

*Healthcare  
Without Walls*

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THE NEW BRUNSWICK  
EXTRA-MURAL  
PROGRAM

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## THE EVOLUTION OF HOME HEALTHCARE IN NEW BRUNSWICK

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In 1979, an interdepartmental committee recommended to the New Brunswick Department of Health that a new health system component was required to manage the foreseeable changes in the population and address heavy utilization of hospital beds. As a result, a new entity, the Extra-Mural Hospital (now referred to as the Extra-Mural Program) was formed with a broad mandate to;

- ***Provide an alternative to hospital admissions,***
- ***Facilitate early discharge from hospitals,***
- ***Provide an alternative to, or postponement of, admission to nursing homes,***
- ***Provide long term care,***
- ***Provide rehabilitation services,***
- ***Provide palliative care, and***
- ***Facilitate the coordination and provision of support services.***
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The New Brunswick Extra – Mural Program (EMP) accepted its first clients in 1981. The Program was implemented on a gradual basis over the following 12 years and since 1993 covers every region and area in the province.

From the outset, EMP was not seen as an immediate means of reducing healthcare costs. It was asserted that the economic benefits of the EMP were long term and would result partly from the economies consequent on beds not built.

EMP has a history of ongoing growth and development:

- In 1989, the responsibility for long term nursing care was transferred from Public Health to Extra-Mural.
- In 1991, Extra-Mural partnered with Family and Community Services in a single entry point project to provide health and social services to individuals over 65. This program was later expanded in 1997 to include adults with disabilities.
- In 1996, responsibility for the Extra-Mural was devolved from a single entity to the Region Hospital Corporations.
- In 1997, all community rehabilitation services, including those provided to the schools and nursing homes, were consolidated under the auspices of the EMP.
- In 2001, a new information system and a provincial data repository was implemented throughout the province to collect clinical and administrative information.
- In 2005, EMP implemented and evaluated the use of telehealth to provide remote monitoring to patients with chronic diseases such as Congestive Heart Failure and Chronic Obstructive Pulmonary Disease.
- In 2005, funding to enhance the delivery of acute and palliative home healthcare services included twenty-eight new nurses, three social workers and one respiratory therapist. In 2006, funding for 15 rehabilitation specialists was provided along with significant funding for the provision of short term support services.

- In 2006, EMP will celebrate 25 years of community home healthcare within New Brunswick.

At present, the EMP remains an established entity within the Regional Health Authorities (RHA). The Department of Health is responsible for the overall, provincial direction of the EMP. The department, in collaboration with the Regional Health Authorities (RHA's):

- Directs the development of the Program,
- Fosters the development of provincial forums to direct and advise on issues relating to the Program,
- Assures the availability of consistent home health care services throughout the province,
- Establishes provincial policy and standards, and
- Funds and monitors the program.

Each RHA is responsible for the delivery of EMP services within its region.

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## PROGRAM DESCRIPTION

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The mission of the EMP is:

***“to provide a comprehensive range of coordinated healthcare services for individuals of all ages for the purpose of promoting, maintaining and/or restoring health within the context of their daily lives and to provide palliative services to support quality end of life care for individuals with progressive life threatening illnesses.”***

This mission is accomplished through the provision of a basket of services, including acute care, palliative care, long term care, rehabilitation and home oxygen therapy. Professional services include physicians, nursing, occupational therapy, physiotherapy, speech language pathology, respiratory therapy, social work and clinical dietetics.

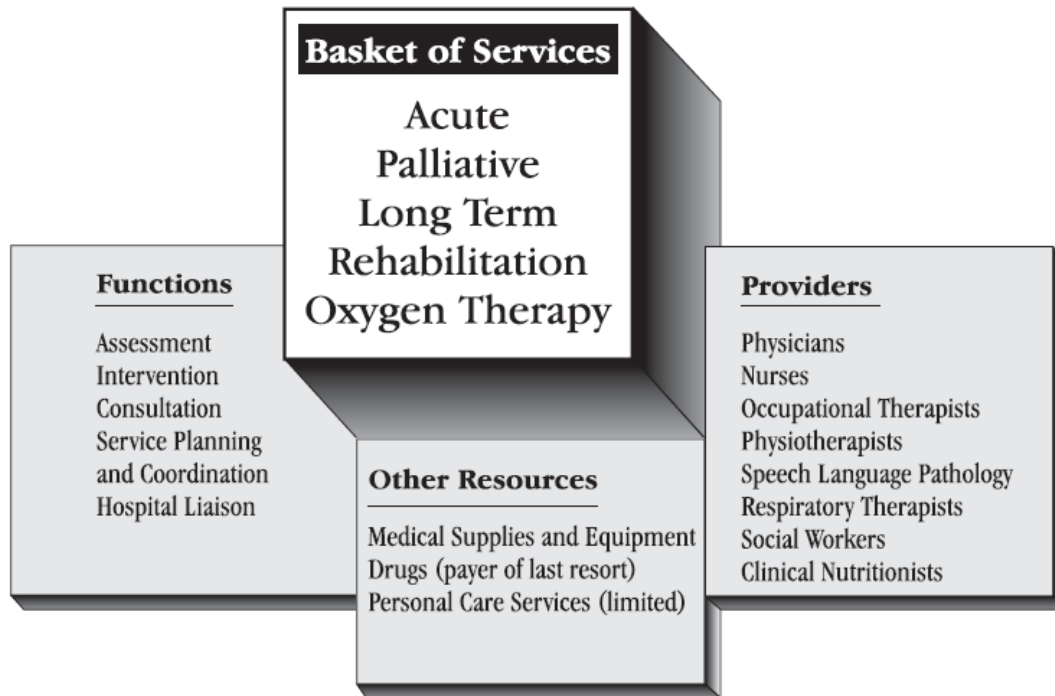
Thirty service delivery sites in New Brunswick provide EMP services on a 24/7, 365 days basis through actual nursing shifts or, at a minimum, the on-call services of a nurse. EMP provides short term personal support services on a purchased service basis when required. This funding is used primarily with palliative care patients to enhance and support the informal support network in the last weeks of the patient's life and with short term acute care patients.

Home support services required on a long term basis are accessed through the single entry point assessment program and are funded through the Department of Family and Community Services.

All residents of New Brunswick are eligible for home healthcare services. A physician referral is required for services with the physician acting as attending physician with the exception of rehabilitation services in which direct referrals from self/family/others are accepted.

Physicians are integral members of the EMP homecare team and are remunerated on a fee for service basis for services provided to homecare clients (visits, telephone, consultations, and admissions). Physician involvement has been a critical factor in the overall success of the Program.

EMP services are delivered according to provincial clinical policy and procedures to ensure the provision of consistent quality home health care services throughout the province. All professions have established preferred practices.



Core EMP services include assessment, intervention, consultation and collaboration, educating and training and service planning and coordination. Clients, who are accepted for home healthcare services, receive the necessary drugs/supplies to support the intervention that is required, based on need and reason of referral to the Program. The EMP is the payer of last resort for all drugs with the majority of clients receiving support from other payers.

The Program operates based on client centered model of service delivery in which services are delivered according to the assessed needs of the client/family and a mutually agreed upon care/discharge plan. EMP providers are specialists in the delivery of home healthcare services versus that of specialists in specific disease or program areas. This approach ensures the delivery of efficient and effective care and facilitates continuity of care.

All EMP non – physician professional service providers are employees of the Program and report to the management team of the service delivery unit. This structure facilitates close interdisciplinary team work and the ability to reduce the number of service providers involved with the client and family. One team member is responsible, as the primary care provider, for the coordination of care and service planning.

The Liaison Nurse is a key position in the organization. The coordination of care between hospital, home and the community has been essential to the success of the Program. The Liaison Nurse fulfills this responsibility by:

- Engaging in cooperative discharge planning between the hospital and home,
- Reducing inappropriate admission by arranging for home and community services,
- Informing and educating hospital personnel of both the scope and the limitations of the Program,
- Providing information to the client and families, and

- Arranging for necessary services and equipment, prior to discharge from a hospital facility.

The EMP service delivery model has changed over the years but it continues to be based on a client-centered approach and the following beliefs;

- 1. All New Brunswickers will have access to home healthcare services, when required, in the home and community environment, in order to progress towards and maintain an optimal level of health.***
- 2. Home healthcare is holistic in nature and will be delivered through the provision of coordinated services. In order to meet the identified needs of the client, service providers will recognize the contribution of other providers, establish effective communication and work together in partnership.***
- 3. Home healthcare service must be delivered in an environment that is safe for the client and the EMP service provider.***
- 4. The client's culture, experiences, knowledge and rights are central to and carry authority within the client /service provider relationship. Services provided are responsive to the needs of the client.***
- 5. Home healthcare services are best provided through an interdisciplinary team with case coordination for each client/family.***
- 6. A continuous quality improvement approach is essential in the provision of home healthcare services that are responsive to the changing needs of clients and the community.***
- 7. Home healthcare services must incorporate the appropriate use of and support for client self care, informal and formal service providers.***
- 8. Relevant training/education, based on the needs of the client, of other health service providers (client, informal and/or formal), is essential in the provision of quality home healthcare service.***
- 9. Development/maintenance of an ongoing learning environment is essential to recruit and maintain competent, innovative, effective and efficient service providers.***

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## EXTRA-MURAL PROGRAM FUNDING AND STATISTICS

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The DOH funds the EMP through a budget within the global funding envelope of the RHA. Total actual expenses for the Program in 2005-06 were \$54 million. The EMP budget represents approximately 3% of the Department of Health total budget. Total expenses include the following; salaries and benefits, drugs, oxygen, medical and other supplies, referred out services, equipment, fleet, sundry, buildings, leases and amortization.

The EMP has over 669 funded full time equivalent positions in the province. In 2005 -06, 19,008 clients were discharged from the Program. 439,711 visits (307,077 nursing visits and 132,634 other professionals' visits) were carried out along with 148,585 telephone contacts (provision of service to client/family over the telephone). There were 26 admissions per 1000 population estimate.

Approximately 58% of the clients served are over the age of 65 (65-74 years – 15%, 75-84 years - 24% and over 85 years - 19%). Children and adolescents (0-18 years) make up 12% of clients served and adults (19-64 years) 30% of clients served.

Nursing is involved with approximately 70% of the clients admitted to EMP. 70% of these nursing clients require acute care services and 30% require long term care services.

Children and adolescents are serviced primarily by rehabilitation services in the home and school environments. Rehabilitation services are also provided to clients in nursing homes.

Approximately 5 – 6% of the EMP caseload receives palliative care and 5% are receiving home oxygen therapy on a long term basis.

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## LESSONS LEARNED FROM THE NB EXPERIENCE IN HOMECARE

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1. The cornerstone of quality home healthcare services, whether they are acute care services, palliative care or rehabilitation, is the comprehensive team working collaboratively to meet the needs of the client and family. This team must include the client and family as partners in the provision of care and decision making in the same manner that collaborations with facility based and community based health providers are absolutely essential to the delivery of healthcare services in the home.
2. Increased utilization of acute homecare services in NB has been the result of several factors including;
  - Planned design of a comprehensive home healthcare system
  - Awareness of the gaps in healthcare services, recognizing the potential for care in the community and development of solutions to address the gaps
  - Commitment to the importance of the role of home and community care and the advantages of caring for individuals at home by all stakeholders
  - An increase in ambulatory /day surgery procedures that require home healthcare as a follow up
  - Responding to technological advances in healthcare i.e., equipment
  - Consumer demand for service in the home i.e., palliative care
  - Physician support of the Program
3. Home healthcare needs to communicate what it can deliver but also more importantly what it cannot deliver. One must guard against the assumption that because something can be done at home, it should be done at home, it must be done at home. This alone is not sufficient justification; it ignores many of the complex factors found in the home environment including the suitability of the home for the service i.e., safety for the client and service providers, the presence or absence of a support network and the capacity of the support network and service providers to provide required care.
4. Home healthcare is not “cheap” care, it is not second class care, it is first class care appropriate to the needs of the client/family. Unfortunately, many promote home healthcare as the panacea to healthcare problems exaggerating the bottom line benefits rather than focusing on homecare as one of many appropriate locations for service delivery.
5. It is challenging to fund the growth of home healthcare within an environment of growing pressures on the entire healthcare system. The same pressures affecting institutional care are also impacting home healthcare services e.g., rising costs of drugs, paucity of health human resource shortages, technological advances in equipment and interventions, etc.

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## SUMMARY

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Home healthcare is a legitimate, identifiable component of the New Brunswick healthcare system with its own role to play in a comprehensive continuum of care, a role on par with ambulatory and institutional care. The Extra-Mural Program is an acceptable option for the delivery of healthcare in our province and for many acute care, long term care and palliative care clients it is the first choice, and the optimal choice for care. The quality of the current Program is a testament to the strength of the foundation that was laid in the early 80s.

The Extra-Mural Program has reached maturity but not finality, it remains adaptable and embraces ongoing change and challenges in an effort to contribute to sustainable quality healthcare services in the province.

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## REFERENCES

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