The New Brunswick
Extra-Mural Program
Strategic Plan 2013-2016
# Table of Contents

Introduction.............................................................................................................................................................. 1  
Mission......................................................................................................................................................................... 1  
Mandate...................................................................................................................................................................... 1  
Vision............................................................................................................................................................................ 2  
EMP Values and Philosophy........................................................................................................................................ 2  
Summary of objectives, initiatives, actions and targets.................................................................................... 3  

**Objective # 1:**  
Citizens will receive the appropriate home healthcare services in a timely fashion.......................... 4

**Objective # 2:**  
Effective Leadership............................................................................................................................................... 5

**Objective # 3:**  
Information Management Process Improvement............................................................................................ 6

Conclusion................................................................................................................................................................. 6

Acknowledgements............................................................................................................................................... 7
Introduction

A strategic plan examines an organization’s role and sets its long-term direction and goals. Such plans for government organizations need to consider the overall fiscal context and the organizations responsibilities and duties to the public. New Brunswick’s current fiscal climate poses both opportunities and challenges for the Extra-Mural Program. Home healthcare is a cost-effective and often preferable form of care for many New Brunswickers, particularly seniors and those requiring palliative care. While this strategic plan points EMP towards the future, it is shaped by the mission, mandate, and beliefs that have guided the service for over 30 years.

The New Brunswick Extra-Mural Program

The New Brunswick Extra-Mural Program, known by many as the “hospital without walls”, provides comprehensive home health care services to New Brunswickers in their homes and communities. The program, under the management of the Regional Health Authorities, provides quality home health care services to eligible residents when their needs can be met safely in the community.

The mission of the New Brunswick Extra-Mural Program 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 of life for individuals with progressive life threatening illnesses.

The NB Extra-Mural Program has the 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.

The Extra-Mural Program (EMP) operates on a client and family centered model. Fundamental to the success of EMP as a leader in home healthcare is the partnerships with clients and families, physicians, agencies, departments and other service providers. This care coordination is essential to providing home health care services that focus on the needs of the client and family and a mutually agreed upon care/discharge plan.

The Extra-Mural Program achieves its mission and mandate through the provision of services including acute, palliative, chronic, rehabilitative and supportive care services. EMP clients have access to services including medical, occupational therapy, physiotherapy, respiratory therapy, social work, clinical dietetics, speech language pathology, pharmacy, and nursing care which is available on a 24/7 basis.
**Philosophy of Service**

**Access**
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.

**Partnership**
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.

**Safety**
Home healthcare service must be delivered in an environment that is safe for the client and the EMP service provider.

**Clients Rights**
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.

**Coordinated Care**
Home healthcare services are best provided through an interdisciplinary team with care coordination for each client/family.

**Quality Care**
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.

**Client Self-Care**
Home healthcare services must incorporate the appropriate use of and support for client self-care, informal and formal service providers.

**Education**
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.

**Staff Development**
Development/maintenance of an ongoing learning environment is essential to recruit and maintain competent, innovative, effective and efficient service providers.

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**Vision 2016**
The NB Extra-Mural Program will meet the home healthcare needs of New Brunswickers and contribute to a sustainable health system integrated, client-centered, and outcome based practices.
## Summary of Extra-Mural Program (EMP) Strategic Plan Objectives and Initiatives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Initiative</th>
<th>Actions</th>
<th>Lead</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Citizens will receive the appropriate home healthcare services in a timely fashion</td>
<td>1.1 Ensure timely referral to EMP</td>
<td>Inform partners of EMP services and when to refer clients (with palliative and chronic conditions)</td>
<td>DH RHAs</td>
<td>By 2014, referrals from community sources will increase (% to be determined)</td>
</tr>
<tr>
<td></td>
<td>1.2 Improve client and family centred-care</td>
<td>Strengthen Preferred Practice implementation</td>
<td>RHAs</td>
<td>By 2016, clients will feel care was coordinated (NBHC) (% to be determined)</td>
</tr>
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<td></td>
<td>1.3 Reduce EMP client hospitalization and Emergency Room utilization</td>
<td>Work with community partners to implement integrated solutions</td>
<td>DH RHAs</td>
<td>Target to be determined by Oct 2013</td>
</tr>
<tr>
<td>2. Effective Leadership</td>
<td>2.1 Enhance Medical Leadership in program planning and clinical practice</td>
<td>Establish a Provincial Medical Leader at the Department of Health in partnership with Mental Health and Primary Health Care</td>
<td>DH</td>
<td>The process for selecting a Medical leader will be completed by June 2013</td>
</tr>
<tr>
<td></td>
<td>2.2 Improve knowledge base of staff and management in palliative care and chronic disease management (CDM)</td>
<td>Aggressive knowledge transfer of evidence based practices</td>
<td>RHAs</td>
<td>By 2016, EMP Units will have implemented evidence based practice in palliative care and CDM (hypertension, arthritis, chronic pain, CHF, diabetes, depression, Asthma, COPD and stroke)</td>
</tr>
<tr>
<td></td>
<td>2.3 Improve consistency of service delivery</td>
<td>Disseminate, promote and monitor knowledge of and compliance with provincial program policies</td>
<td>DH</td>
<td>By March 2016, EMP will meet Client Classification and Visit Location benchmarks</td>
</tr>
<tr>
<td>3. Information Management Process Improvement</td>
<td>3.1 Improve processes</td>
<td>Implement Lean Six Sigma process improvement project recommendations</td>
<td>RHAs</td>
<td>By 2014, EMP will meet average visits per shift and cost per visit provincial benchmarks</td>
</tr>
<tr>
<td></td>
<td>3.2 Implement an electronic information system</td>
<td>Identify home health care needs, select and implement technology solution</td>
<td>DH RHAs</td>
<td>EMP units will have electronic system.</td>
</tr>
</tbody>
</table>

DH - Department of Health  
RHAs - Regional Health Authorities
**Objective # 1:**

**Citizens will receive the appropriate home healthcare services in a timely fashion**

The ability to obtain home health care services when needed is important to preventing inappropriate use of emergency departments, hospital beds, and premature admissions to nursing homes. Timely access to EMP services directly from the community, effective client-centered practices, and care that is coordinated and integrated with other health and community services are necessary to support individuals to remain in their homes and communities.

**Initiatives**

1.1 The Department of Health and Regional Health Authorities will work with community partners to ensure timely referral to EMP by informing partners of EMP services and when to refer clients with palliative and chronic conditions.

1.2 The Regional Health Authorities will improve client and family centered care by strengthening Preferred Practice implementation with an emphasis on care coordination.

1.3 The Department of Health and Regional Health Authorities will work with community partners to implement integrated solutions that reduce EMP client hospitalization and Emergency Room utilization.

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"Making the Health System More Citizen-Centered"

*Participants felt that more should be done to make the health system more citizen-centered: Enabling home care as much as possible by providing more services, resources and financial supports to assist families in keeping seniors or others requiring special care at home. This includes providing greater access to qualified home care and Extra-Mural Program services; teaching family members or other caregivers how to properly care for patients; and providing financial aid to help/encourage family members to keep aging or ailing relatives at home.*

Objective #2: Effective Leadership

With ever growing demands for the home healthcare services, the leaders of the Extra-Mural Program (EMP) must ensure quality, effective, and appropriate services. They need to communicate to stakeholders what services the program can deliver and what services it cannot. As many EMP clients have complex care needs, the program leaders must work with partners to ensure the right client, receives the right care, by the right provider, at the right time and in the right place.

Strong leadership will ensure:

- awareness of the EMP services;
- services are evidence–based and in line with provincial strategies;
- the knowledge and skills of EMP service providers are appropriate to the service provided;
- potential risks and/or unintended results are identified, avoided or minimized;
- services conform to, standards, clinical policies and procedures, legislated acts, laws and regulations,
- appropriate and timely home visits; and
- services are integrated with the primary health care, mental health, and other community and institutional services.

Initiatives

2.1 The Department of Health will enhance medical leadership in program planning and clinical practice by hiring a Provincial Medical Leader at the Department of Health in partnership with Mental Health and Primary Health Care.

2.2 The Regional Health Authorities will improve knowledge base of staff and management in palliative care and chronic disease management through aggressive knowledge transfer of evidence based practices.

2.3 The Department of Health will disseminate, promote and monitor knowledge of and compliance with provincial program policies to improve consistency of service delivery.
Objective # 3:

Information Management Process Improvement

The Extra-Mural Program is challenged to provide services to more clients using the current resources. More timely and appropriate service requires changes to the current information management processes and tools. The adoption of state-of-the-art solutions will improve client health outcomes which in turn will help to reduce and/or prevent unnecessary emergency room visits and the need for hospital and nursing home admissions. Improved processes and an electronic information system will enable EMP to increase the number of clients served by improving efficiency, productivity, and integrated practices.

Initiatives

3.1 The Regional Health Authorities will improve processes by implementing the Lean Six Sigma process improvement project recommendations.

3.2 The Department of Health will work with the Regional Health Authorities and the Office of the Chief Information Officer to implement an electronic information system by identifying home healthcare needs, selecting and implementing a technology solution.

Conclusion

The Extra-Mural Program is committed to providing New Brunswickers with effective and efficient home healthcare services for an optimal quality of life. This strategic plan is designed to guide decision-making in support of the program’s mission and mandate. It is recognized that the timeframes set out in the plan may require adjustment depending on budgetary allocation and policy decisions.

<table>
<thead>
<tr>
<th>EMP Activity</th>
<th>2011-2012</th>
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<tbody>
<tr>
<td>Average Cost per visit</td>
<td>$127</td>
</tr>
<tr>
<td>Average Visits per shift</td>
<td></td>
</tr>
<tr>
<td>Clinical Nutrition</td>
<td>2.7</td>
</tr>
<tr>
<td>Nursing (RN)</td>
<td>4.2</td>
</tr>
<tr>
<td>Nursing (LPN)</td>
<td>5.2</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>2.3</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2.1</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>3.4</td>
</tr>
<tr>
<td>Rehabilitation Assistant</td>
<td>2.9</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>3.7</td>
</tr>
<tr>
<td>Social Work</td>
<td>2.0</td>
</tr>
<tr>
<td>Speech Language Pathology</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Source: Hospital Financial Utilization Management System and EMP Repository
Acknowledgement

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