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Issue No. 3, Vol. 1
September 2016



Star

A publication for the staff of Horizon Health Network

"Even though you've
lost a limb, you feel so
much better than you
did before"

Two years off the job due to a below-knee
amputation, Stephen Hayes returns to the
kitchen with an inspiring outlook on life, work

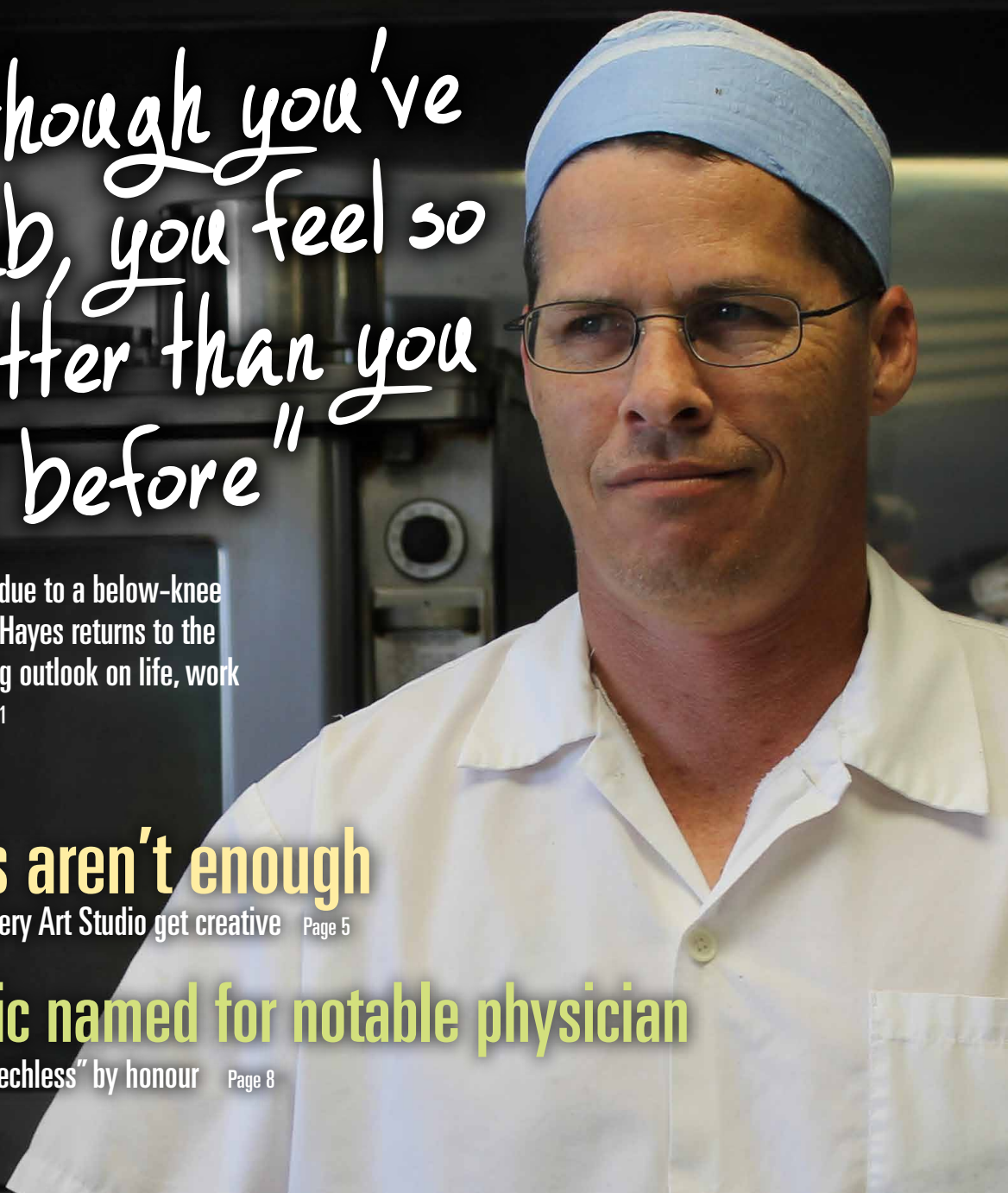
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Bikers help hospital's sick kids



#Throwback



Woodstock McHappy Day supports URVH physiotherapy services

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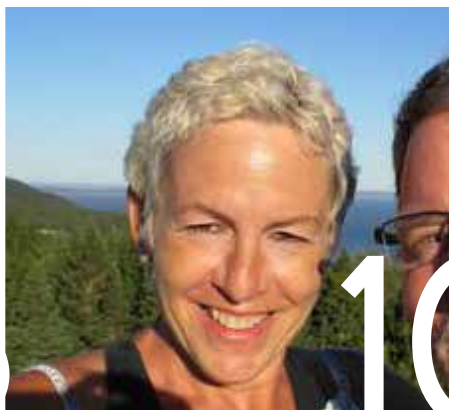
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Look Who's Shining

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Best-Ever Apple
Berry Crisp

Work at emergency department top notch

As featured in the Telegraph-Journal on Thursday, July 14

I am one of the many New Brunswickers who does not have a family doctor.

A serious medical condition required me to start a drug which needs daily labs tests (at the Sussex Health Centre) until the right dose is found. Without a family doctor, you have to go to emergency for both lab work requisition and interpretation of test results. I've done that almost a dozen times.

On every visit, I have been treated with the greatest respect, sympathy and kindness, even though staff had their hands full dealing with much more serious problems.

To all emergency department and lab staff, I offer my most sincere thanks. You are nothing less than great.

Rick Roth,
Sussex

Dear Colleagues,

By now, most of you have participated in a Values discussion and contributed to creating your team's Values Commitment Charter.

I have read some of the Values Commitment Charters posted on Skyline, and I am impressed with how serious you are about ensuring we live our vision of providing **Exceptional Care. Every Person. Every Day.** As a Values Champion, you positively impact your own work experience and those of all your team members.

I have been asked, "How do we keep our Values top of mind in all that we do each day?"

- We live the behaviours we agreed to in our Values Commitment Charter
- We talk about our Values at team meetings and huddles
- We discuss behaviours that are not in alignment with our Values
- We read other teams' Values Commitment Charters for more ideas on how to live our Values
- We recognize co-workers who are living our Values

Speaking of recognizing co-workers who are living our Values, I am very pleased to share with you that Horizon will be soon be launching a new online recognition program that will make it really easy for you to recognize others who are living our Values and for you to be recognized when you are living our Values.

I know our Horizon team provides exceptional care to New Brunswickers both at the frontline and behind the scenes every day. From life-saving decisions on the floors, in the ED or in the OR to respectful actions like using active offer — a welcoming Hello/Bonjour goes a long way with our patients and visitors.

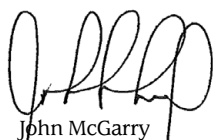
You are valued, and it's time we show each other the significance our actions have on the lives of our patients and each other every day. It's time for each of us to do a better job at recognizing our exceptional work!

Our new online recognition program will allow staff to recognize the great work of their peers and it will also be an avenue for patients and families to show their appreciation for the care they receive.

In the coming weeks you will be receiving more information on how to navigate the easy-to-use online recognition program. I hope you will use this program to recognize your co-workers who are doing amazing work while living our Values.

Your commitment to your job and our patients is what enables Horizon to continue to make a positive difference in the lives of New Brunswickers. I look forward to using the new online recognition program to recognize employees who are truly living our Values!

Sincerely,



John McGarry
CEO and President
Horizon Health Network



John McGarry,
President and CEO

A welcome note from the editor

Welcome to the third issue of the *Horizon Star*.

Even though most of us have been out of school for some time, don't you think September signals a fresh start?

This feeling is especially important in a 24/7 workplace, where the daily work grind benefits from a little boost to re-energize ourselves and remind us why we do what we do.

But changes — even the smallest ones — can also be challenging, and sometimes it's difficult to take in boatloads of information all at once.

I challenge you to not worry too much about change (a little worrying means we want things to work out for the best), but to think positively about it: How will this affect me? How will this challenge me? How will this benefit me?

In this issue you'll read about how some Horizon teams have adapted to change.

There's no one more representative of this than Stephen Hayes, a baker at the Dr. Everett Chalmers Regional Hospital in Fredericton who returned to work earlier this year after a below-knee leg amputation. His positive outlook and dedication to patients and customers is certain to inspire.

And, as always, there are stories of how your colleagues are working to adapt to the ever-changing needs of patients and their teams, such as how new technology for Moncton's Lifeline Monitoring Program sped up their response time and also how Waste Walks are making money-saving changes while also boosting morale.

These stories show, together, we can make change work for us.

Happy reading,



GinaBeth Roberts



Art created by participants of the Recovery Art Studio in Fredericton.

Fredericton's Recovery Art Studio offers safe, creative space for participants

A blossoming program in Fredericton is allowing participants to express their creative side on their journey to recovery.

The Recovery Art Studio is an adult therapeutic creative expression group run by Community Addictions and Mental Health Services, Fredericton Area.

Meeting Monday mornings, participants follow recovery modules, such as compassion and emotional intensity, which are matched with an art project, like drawing, painting, collage, art journaling, book binding, writing, or working with clay.

"The creative arts can play an important part in helping people recover from substance abuse, addiction and mental illness," said Nancy Morin, Occupational Therapist, Adult Services, Addictions and Mental Health Services Fredericton Area. "Making art helps people to get in touch with their inner experiences of thoughts and emotions and express themselves in ways that aren't possible with words."

Participants also gain new skills, like mindfulness and personal development, and take on new roles, such as artist, workshop leader and friend, and participate in community building at art shows, networking events and other community events.

They're guided by an Occupational Therapist, Visual Artist and Social Worker, who lead through the guiding principles of recovery, but it's also their peers and their own backgrounds that influence projects.

"Participants experience a respectful environment that offers hope, safety and a unique pathway to recovery that complements their other pathways," said Morin. "The group contributes to holistic treatment, addressing emotional and spiritual needs."

The project began on a six-week trial basis – two years ago, in September 2014. At that time, there were eight participants; now, each session has between 15 and 20 participants. As of July 12, 2016, there have been 131 referrals since its inception.

The studio recently received a grant from MindCare NB, a program of the Saint John Regional Hospital Foundation, which raises and distributes funds to mental health programs across New Brunswick.

"For the studio, this means the cost of a whole year of our staple supplies is covered," said Morin. "We can branch out into linoleum carving and stamping (a new area of creative expression for us to explore) and we will be able to buy a gallery hanging system for our community mental health centre."

"It will feel so good to see our artworks displayed and shared with others – what vibrancy they will give to the centre!"

For more information on the program, contact Nancy Morin by emailing nancy.morin2@gnb.ca.



Nancy Morin, Occupational Therapist, Adult Services, Addictions and Mental Health Services Fredericton Area, poses in front of a kiln holding ornamental clay bowls created by Recovery Art Studio clients at the Victoria Health Centre.



In *Cube Art: My Many Sides*, a Recovery Art Studio project displayed on a wall at the Victoria Health Centre in Fredericton. Symbols and statements represent values, identity, strength, accomplishments, experiences, goals and personal mottos.

Unconditional love inspires Horizon manager to write second children's book

The everlasting bond between parents and children is the inspiration for a Horizon employee's second children's book.

Dr. Ellen DeLange, Public Health Manager for the Saint John area, has recently published *I Will Always Be Happy to See You*.

"As a child I was always an avid reader and enjoyed making up stories. I especially loved reading historical books" she said of her long interest in the written word. "When I got older and started traveling the world I always went in to bookstores to look around and fell in love with children's picture books. I began collecting children's books that combined classic life lessons with whimsical illustrations."

The idea to write children's books came from perusing shelves when her daughter was in preschool. She



Dr. Ellen DeLange at a recent book signing.

was looking for positive plotlines, but couldn't find what she was looking for. Dr. DeLange's first book, *A Story With a Tail* (written in Dutch), which won a publishing award, was about believing in your dreams and that anything is possible.

Her second book, *I Will Always Be Happy to See You*, follows a little dog who knows he will always be welcomed home with open arms, no matter what trouble he gets into.

The book, and its message, was a gift to her daughter upon graduation from high school.

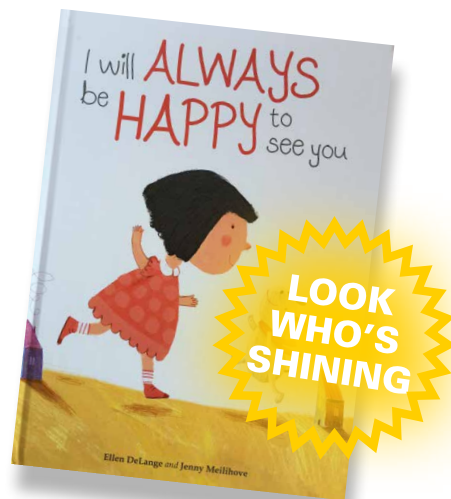
"I wanted to let her know I will always be happy to see her," she said. "The book is based on actual situations you can run into with children, young or old. The message of the book is to reassure a child that no matter what happens, love is unconditional!"

The author has left a blank page at the beginning so she – and other parents – can write their own special message to their children.

The book has been published in Canada, the United States, the Netherlands, Belgium, Denmark, Germany and Great Britain, and will soon be published in Australia, New Zealand, China and Korea.

"To see my book translated in all these different languages is just wonderful," said Dr. DeLange. "I am so happy that people around the world can read the story to their children, at home or in a classroom setting."

Dr. DeLange says she has received very positive and touching feedback and reviews from readers, many of whom can identify with the book's message — one that's



I Will Always Be Happy to See You book cover.

not just for children, according to one reviewer who writes: "I dare any adult to read this and not smile!"

Know someone who's accomplished something outstanding outside the workplace? Nominate a colleague, peer or volunteer for this feature by emailing HorizonStar@HorizonNB.ca.

Colleagues' Corner

RN specializing in urology attends Global Forum on Incontinence

Horizon's Frankie Bates was fortunate enough to be one of five Canadians invited to the sixth Global Forum on Incontinence in Berlin earlier this year.

The two-day conference was attended by more than 350 delegates, all with expertise in urinary incontinence (UI), representing 30 countries and many disciplines, including health and social care professionals, policy makers, patients, caregivers and other experts.

The conference focused on the management and care of incontinence, specifically, enabling independence and dignified living for patients suffering both in long-term care and in the community.

Attendees heard from global experts who expressed that incontinence remains a taboo topic, often overshadowed by other health care problems, as many

patients suffer in silence. It was stated that incontinence, dementia and falls were the leading causes of nursing home referrals.

The paradigm for the next millennium is to encourage home and community care of elders. The "informal costs" associated with UI for caregivers are significant and need to be addressed.

Also highlighted was the need to educate caregivers on UI and how to manage the symptoms. Containment products, according to Dr. Adrian Wagg (Canada), encourage independence, and should be at the heart of continence care.

Attendees were separated by country for working groups in break-out sessions on the second day to focus on improving their region's continence management.

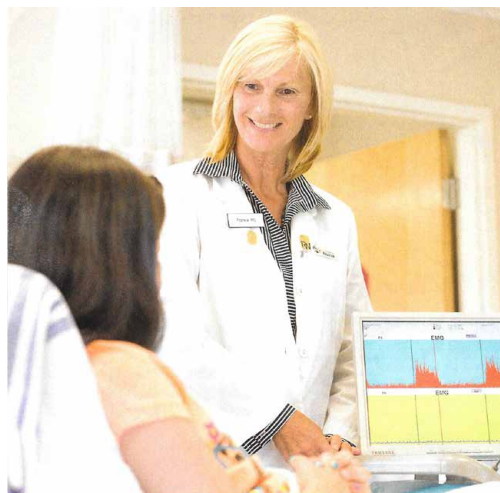
Among the participants' suggestions were that patients should be involved in the design of their individualized care plan.

"We need to listen to our patients' needs and goals!" said Bates. "They often know the most appropriate choice of product that will suit their needs."

A "patient-centered and integrated pathway would ensure communication between professionals across healthcare systems," according to participants from Denmark and Norway.

Delegates also stressed UI needs to be diagnosed as a disease —

and not as a symptom — to gain recognition and reimbursement. Improving UI symptoms also improves patients' ability to work and reduces GP visits and the number admitted to acute and long-term facilities.



Frankie Bates, RN, NCA, Urodynamics Clinic, St. Joseph's Hospital

The sixth annual Global Forum on Incontinence was held in Berlin in April.



Lifeline program gives patients independence – with a personal touch

A program providing patient-centered health care at the push of a button has been going strong since 1985 — and is only getting better.

The Lifeline Monitoring Program at The Moncton Hospital and Sackville Memorial Hospital is the only program of its kind across Horizon; Vitalité offers the same service in Bathurst, through the Chaleur Regional Hospital.

The program has 944 clients from Elsipogtog to Petitcodiac, Saint-Louis-de-Kent to Dorchester, and everywhere in between.

It's all about offering clients independence.

"If a patient isn't able to go home because they're all by themselves, Lifeline gives them the opportunity to have the independence to go home," said Terri Donovan.

Donovan and Jessica Novak are program co-ordinators in Moncton and Sackville, respectively. They manage day-to-day office duties, meet with potential clients, and help with maintenance and installation — everything other than answering alarm calls.

That's the responsibility of employees like Christine Burton, closing clerk at The Moncton Hospital's Emergency Department (ED).

Answering Lifeline calls is done by ED staff on top of all their regular desk duties (like answering more than 200 phone calls or wrapping up almost 200 patient files from the day before).

That dedication has led to a new "record": an average response time of 16.22 seconds for calls on July 3, 2016. Just a short while before, the record was 16.79 seconds.

In comparison, an alert going to a call centre may not be answered for 10 minutes. If someone in the ED can't answer the call quickly enough it does go to the call centre, but that's a rare occurrence.

Not only is the service a priority, but employees like Burton make it personal. They receive between 2,900 and 3,300 Lifeline calls a month, which means many clients are repeat callers, and Burton knows many — and their needs — by name.



Christine Burton, closing clerk at The Moncton Hospital's Emergency Department (ED), Jessica Novak and Terri Donovan, program co-ordinators in Moncton and Sackville, and Rob Zwicker, Director of Emergency Services for Moncton and Sackville, are all members of the Lifeline Monitoring Program team.

"It is a top priority because they don't have anybody at their house, whereas there are ample people here," said Burton.

The Lifeline machine is hooked to a client's telephone system (but doesn't interrupt service) at an accessible place in their home.

Clients have two options when it comes to choosing how they want to send an alert. With one option, clients have to push on button on either a necklace or a bracelet to get assistance. The other option, a necklace only, has a fall detection system for extra security.

When a call comes in, an ED employee, like Burton, determines what type of help the client needs. In non-emergency cases, a "responder" is called, which is usually a family member or neighbour who lives close by, and

they check on the client to see what they need.

If it's an emergency, the employee dials 911.

There's always a follow-up within 15 minutes of the initial alert, where the employee will make sure a responder or paramedics have arrived.

Most clients are seniors who are living alone, but there's also people with disabilities or using wheelchairs, and young people with MS.

Businesses, especially those with employees working in industrial environments and/or in isolation, often install the service as a safety feature. They're also used internally, at the hospitals, especially where employees are working alone at night.

This year, there's been a major change in the technology used on the receiving end, as the system the program was using had been in place since its inception, and was no longer supported by Philips Canada, the product provider.

The new RC 700 Program allows Horizon employees to remotely reset machines and to store more client information, such as where the machine is located and important phone numbers, in a web-based program.

The program generates about \$300,000 in revenue for the Friends of the Moncton Hospital Foundation.

The Foundation, as well as government departments, such as Social Development and Veterans Affairs, and organizations, like WorkSafeNB, financially supports clients.

Donovan and Novak work closely with discharge planning staff, but many of their Horizon colleagues aren't aware of the service, which may be a perfect fit for their patients, and are hoping to spread the word about the life-saving program.

Along with interacting with staff over the summer, Donovan will be attending a Wellness Expo in the fall to promote the program.



HomeSafe equipment. Some necklaces offer an AutoAlert, which activates a call if a client falls or is in any way unable to press their button.

TMH's Oncology Clinic named for Dr. Sheldon H. Rubin

Dr. Sheldon Rubin has long cared for the people of Moncton and beyond, and now his dedication to the community's most vulnerable will forever be etched in the history of The Moncton Hospital.

In early June, Horizon Health Network and the Department of Health announced the Oncology Clinic at The Moncton Hospital would be named the Dr. Sheldon H. Rubin Oncology Clinic.

In an interview from his home a few days after the announcement, Dr. Rubin shared thoughts on his journey to becoming – in the words of his colleagues – one of the most respected oncologists in the country.

Dr. Rubin's father, Mike, came to Canada from Lithuania when he was nine years old, landing in Quebec City with his two older brothers before they made their way to New Brunswick.

"He was always very smart; far smarter than I'll ever be," Dr. Rubin said of his father, becoming emotional.

Together with his wife Sarah, a Russian immigrant and Dr. Rubin's

mother, bought a general store in Hillsborough.

Growing up in Moncton Dr. Rubin went to a Francophone school, Aberdeen, and graduated from the old Moncton High.

On the encouragement of his parents, who held education in high regard, he took up the profession of medicine.

He completed medical school at Dalhousie University in Halifax, and started working at The Moncton Hospital, performing electrocardiograms, likely (he believes) after his first year of medical school. During his third and fourth years of medical school, he began to see patients while on rounds with physicians.

His choice to permanently return home to practice internal medicine filled clinical voids in both hematology and oncology. When he arrived in 1975, there were only five internal medicine physicians.

There was one hematologist in Saint John, but he was a laboratory hematologist. This meant patients in Moncton travelled to Saint John or Halifax, while those on the



Dr. Rubin's wife Sharon reacts to a visit from one of her husband's first patients.

North Shore of New Brunswick often didn't go anywhere.

When he started practicing hematology, he wasn't sure if there were going to be enough cases, a view that quickly changed.

At this time, the only cancer treatments available at the hospital were surgical. There was a radiotherapist who came down from Saint John once a week, he said, but not a lot was offered in the field of medical oncology.

"In those days, oncology had a bad reputation," he said. "It had a reputation of doing very little to

help the patient, and some said it made them more sick than they were."

This mindset – and the modes of medicines – eventually changed, and Dr. Rubin saw an "evolution" of cancer care: first chemotherapy for breast cancer, then cures for small cell lung cancer and testicular and the like.

It was his knowledge of drugs, and the administration of drugs, that propelled him to take up medical oncology.

"My first experience was when the radiotherapist came down here

Jean Manship, retired Oncology Clinic Nurse Manager, worked with Dr. Rubin for 26 years. She spoke of the physician who bought a bicycle for a young boy who lost his mom to cancer, and attended the high school graduation of patient who had a limited number of days left.



David Ferguson, Former Chair, Horizon Health Network Board, Hon. Chris Collins, Speaker of the Legislative Assembly, Dr. Nizar Abdel Samad, The Moncton Hospital, Oncologist and Hematologist, Hon. Victor Boudreau, Minister of Health, and Dr. Rubin pose for a photo with a mock-up design of the Dr. Sheldon H. Rubin Oncology Clinic.

(from Saint John) and saw a patient with breast cancer and suggested a chemotherapy protocol with her family doctor," he said.

The treatment was misread, and the patient became ill (though eventually recovered). After this, Dr. Rubin started seeing patients, and his medical oncology practice progressively grew.

More oncologists eventually joined, and left, while he stayed put, also consulting at the Dr. Georges-L.-Dumont University Hospital Centre. He pushed for a full-time oncology clinic at the hospital in the early 1980s, but the government decided to build it at the Dumont.

The Oncology Clinic as it is today finally became a reality in late 2014, when a grand opening was held. The clinic welcomed its first patients in early 2015.

On hearing the announcement, Dr. Rubin was speechless.

"I'm obviously very honoured, very touched," he said. "I can't express myself."

Dr. Rubin worked in the clinic for a year and a half before officially retiring in April. It's been most beneficial for patients, and their families, he said, but from his perspective he had all he needed in a desk and examining room.

Dr. Rubin's retirement ceremony was attended by hundreds of former colleagues, patients, dignitaries and family members. Several spoke of his dedication to the hospital, oncology unit and his patients, championing him as one of the most respected physicians across Canada, but also highlighting personal attributes that made him such a great physician.

Jean Manship, retired Oncology Clinic Nurse Manager, worked with Dr. Rubin for 26 years. She spoke of the physician who bought a bicycle

for a young boy who lost his mom to cancer, and attended the high school graduation of patient who had a limited number of days left.

Dr. Gordon Dow, Infectious Diseases Medical Director, Ambulatory Care, spoke of the Dr. Rubin's commitment to the *raison d'être* of medicine.

"Many, many lives have been saved through this work," said Dr. Dow. "As a colleague, Dr. Rubin is known for his work ethic, care and passion about his patients," echoed fellow Oncologist and Hematologist Dr. Nizar Abdel Samad. "He will go above and beyond to fight cancer for his patients, and get inaccessible drugs that other physicians may not get."

Dr. Jimmy Noonan, retired Clinical Department Head of Medical Imaging, gave insight on the fun and funny side of his friend, telling a story of how Dr. Rubin managed

Dr. Sheldon H. Rubin speaks to friends, colleagues and patients at his retirement celebration.

to get him to the hospital on a stormy night on the premise of reviewing X-Rays, when he was only wanting a lift home.

"In the pantheon of all the great physicians that I know, Sheldon's name would be right there with the greats of the game," he said. "I can tell you, if there was such a thing as a Mount Rushmore of fine physicians in this province, Dr. Rubin would be right up there with them all."

These words, and the words of all those who've honoured Dr. Rubin throughout his long career, answer his wish of hoping he made his dad proud.

"He always used to ask them, 'How's my son doing?' and they'd tell him, 'He's going to be a good doctor'," Dr. Rubin said. "He did the best he could; and I think I did the best I could."

Medical students committed to practicing in N.B. receive scholarships

The New Brunswick Medical Education Foundation Inc. (NBMEFI) recently celebrated its generous donors and medical education scholarship recipients at an event at the UNBSJ Grand Hall in Saint John.

The NBMEFI operates from endowed private funds and donations from national companies and private foundations. These funds support medical students who agree to return to New Brunswick.

Horizon Health Network supports the Foundation with three scholarships. Thierry Arseneau and Christie Van Steeg each received the Horizon Health Network Medical Education Scholarship for 2016, while Emma Crowley received a scholarship in memory

of Tim Cameron, a past CEO of the Saint John Regional Hospital Foundation.

In total, more than \$280,000 was awarded this year to 37 students entering accredited medical schools who agree to return to their home province to practice medicine.

Scholarship recipients will attend Laval University, Ottawa University, Université de Sherbrooke, Memorial University and Dalhousie University New Brunswick. They come from rural and urban communities across the province.

Recipients were chosen by an independent grants committee, on behalf of the Board of the NBMEFI.

The NBMEFI accepts donations in support of its program, including legacy gifts and endowments. To learn more about the NBMEFI, visit nbmeded.ca.

On behalf of the citizens of New Brunswick the NBMEFI would like to thank Horizon Health for supporting and assisting in the procurement of physicians for our province.



The 2016 New Brunswick Medical Education Foundation Inc. (NBMEFI) scholarship recipients.

2016 Scholarship Recipients

Luke Armstrong
Thierry Arseneau
John Balloch
Carly Baxter
Courtney Berk
Amy Brown
Emma Crowley
Elyse Doiron
Robert Dunfield
Jean-Luc Dupuis
Mathew Finnis
David Gaudet
Monica Graves

Amye Harrigan
Andy Hong
Danielle Jenkins
Taehoo Kim
Benjamin Knight
Rosalinda Knight
Yosef Lazarev
Danielle LeBlanc
Maryse LeBlond
Afrose Mostofa
Hilari MacLeod
Brent McCullum
Melanie McFarlane

Brandon Rosvall
Colin Rouse
Kevin Russell
Joseph Sanford
Zac Stanton
Rebecca Stewart
Emma Sumner
Gabriel Theriault
Kathleen Tozer
Christie Van Steeg
Nathalie White

10



Lou, and her husband, Mark.

DECRH employee honoured for exceptional service before losing battle with cancer

Patricia (Lou) Sumner lost her long and valiant battle with cancer in December 2015, but not before making a lasting impression with her colleagues.

Last fall, Lou was awarded the "We Have Noticed Award" from physicians at the Dr. Everett Chalmers Regional Hospital (DECRH) for her exceptional service.

Each fall, physicians at the DECRH and Stan Cassidy Rehabilitation Centre nominate between 10 and 20 staff. Lou was nominated by Dr. Chris Goodyear. The sole winner receives a cheque for \$500, flowers, a plaque and a letter from medical staff.

Lou started as a Telecommunications Clerk at the switchboard, part-time, in 2002, but picked-up many shifts along the way,

"sometimes working practically around the clock," said friend and co-worker Joanne Johnson.

Joanne says Lou was known for her incredible memory (numbers, names, and even pets' names), being computer savvy (with the help of husband, Mark), and as a leading trainer in the department.

She was also very athletic and health-conscious (running for fun!), and loved her role as a mom of four and "Nana" to three. She also loved her three tiny, white and fluffy dogs, Lucy, Annabelle, and Bailey.

Joanne's most-treasured memory of Lou happened the night of her birthday. Joanne was working alone, and around midnight, there was a tiny knock at the door and quiet voice on the other side said, "It's Lou."

"I opened the door and there she stood with a helium

balloon, a card, and a giant cupcake," Joanne recalls. "She said, 'I didn't want you to feel forgotten.'"

With the award, Lou's memory will certainly not be forgotten: A plaque bearing her name (along with all previous award recipients) is now posted at the hospital.



Lou with one of her dogs.

Chalmers baker makes inspirational return to work after amputation

Stephen Hayes gets up and ready for work like his fellow Horizon Food Services employees.

"Like anybody else I put my pants on one leg at a time," he said, of his daily wake-up routine, which has him up at 4:15 a.m., and in the kitchen at the Dr. Everett Chalmers Regional Hospital in Fredericton by 5:30 a.m.

"Only that one leg's not there."

On May 15, 2014, the 43-year-old, who's been a baker at the hospital since 2004, had a below-knee leg amputation at the hospital where he works.

The Red Seal cook was diagnosed as a Type 1 Diabetic in 1975, and since then has battled sugar levels and complications with his legs. He had surgery (a tibia bypass) on his right leg, but the infection was persistent. Then, things got worse.

"One day I just so happened to stub my toe and it happened like a brush fire from there," he said. "Gangrene set in, and I made the decision to go ahead with the amputation.

I didn't want to be one of those people that were stuck with five or six operations and be almost up to their hip by the time they caught it."

After the operation he was off work for about two years, returning in January 2016. He was expected to be off for six weeks, but complications turned into six months, and longer, after a bypass on his left leg.

The changes to his work environment have been minor; the changes to his mindset, even more so. In fact, Hayes' health and outlook have improved tenfold since the operation.

"I feel great. Glad to be back at work," he said.

"If you sit home for two years, you kind of have enough time to think about things, and put things in perspective," he said. "Even though you've lost a limb, you feel so much better than you did before."

He returned gradually – three hours a day, three days a week – but now he does eight hours a day.

"At first, I thought it was going to be more painful than it is. I hear horror stories about amputation, how people get



Stephen Hayes at work in the DECRRH kitchen.

blisters and open sores, but I don't get any of that," he said. "But I do get the fatigue part of it. Like, somebody with two feet buying brand new shoes you get that achy feeling, (but for me), it only happens on one side."

He was told he'd only have a small chance of having a limp, but "People see me with pants on and can't even tell I have a prosthetic leg," he said.

"I do everything back there as if somebody who had both their legs (would)," he said, referring to his daily tasks of preparing all the desserts and pastries for the hospital's patients and cafeteria, Stan Cassidy Rehabilitation Centre, Veterans Health Unit, Addictions and Mental Health Services and some of Fredericton's Meals on Wheels program.

A surgeon even asked Hayes to speak to a new amputee who was scared of what her quality

of life would be after the operation. He jumped on the opportunity to pay it forward, to give her an idea of what feelings she may experience afterwards.

"After you lose a part of your body, you go through a depression state. I told her that, and she had many other questions (such as) Where do you go for your prosthetics?" he said.

"Now I'm the greatest person ever, to her," he said.

He's also a great inspiration to his team – a team that has supported him through everything.

This includes Esther Archibald, Director of Food and Nutrition Services for the Fredericton area, who naturally was apprehensive about having an employee, for the first time, with an amputation.

"We've been very slow and gradual with it, but it's gone very well. He's progressed beyond our wildest dreams," she said. "We keep joking with Stephen that he's our poster child."

"Before, he was not well. He had a lot of challenges. It affects your mental abilities to deal with this. If you come with a positive attitude, it's like: nothing's going to bother him. He's going to get this done and it's just a minor inconvenience."

There are work place concerns, of course, like slippery surfaces, since he can't feel everything he steps on, but these have been addressed and mitigated by his team, along with Horizon's Disability Management team, including Michèle Rankin and Kim Currie (see fact box for more information on this program).

"They didn't want me to go backwards; they only wanted me to go forward," he said.

Coworkers and CUPE members also raised money for Hayes while he was off work, something he's very grateful for.

And it isn't just Hayes and his team that are thankful he's back at work.

"His customers in the cafeteria are very happy to have his baked goods again," Archibald said.

"I hope so, eh," he said.

More on Horizon's Disability Management Program

From Michèle Rankin, CDMP, Regional Manager of Disability

Horizon's Disability Management program is designed to facilitate the (re)integration of people with injuries and illnesses (acute or chronic) using a collaborative consensus based process to address individual needs, workplace conditions and legal responsibilities.

The team is comprised of nine dedicated staff members: four Disability Clerks and four Disability Co-ordinators, located within Human Resources offices in Miramichi, Moncton, Fredericton and Saint John, and who report to the Regional Manager of Disability.

They support employees and managers in the return-to-work and stay-at-work process by encouraging both parties to remain in contact throughout an absence, development programs and coordinating follow-up meetings to monitor progress and assisting to identify and address barriers.

Modifications can include hours, duties, schedules and work environment. Team members also engage subject matter experts, such as Canadian National Institute for the Blind (CNIB), Deaf & Hard of Hearing Associations/Services, Employee & Family Assistance Program (EFAP), local allied health resources, etc.

Benefits to the ill/injured employee include:

- Quickly returning to everyday life and a normal routine
- Carrying out meaningful, productive work while recovering
- Minimizing the impact of a reduced income
- Maintaining connection to the workplace, social contacts, confidence and motivation

Benefits for Horizon include:

- Helping valued and much needed employees recover faster after injury/illness
- Retaining the skills and knowledge of injured/ill employee in the workplace
- Helping to ensure the provision of safe patient care
- Lowering the costs of lost absenteeism, productivity, replacement costs and training of new staff
- Boosting morale in the workplace by showing employees' that their well-being is important

Horizon is also exploring ways to assist employees to stay at work while recovering from injury or illness, as international research shows injured/ill workers recover faster and more effectively if they maintain contact with their workplace and their normal work routines, whenever possible.

Evidence proves the longer an employee remains off work due to injury or illness, the greater the probability s/he will not return-to-work.

Developing this initiative will not be done in isolation by the Human Resources team and will need to involve several stakeholders to ensure that it will work for everyone. Critical to success is open and ongoing communication to ensure the program is meeting everyone's needs and that the employee is progressing in his/her recovery.

Did you know?

A worker earning \$50,000 a year who becomes disabled at age 35 will lose almost \$400,000 in the 30 years before retirement, based on 60 per cent long-term disability coverage. If forced onto social assistance, the cost will rise to almost \$800,000!

Bikers help hospital's sick kids

On Saturday, July 16, 191 motorcycles (with even more bikers!) rode from Centreville Community School to Upper River Valley Hospital (URVH) for the 26th annual Carleton County Toy Run.

Upon their arrival, participants were greeted in the hospital's public parking area with cookies and punch, while patients and staff cheered them on from as far away as second-story windows.

Motorcycles were stuffed with enough toys to fill two large cribs, as well as monetary donations, to help bring a smile to the faces of paediatric patients.

Small items, like colouring books and stuffed animals go to emergency departments, while educational toys go to the hospital's paediatric rehabilitation team.

Donations are also shared with community partners, such as Sanctuary House in Woodstock.

"We certainly appreciate their contributions and it is impressive to see the motorcycles arrive at the hospitals — a thrill for both patients and staff," said Emergency Department (ED) Nurse Manager Ann Miskimen.



The Carleton County Toy Run Association (CCTRA) was formed 26 years ago, and since that time members have raised more than \$250,000 through poker runs, dances and other initiatives and events throughout the year. Bruce Vail is the current president.

The group of bikers first started visiting the Northern Carleton Hospital in Bath until the URVH opened in Waterville in 2007. Now, they take turns supporting URVH and Hotel Dieu of St. Joseph's Hospital (HDSJ) in Perth-Andover.



12

#Throwback

THEN:

A group of Fredericton doctors were challenged by the Chatham Baseball Team at Scully's Grover in 1902. The proceeds of the game — \$400 — went toward the first X-Ray machines at Victoria Public Hospital.



Provincial Archives of New Brunswick P4-2-133.

Pictured, front row, from left, are: Harry F. McLeod, "Doc" Kelly, Dr. Seery, Fred B. Edgecombe, C. Fred Chestnut, T. Carleton Allen, Fred Hilyard, Dr. James Bridges, Brad Winslow, A.F. Street, James H. Hawthorne and Matthew Tennant.

In the second row, from left, are: James T. Sharkey, Dr. George McNally, Dr. W.C. Crockett, John Palmer, R.W.L. Tibbets, James H. Crockett, Albert Edgecombe, Dr. Fred Gunter, R.P. Foster, George Y. Diblee and L.C. McNutt.

In the back row, from left, are: D. Lee Babbitt, John Kilburn and F. St. J. Bliss.

Woodstock McHappy Day supports URVH physiotherapy services

Staff and students from Upper River Valley Hospital's (URVH) Physiotherapy department recently rolled up their sleeves, cooking burgers, fries and working the drive-thru at a local fast food spot.

The team was volunteering their lunch hour after being selected as the recipient of the Woodstock McDonald's 2016 McHappy Day proceeds.

The department received \$2,900 to go toward a patient walking/lift system for outpatients. The device costs about \$6,000.



The patient walking/lift system.



The new system will provide better treatment options for patients.

"One of our challenges working with patients having severe mobility issues is to allow them to practice balance and walking when they are not yet able to support their own weight," said Danica Wallace, Physiotherapy Supervisor for Upper River Valley.

The new system is comprised of a six-metre long ceiling track with motorized suspension and harness systems. It can support little to all of the patient's weight, and will enable physiotherapists to effortlessly aid patients with standing, stepping and walking practice.

The Physiotherapy Department at URVH provides services for adult and paediatric patients with various mobility challenges from disease process, traumatic injury, or neurological conditions. The area covered includes Florenceville-Bristol, Bath, Woodstock, Nackawic and out-lying communities.



Standing in front of the Woodstock McDonald's on McHappy Day are, from left: Emma Horseman, co-op student; Danica Wallace, Physiotherapy Supervisor; Meredith Patterson, Physiotherapist; Jennifer McLaughlin, Manager, Woodstock McDonald's; and Aurelee McLean, Physiotherapist. Missing from photo is Miriam Haustein, physiotherapy student.

Suicide prevention a top priority for Horizon

As World Suicide Prevention Day approaches, Horizon is making sure vulnerable patients and their families receive the best treatment and care when it comes to suicide prevention.

Debbra Cyr-Lebel is the Provincial Suicide Prevention Co-ordinator, a position the Department of Health has had since 2000. She's responsible for the development, implementation and coordination of suicide prevention strategies in collaboration with Horizon and Vitalité health networks, other government departments, community agencies and First Nation Communities.

An average of 100 people die by suicide every year, according to data from 2013.

"Suicide is a serious public health problem that can have lasting, harmful effects on individuals, families and communities," said the Licensed Psychologist and Addiction and Mental Health Programs Advisor. "It is a complex issue involving an interplay of factors (e.g. biological, social, cultural). Suicide prevention requires a comprehensive approach involving all levels of government."

That's what's happening in New Brunswick.

Cyr-Lebel leads the New Brunswick Suicide Prevention Program, comprised of 13 Regional Community Suicide Prevention committees (see fact box for a full list), each with representatives from the two health authorities, Department of Health and community organizations, such as the Canadian Mental Health Association and LGBTQ groups.

Each committee is then represented by a regional co-ordinator on the Provincial Suicide Prevention Committee.

Their mandate is to support initiatives designed to prevent suicide, promote mental well-being and encourage help-seeking behaviour through awareness and educational activities.

Greg Zed, Manager, Addictions and Mental Health Services, Sussex area, and chair of the



Debbra Cyr-Lebel
Provincial Suicide Prevention
Co-ordinator

Saint John area committee, says awareness is a key because, despite every good intention and effort, there are people that, just like they die of heart attacks, die of suicide.

Reducing barriers is another key message, he said, to make sure everyone at risk has someone – a mental health provider or advocate – to respond in their time of need.

Members also identify suicide prevention, intervention and post-vention needs specific to their community, and support cooperation and collaboration between one another. They also work to ensure media portrayals of suicide are responsible and constructive.

Prevention involves health promotion, education and public awareness campaigns regarding the nature and frequency of suicide, common risk factors and available services.

Intervention is all about restoring personal resiliency and coping abilities by providing needed support and by defusing the immediate impact of intense crises.

And post-vention is the work done following a death by suicide, where health care providers ensure appropriate support services for families and loved ones are available.

This year, the Saint John committee plans to run events promoting awareness and raising money for committee work, such as World Suicide Prevention Day and Mental Illness Week in October. They'll also assist in training of service providers, emergency service personnel and agencies.

For several years now, Horizon has had a leading practice in Canada in formal post-suicide reviews, of which Zed,

the province's only forensic suicidologist, dually credentialed by the Canadian Association for Suicide Prevention (CASP) and the American Association of Suicidology, has been part of.

Development of the Suicide Process Review began in March 2008, and the first review was done October of that year.

Following the Canadian Patient Safety Institute's (CPSI) Root Cause Analysis framework, which advocates a multi-disciplinary approach by including care providers outside the field of mental health, the systematic review looks at causes and contributing factors in the person's life six months until their death, and focuses on process and system vulnerabilities.

This ensures families suicides aren't overlooked, concealed or ignored, and recommendations can be reviewed by families, which sometimes provide closure for the family and clinicians involved in the case.

All recommendations aim to improve patient safety and reduce the risk of recurrence (see fact box for examples of recommendations Horizon has implemented because of these reviews).

Suicide prevention throughout Horizon and the province heavily relies on its health care workers.

The government-funded Changing Minds Program allows health, social and education employees to gain a better understanding of mental illnesses and to diminish the stigma often surrounding mental health. So far, 1,072 workers have received this training.

Employees are encouraged to join local suicide prevention committees, talk about suicide, take any available training, help one another identify vulnerable patients, and, most importantly, take care of themselves, learn how to de-stress and enjoy life.

"Mental illness remains an issue that is still challenged by fear, shame and silence," said Cyr-Lebel. "Research indicates that stigma is one of the most important barriers preventing people from seeking help. Addressing stigma and false beliefs is crucial when working with patients who are suffering from mental illness or addiction issues."

Provincial Committees

Bathurst	Moncton
Campbellton	Richibucto
Caraquet	Saint John
Edmundston	St. Stephen
Fredericton	Sussex
Grand Falls	Woodstock
Miramichi	

From Sara Jane Vermette, MHA, Patient Safety Consultant, Patient Safety

Horizon's Suicide Process Review is a commitment between Mental Health and Addictions Services and the Quality Risk Management Department.

As a result of post-suicide reviews, recommendations have been made to address system or process issues to mitigate risks of suicide and improve patient care.

Examples of recommendations:

- Improved communication and information transfer across the continuum of care, including Emergency Departments, Acute Care facilities, Community Services and Primary Care, to ensure continuity of care and optimal patient care.
- To ensure continuity of care, develop and implement a standardized process for psychiatry unit staff to communicate directly with designated Community Mental Health staff to arrange timely intake and follow-up appointments for clients being discharged from hospital into the community.
- Better manage patients in crisis situations and offer supports in a timely manner.
- Improved referral processes to Detox for patients who require addictions services.
- Explore evidence based and best practices for Suicide Risk Screening and Safety Plan to assess if using standardized tools would augment a more collaborative approach to care of suicidal clients.
- Explore discharge care intervention strategies such as routine follow-up letters and phone calls by liaison professionals and/or teams (Mobile Crisis) for discharged patients with suicidal risk.

Action Plans implemented as a result of post-suicide review recommendations:

- Work is underway to develop a tool (Columbia Rating Scale) and a standardized documentation process for SRA (Suicide Risk Assessment) in hospital to meet Accreditation Canada's Suicide Prevention Required Organization Practice.
- A guideline has been developed to link nurses in each area to follow-up with clients who are at risk of suicide after discharge from hospital.

Waste Walk program saving money, empowering staff across Horizon

A program eliminating wasteful products and tasks hopes to attract new trainees and grow from its recent success.

Horizon's Waste Walk program has seen more than \$720,000 in hard and soft savings in the last year alone.

"The purpose of a waste walk is to identify the waste that exists in workplaces, often unnoticed during daily activities, when staff is busy working within regular processes," Regional Lead, Performance, Angela Smith, said of the Lean Six Sigma (LSS) term.

Waste walks may be completed in a variety of ways. Some walks involve looking at the price of regularly-used supplies, and identifying lower cost products providing the same level of quality, while other walks improve work areas through a 5S exercise: sort, set-in-order, shine, standardize and sustain.

In Fredericton, for example, \$86,670 was saved by replacing 24,000 primary gravity IV lines in all health care facilities. The "waste" was discovered by the Emergency Department at Dr. Everett Chalmers Regional Hospital.

Meanwhile, staff at the Stan Cassidy Centre for Rehabilitation turned a challenge into a money-savings solution. They were having difficulties getting the proper equipment for clients, and by signing a contract for free demo equipment, not only did they get good equipment, they also saw a one-time purchase cost avoidance of \$132,777 and \$5,804 in hard savings.

Not only does the program save money, it provides many other benefits to staff. The training increases awareness among staff at all levels, and those involved get in the habit of looking for savings.

Employees also feel empowered and engaged, and see how the program is aligned with goals of patient and family centered care.

"They see how small changes can accumulate to have a significant impact on the quality and efficiency of their work and that of their team," said Smith.

The Performance Excellence team is working to develop and improve the program going forward, making it easier for employees to report and review results; and increasing the communication of results, which will encourage sharing saving ideas across departments and units and between facilities and zones.

Any employee can participate in a one-day training session, where you'll learn how to conduct waste walks, make improvements and report your results. Those who've received training and completed three successful waste walks will be receive a LSS White Belt Certificate.



Angela Smith



Krista MacMillan, Senior Occupational Therapist at the Stan Cassidy Center for Rehabilitation, poses for photo with one of her clients, Normand Robichaud.

In 2015-16:

- More than 100 waste walks were reported
- \$192,474 in hard savings
- \$527,859 in improved efficiencies (soft savings)

Since the program began in 2012:

- 1,263 waste walks have been reported
- 321 Horizon employees have been trained
- 102 Horizon employees have received their White Belt certificates

The next training dates are:

Saint John

Tuesday, Sept. 20, 9 a.m. to 4 p.m., 5DS Classroom – Oleg Byelyayev

Tuesday, Nov. 8, 9 a.m. to 4 p.m., 5DS Classroom – Oleg Byelyayev

Moncton

Monday, Sept. 12, 9 a.m. to 4 p.m., G1 – Melissa Stark

Friday, Nov. 4, 9 a.m. to 4 pm., G1 – Melissa Stark

Fredericton

Friday, Nov. 25, 9 a.m. to 4 p.m., Conference Room 1A – Chrystal Allen

Miramichi

Monday, Nov. 28, Level 0 Conference Room – TBD

For more information, and to register, visit Skyline.

Patient Representatives provide confidential comfort for patients

Horizon's Patient Representative Services play a crucial role in the care of patients and their families, as well as support their colleagues in difficult situations.

They provide information, support, encouragement and assistance to patients, families and staff in all our facilities during a patient's health care experience.

"We take great pride in helping patients and families in their journey of healthcare," Patient Representative Jessica Bowser said on behalf of the team. "As we collaborate with the Horizon team, our goal is to enhance the patient experience and align with the vision of Exceptional Care. Every Person. Every Day."

They connect patients and families with their health care teams by:

- listening to and making every effort to resolve patient complaints;
- receiving and passing on compliments;
- arranging meetings between parties;
- providing following-up on any expressed concern.

Patients need to know where to turn to voice concerns in a confidential space, and health care providers need to know where to refer them. Patient Representative Services is this space.

Meet Horizon's Patient Representatives!



Rachelle Gaudet,
Miramichi and Moncton Areas



Jessica Bowser,
Saint John Area



Bianca Kovacs,
Fredericton and Upper River
Valley Areas

If you have a patient who found their hospital visit to be stressful or disruptive for them or a family member, or has had difficulty expressing their needs or concerns, you can refer them to a patient representative. You can also direct them to the online complaint form, found on the Patient Representative Services page on Horizon's public website.

Patient representatives are accessible through any Horizon hospital, health centre or community program across New Brunswick.

Their offices are located at the following hospitals:

- Dr. Everett Chalmers Regional Hospital (Level 2)
- Miramichi Regional Hospital (Level 4)
- The Moncton Hospital (Main Level)
- Saint John Regional Hospital (Level 2)

Horizon Patient Representative Services affirms our organization's commitment to providing Exceptional Care, to Every Person, Every Day, and enables us to be more responsive to patients' concerns and questions.

*Marilyn Babineau,
Manager, Workforce
Wellness, Occupational
Health and Safety*

We've survived the dog days of summer, and now it's time to cool off.

Apples and blueberries are part of the early fall harvest. To celebrate these two Atlantic Canada favourites, here is a healthy recipe that is quick and easy to make.

It's perfect for dessert or as a snack with a glass of milk or fortified soy beverage. You can make it a family affair and get children to help with the topping. Enjoy it warm on its own, or with a small dollop of yogurt.

Best-Ever Apple Berry Crisp

Prep Time: 15 minutes

Cook Time: 50 minutes

Ingredients:

Base:

4	Apples, cored and chopped	
2 cups	Frozen or fresh blueberries	500 ml
¼ cup	Packed brown sugar	60 ml
2 tbsp.	All-purpose flour	30 ml
1 tsp.	Vanilla	5 ml

Topping:

1 cup	Large-flake oats	250 ml
½ cup	All-purpose flour	125 ml
cup	Wheat bran	75 ml
3 tbsp.	Packed brown sugar	45 ml
½ tsp.	Ground cinnamon	2 ml
3 tbsp.	Soft non-hydrogenated margarine, melted	45 ml

Instructions:

In a large bowl, combine apples, blueberries, sugar, flour and vanilla until coated. Spread into a 20 cm (8 inch) square baking dish; set aside.

Topping: in another bowl, combine oats, flour, wheat bran, sugar and cinnamon. Drizzle with melted margarine and using a fork, toss to coat oat mixture. Sprinkle over top of fruit mixture.

Bake in preheated 180°C (350°F) oven for about 50 minutes or until apples are tender and top is golden. Let cool slightly before serving.

Makes 8 servings.

For other great recipe ideas, visit the Heart and Stroke Foundation website (heartandstroke.com).



Psssst. Hey, you! Yes, you.

You did it! You're Living Our Values!

A new set of Horizon Values was launched in early 2015 as part of our strategic plan. During our last employee engagement survey, we heard loud and clear that we had a number of improvements to make with respect to our culture and overall workplace environment.

Now, Horizon staff is living these values, creating a strong workplace culture.

As of mid-July, 136 teams completed their Values Workshops, creating Values Commitment Charters to embed these values in everything we do.

All completed Values Commitment Charters are posted on Skyline (on the Human Resources page, under "Employee Engagement").

**Here are some examples
of what departments have
committed to:**

**We will provide relevant, quality
information in a timely, seamless
manner. We will continue to
collaborate to build our
collective capacity.**

– Library Services

**We will treat every patient as if
they were our own family member
regardless of their status in life.**

– The Moncton Hospital Operating Room

**We will be conscientious of the
impact of our words on others
self-worth.**

– Physical Resources, Saint John



Kim Benoit and Heidi Benoit, RT and Electrodiagnostic at the Dr. Everett Chalmers Regional Hospital in Fredericton lead their team in a Values Workshop.



RÉSEAU DE SANTÉ

Horizon
HEALTH NETWORK