup>st</sup> of every year.

The Zone 1B is committed to payments under various operating leases for equipment. Annual minimum payments for the next five years are as follows; 2011 - \$790,933, 2012 - \$721,267, 2013 - \$693,262, 2014 - \$198,405, 2015 - Nil.

A three year contract was signed starting April 1st, 2008 for the use of administrative offices for the zone, located at 1234, Main St, Moncton, NB. Annual payments of \$323,620 plus taxes is payable over the next year.

**Zone 4**

The Zone 4 is committed to payments under various operating leases for equipment. Annual minimum payments for the next five years are as follows; 2011 - \$118,685, 2012 - \$118,685, 2013 - \$102,374, 2014 - \$53,439, 2015 - \$32,787.

**Zone 5**

The Zone 5 has a commitment for photocopier leases for the upcoming year in the amount of \$56,607 and has commitments for vehicle leases for the upcoming year in the amount of \$99,751.

**Zone 6**

The Zone 6 is committed to payments under various operating leases for equipment. Annual minimum payments for the next five years are as follows; 2011 - \$178,377, 2012 - \$121,027, 2013 - \$66,653, 2014 - \$26,269, 2015 - \$14,531.

A ten year lease contract was signed with CHR/RHC Bathurst Inc. on June 1, 2003 for offices at 1745 Vallée Lourdes Drive, Bathurst, New Brunswick. Monthly payments of \$14,090 plus taxes are payable for the next 38 months.

A five year contract was signed starting November 1st, 2008 for the use of administrative offices for the Regional Health Authority A, located at 275, Main St, Bathurst, NB. Monthly payments of \$29,848 ; which \$16,393 is for office space and \$13,455 is for leasehold improvements (*plus harmonized sales taxes (HST)*) is payable over the next forty four months.

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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

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**14. Contingent Liabilities**

Contingent liabilities:

Several claims are currently pending against the Regional Health Authority A. No provision has been recorded in these financial statements regarding the contingent losses given the results or amounts, if any, can not be determined as of June 7, 2010.

Collective agreement:

As of March 31, 2010, many collective agreements were expired. Due to the fact that the negotiations were not completed, no provisions for retroactive salaries adjustments, if necessary, were recorded in these financial statements.

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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31**

**2010**

**2009**

**15. Related Party Transactions**

During the year, the Regional Health Authority A received donations from related organizations and foundations as follows:

**Zone 1B**

- Dr. Georges-L. -Dumont Hospital Foundation Inc.	\$ 770,930	\$ 696,814
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**Zone 4**

- Edmundston Regional Hospital Foundation	141,759	55,145
- The Foundation of the Friends of the Grand Falls General Hospital Inc.	64,738	65,839
- Fondation Dr Romaric Boulay Inc. (Hôtel-Dieu St-Joseph de St-Quentin)	7,492	46,355

**Zone 5**

- Friends of Healthcare Foundation	191,501	349,759
- The Campbellton Auxiliary - Health Care	21,506	-
- St. Joseph's Hospital Volunteer Services	-	4,956

**Zone 6**

- Chaleur Regional Hospital Foundation Inc.	669,319	417,700
- Fondation de l'Hôpital de l'Enfant-Jésus Inc. 1988	22,377	135,765
- La Fondation de l'Hôpital de Lamèque Inc.	1,921	134,000
- Fondation Les Amis de l'Hôpital de Tracadie Inc.	<u>95,590</u>	<u>309,982</u>
	<u>\$ 1,987,133</u>	<u>\$ 2,216,315</u>

- The CHR/RHC Bathurst Inc. is a registered for profit company. The executive committee is made up of certain Board members of the Chaleur Regional Hospital Foundation Inc. A total of \$169,084 plus taxes was paid during the current year (2009- \$169,084).

All of the above Foundations and not for profit organizations are registered and all of their donations was for the purpose of raising, investing and distributing funds to the Regional Health Authority A for the enhancement of its services and facilities.

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**REGIONAL HEALTH AUTHORITY A**  
**Notes to Financial Statements**  
**For the Year Ended March 31, 2010**

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**16. Financial Instruments**

The Regional Health Authority A's financial instruments consist of cash, investments, accounts receivable, the estimated year-end adjustment receivable and/or payable, other receivables, accounts payable and accrued liabilities, short-term borrowing and long term debt. It is management's opinion that the Regional Health Authority A is not exposed to significant interest rate, currency or credit risk arising from these financial instruments.

Due to their short-term nature, all financial instruments are carried at amounts which are considered to approximate their fair value.

**17. Working Capital Grants**

The Province of New Brunswick (Department of Health) requires that the Regional Health Authority A record an estimated amount receivable for the working capital grant of the current year.

The working capital grant calculation is subject to the approval of the Department of Health of the Province of New Brunswick.

**18. Comparative Figures**

Certain comparative figures as at March 31, 2009 and for the year then ended have been restated to conform with the presentation adopted for the current year.

**19. Management of Net Assets**

The objective of Regional Health Authority A in managing its net assets is to remain a sustainable operation while fulfilling its overall mandate of providing for the delivery of and administering health services to the people of New Brunswick. It achieves its objective by strong day to day management of its cash flows and by regularly monitoring revenues and expenditures against its annual operating and capital budgets.