

Annual Report 2010-2011



A Unifying and Strengthening Network





Annual Report 2010-2011

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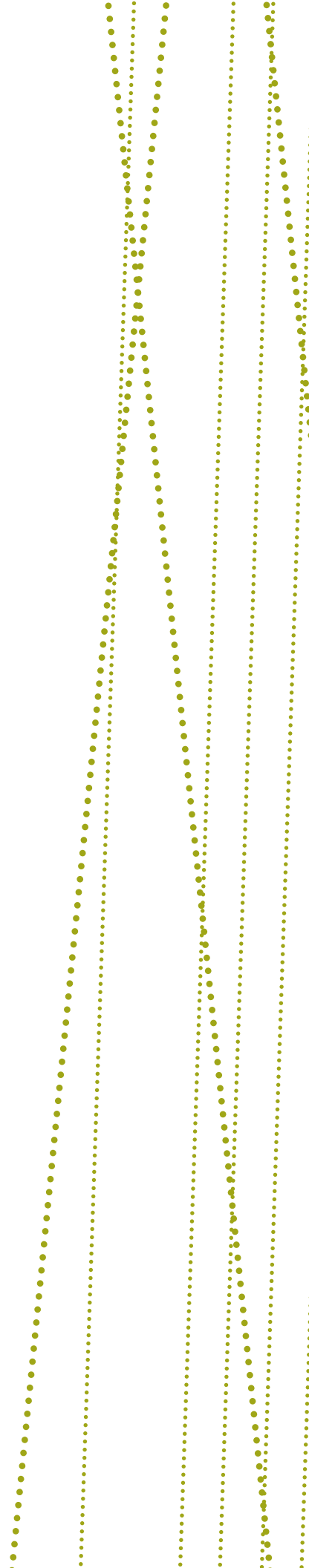




Table of Contents

Message from the Chairman of the Board of Directors	2
Message from the President and Chief Executive Officer	3
Board of Directors	4
Senior Management Team	5
Organizational Chart of Vitalité Health Network	6
Representation of Vitalité Health Network	8
Vitalité Health Network Profile	9
Human Resources Profile	10
Official Languages	11
Quality Health Care Services and Patient Safety	12
Accreditation and Exemplary Practice Distinction	13
Patients Waiting for Long-Term Care	14
Acute Care	15
Professional and Diagnostic Services	16
Primary Health Care	17
Addiction, Mental Health, and Psychiatry Services	20
Public Health	22
Extra-Mural Program	23
Training and Research	24
Health Promotion, Disease Prevention, and Chronic Disease Management	25
Our Employees, Physicians, and Volunteers	26
Foundations	27
Activity Volumes	28
Salaries Paid to Senior Management	38
Financial Summary	39
Financial Statements	41

Appendices – Vitalité Health Network Facilities

A1. St. Joseph Community Health Centre	A8. Grand Falls General Hospital
A2. Restigouche Hospital Centre	A9. Chaleur Regional Hospital
A3. Dr. Georges-L.-Dumont University Hospital Centre	A10. Campbellton Regional Hospital
A4. Shediac Regional Medical Centre	A11. Edmundston Regional Hospital
A5. Enfant-Jésus RHSJ† Hospital	A12. Stella-Maris-de-Kent Hospital
A6. Tracadie-Sheila Hospital	A13. Hôtel-Dieu Saint-Joseph de Saint-Quentin
A7. Lamèque Hospital and Community Health Centre	



Message from the Chairman of the Board of Directors

On behalf of the Board of Directors, it is my pleasure to present to you Vitalité Health Network's 2010-2011 annual report. This report outlines the Network's key initiatives and achievements during this period.

Vitalité Health Network is made up of eleven hospitals, as well as community health centres, health clinics, the Extra-Mural Program, Addiction and Mental Health Services, and Public Health. This represents 69 points of service spanning the northwestern and southeastern parts of the province, through the Restigouche region, Chaleur region, and Acadian Peninsula.

Our hospitals, clinics, and programs, through their own unique identity, spirit, and history, constitute the backbone and heart of our organization. Deeply rooted in their regions, they have a special connection with the people who work there and the people they serve.

Vitalité Health Network integrates and brings together the very facilities and programs that make up the organization in order to improve the quality and safety of health care services provided to everyone within its territory. The Network must ensure fair, safe, equitable health care services that are accessible to everyone. The Network must also boost its performance and efficiency. The organization establishes best practices and promotes their adoption by employees throughout the Network's facilities and programs.

Vitalité Health Network would not be the organization it is today without the dedication and commitment of its Board of Directors, 8,075 employees, 535 physicians, and 1,024 volunteers, who all work together to provide unparalleled services. These people truly make a difference and I would like to seize this opportunity to express my sincerest gratitude to all of them for their commitment to the Network and to our region's residents.

We have overcome some pretty amazing challenges and many more still lie ahead. However, I have no doubt that we will all keep our noses to the grindstone and continue to do what is necessary to establish a health network that meets the public's expectations — a unifying and strengthening network!

Rino Volpé

Message from the President and Chief Executive Officer



In 2010-2011, Vitalité Health Network implemented key initiatives and projects to meet its strategic objectives.

Vitalité Health Network recognizes its role and responsibilities with respect to ensuring a high-quality, effective health care system that is both sustainable and safe. Chronic diseases are becoming an unsustainable burden both at the financial and organizational levels, which is why the Network has made the strategic decision to place greater emphasis on health promotion and disease prevention. This major culture shift will require determined effort on the part of the Network.

First, in terms of quality, I would like to mention the renewal of Vitalité Health Network's three-year accreditation in 2011. This status is Accreditation Canada's stamp of approval of the quality of the Network's health care services.

The designation of the Dr. Georges-L.-Dumont Regional Hospital as a university hospital centre by the provincial government in 2010 on account of the facility's work in the area of training and research was a monumental and strategic event in the Network's development.

A psychiatry sector dedicated exclusively to the care of children and adolescents was opened at the Edmundston Regional Hospital, providing a wider range of psychiatric services throughout the northwestern part of the province.

In Bathurst, the Chaleur Regional Hospital began construction of the new intensive care and step-down units. Completion of this project will result in ten intensive care beds and five step-down beds for the hospital.

Residents of Grand Falls and the Acadian Peninsula now have improved access to health care services following renovations at the Grand Falls General Hospital and the Tracadie-Sheila Hospital and the addition of 24-hour medical coverage in the walk-in clinic at the Enfant-Jésus RHSJt Hospital in Caraquet.

In the area of diagnostic services, the Chaleur Regional Hospital, the Campbellton Regional Hospital, and the Dr. Georges-L.-Dumont University Hospital Centre were all equipped with new digital mammography units in 2010.

The current context of budget uncertainties poses major challenges, but also provides opportunities for innovation. Vitalité Health Network is committed to providing quality health care services that are both safe and sustainable.

I would like to thank the employees, physicians, and volunteers for their professionalism and compassion. Last but not least, I want to thank the members of the 2010-2011 Board of Directors and of the senior management team for their dedication and devotion to the Network.

A stylized, handwritten signature in black ink, appearing to read 'Joey Caissie'.

Joey Caissie

Board of Directors

Rino Volpé, Chairman, Saint-Jacques

Philippe Desrosiers, Vice-Chairman, Grand-Barachois

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Carmel Brun, Shediac

Bernard Cyr, Shediac Cape

Tania 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, Big Cove

Anne C. Soucie, Edmundston

Sr. Gaëtane Soucy, Saint-Simon

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Board Secretary, ex-officio member

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

Linda Sunderland, Chairperson of the Professional
Advisory Committee, ex-officio member

Dr. Rénaud Wilson, President of the Medical Staff,
guest member

Senior Management Team

Joey Caissie, President and Chief Executive Officer

Gilles Beaulieu, Vice-President,
Academic Affairs and Research

Linda LePage-LeClair, Executive Director,
Academic Affairs

Alain Béchard, Vice-President, Finance (acting)

Dr. Neil Branch, Vice-President, Medical Affairs

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

Claire Dennie, Vice-President, Community Health Services

Jacques Duclos, Executive Director,
Restigouche Hospital Centre

Dr. France Desrosiers, Regional Chief of Staff

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

Dan Arseneau, Executive Director, Campbellton
Regional Hospital

Gisèle Beaulieu, Executive Director,
Chaleur Regional Hospital

Richard Losier, Executive Director,
Dr. Georges-L.-Dumont University Hospital Centre

Pierre Verret, Executive Director,
Edmundston Regional Hospital

Aline Johanns, Vice-President, Human Resources

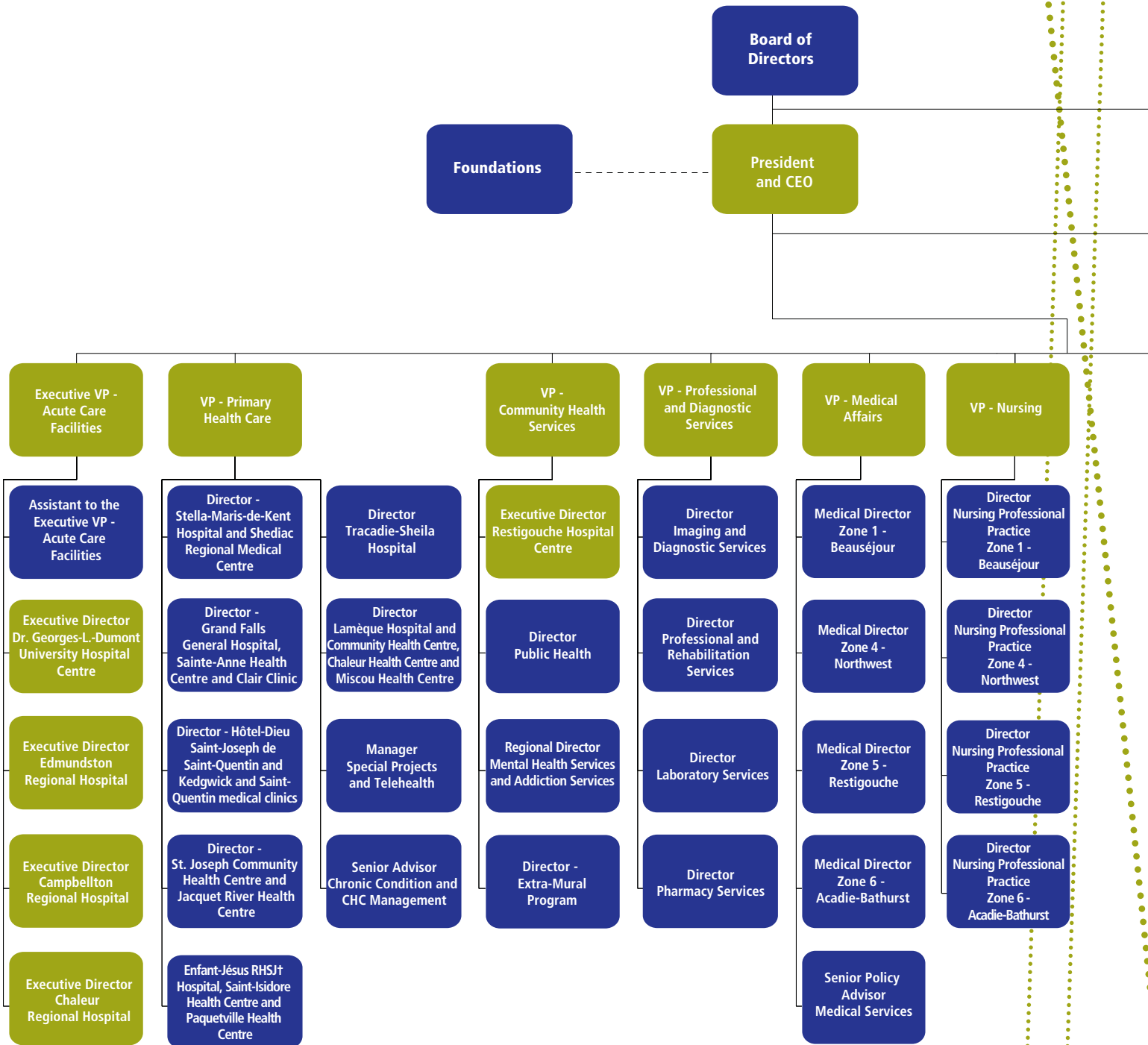
Annette LeBouthillier, Vice-President, Nursing

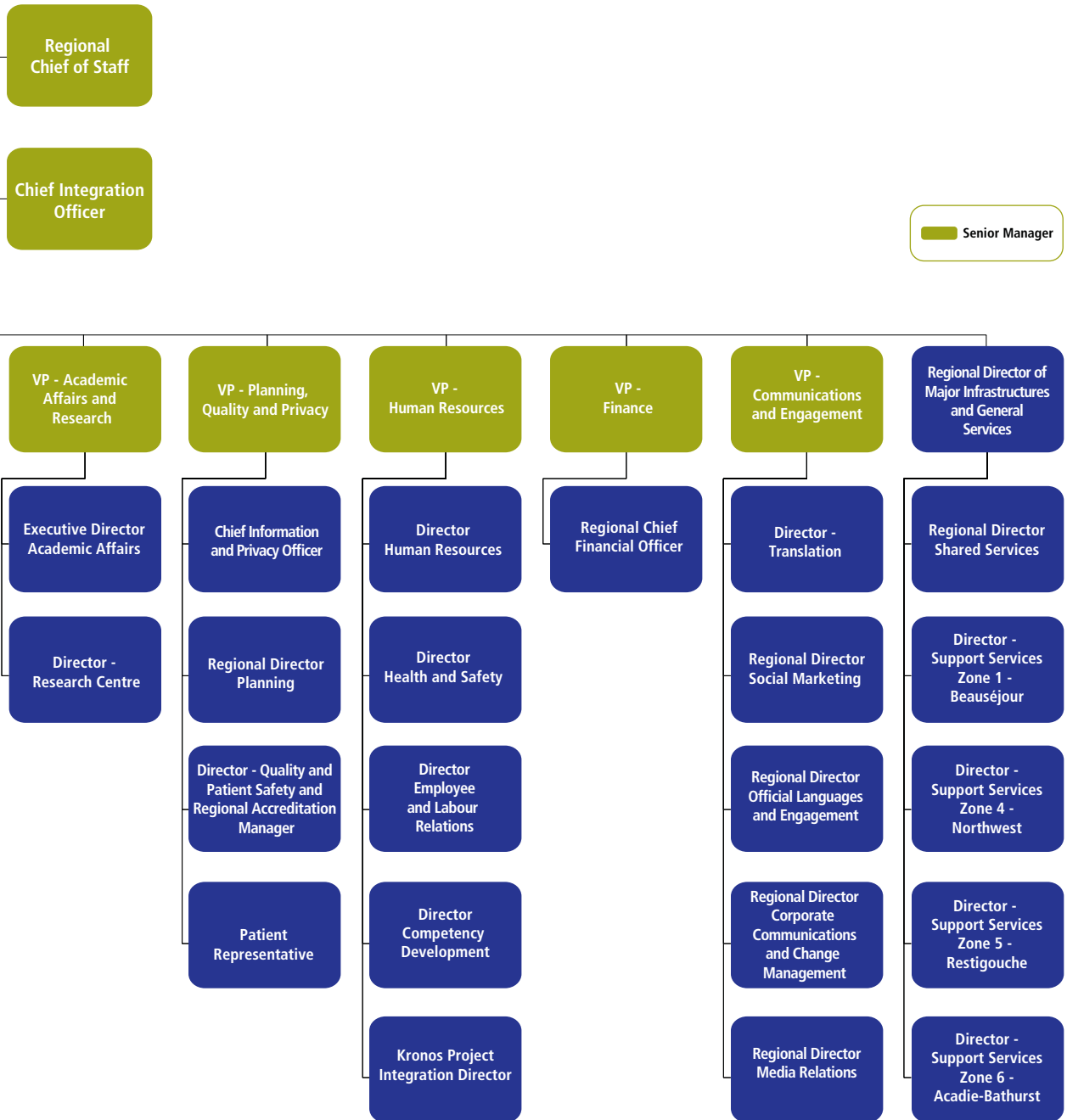
Stéphane Legacy, Vice-President,
Professional and Diagnostic Services

Suzanne Robichaud, Vice-President,
Primary Health Care

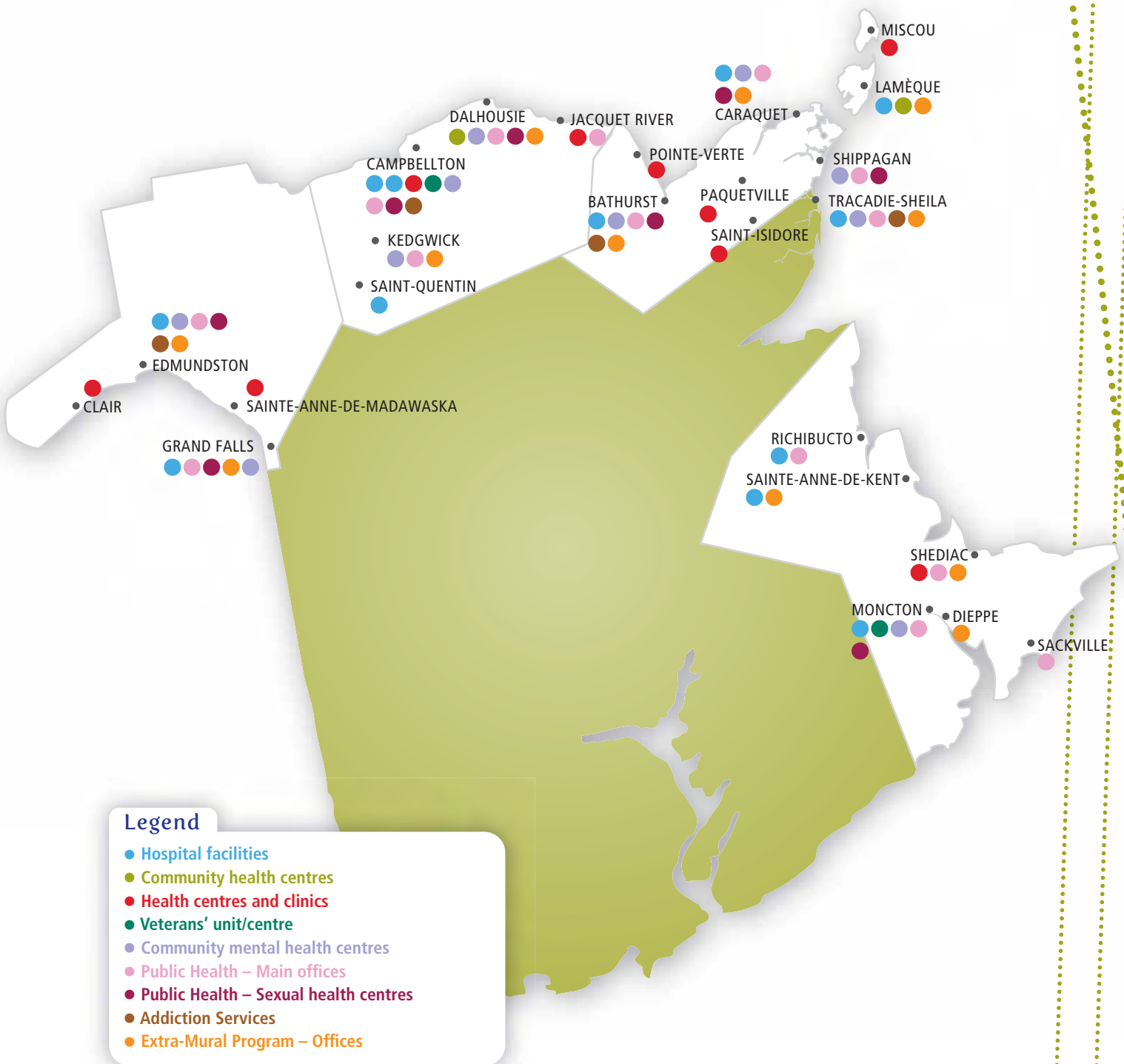
Bernadette Thériault, Chief Integration Officer

Organizational Chart of Vitalité Health Network





Representation of Vitalité Health Network



Vitalité Health Network Profile

Population served:	246,353
Budget:	\$691,075,475
Employees:	8,075
Physicians:	535
Volunteers:	1,024

Hospital facilities (11)

Dr. Georges-L.-Dumont University Hospital Centre
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
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 clinics (2)

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
E.L. Murray Clinic (Campbellton)
Shediac Regional Medical Centre

Veterans' unit/centre (2)

Veterans' Unit, Campbellton Regional Hospital
Veterans' 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 – Main offices (12)

Bathurst
Campbellton
Point of service in Dalhousie
Point of service in 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 (Tracadie-Sheila)
Addiction Services (Edmundston)
Addiction Services (Bathurst)
Regional Addiction Services (Campbellton)

Extra-Mural Program – Offices (11)

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

Foundations (10)

Dr. Georges-L.-Dumont Hospital Foundation (Moncton)
Friends of Healthcare Foundation (Campbellton)
Edmundston Regional Hospital Foundation
The Foundation of the Friends of the Grand Falls General Hospital Inc.
Fondation Dr Romaric Boulay (Saint-Quentin)
Chaleur Regional Hospital Foundation Inc. (Bathurst)
Fondation Hôpital de l'Enfant-Jésus Inc. 1988 (Caraquet)
La Fondation de l'Hôpital de Lamèque Inc.
Fondation Les Amis de l'Hôpital de Tracadie Inc. (Tracadie-Sheila)
Les Ami.e.s de l'Hôpital Stella-Maris-de-Kent (Sainte-Anne-de-Kent)

Human Resources Profile

	Zones				
	Network	Acadie-Bathurst	Beauséjour	Northwest	Restigouche
Volunteers ²	1,024	310	430	148	146
Employees					
Women	6,657	1,997	2,206	1,294	1,160
Men	1,418	359	412	258	389
Full-time employees	5,191	1,456	1,719	925	1,091
Part-time employees	2,884	900	899	627	458
Average age	42	43	41	42	42
Total number of employees	8,075	2,356	2,618	1,552	1,549
Full-time equivalents (STEs)	6,779	1,941	2,185	1,295	1,357

Information by Group

Canadian Union of Public Employees					
Number of employees	3,774	1,155	1,098	717	804
Average age	42	43	40	42	45
Group payroll expenses	120,947,874	35,347,914	34,781,770	23,146,733	27,671,457
Average salary	32,048	30,604	31,677	32,283	34,417
New Brunswick Nurses' Union					
Number of employees	2,488	708	857	507	416
Average age	42	41	41	42	45
Group payroll expenses	155,899,488	44,318,117	52,139,031	31,175,679	28,266,661
Average salary	62,661	62,596	60,839	61,490	67,949
Specialized Health Care Professionals					
Number of employees	582	160	192	114	116
Average age	39	40	40	39	39
Group payroll expenses	34,667,548	9,308,740	12,359,717	6,814,923	6,184,168
Average salary	59,566	58,180	64,374	59,780	53,312
Paramedical					
Number of employees	608	171	243	111	83
Average age	40	41	38	41	41
Group payroll expenses	31,100,191	8,720,483	12,287,948	5,924,096	4,167,664
Average salary	51,152	50,997	50,568	53,370	50,213
Non-bargaining					
Number of employees	423	139	120	71	93
Average age	47	46	46	48	48
Group payroll expenses	27,002,458	9,861,305	7,186,161	4,608,756	5,346,236
Average salary	63,836	70,945	59,885	64,912	57,486
Other					
Number of employees	200	23	108	32	37
Average age	40	45	39	40	35
Payroll expenses for above-mentioned groups	369,617,558	107,556,559	118,754,627	71,670,186	71,636,186

Medical Resources Profile³

Total number of Physicians	535	153	102	106	74
Family physicians	275	83	95	61	36
Medical specialists	260	70	107	45	38
Salaried physicians	140	31	55	25	29
Fee-for-service physicians	395	122	147	81	45
Salaried physicians payroll expenses	31,226,781	7,214,663	15,888,009	3,337,880	4,786,228

Source:

- 1) Human Resources Data Base, New Brunswick Department of Health
- 2) Volunteer Services
- 3) Medicare, New Brunswick Department of Health



Official Languages

Vitalité Health Network is regulated by the *Official Languages Act* and *Regional Health Authorities Act*. Vitalité Health Network is a Francophone organization offering services in both official languages. The Network is committed to providing equal quality services to the public in both official languages. The Network is also committed to taking the necessary measures to ensure that its facilities and programs are in a position to provide, without undue delay, services to the members of the public in the language of their choice.

The *Act Respecting Health Services and Language* adopted by the Legislative Assembly in the spring of 2010 confirmed the Francophone character of the Network. It also confirmed the Network's duty to respect the working language of its facilities and programs. This means that the Network is a Francophone organization that governs a network of Francophone and bilingual facilities and programs.

The Board of Directors amended its official languages policy following the adoption of this Act. Pursuant to this Act, business within the Board of Directors and Vitalité Health Network's head office is conducted in French. With respect to the working language of the Network's facilities and programs, pursuant to the provisions of the Act, the Board adopted the following language plan:

- The working language in Zone 1 (Beauséjour) is French;
- The working language in Zone 4 (Northwest) is French;
- The working language in Zone 6 (Acadie-Bathurst) – Acadian Peninsula – is French;
- The working languages in Zone 6 (Acadie-Bathurst) – Chaleur region – are French and English;
- The working languages in Zone 5 (Restigouche) are French and English.

Quality Health Care Services and Patient Safety

Quality health care services and patient safety are at the heart of Vitalité Health Network's priorities. Consequently, throughout 2010, the Network's Quality and Patient Safety sector continued to work on regionalizing and integrating processes in the areas of quality and risk management, patient safety management, and infection prevention management.

Infection Prevention departments in all four Network zones revised several policies and procedures dealing, for instance, with hand hygiene, and pneumococcal and influenza immunization of patients.

The goal of Canadian Patient Safety Week (CPSW)—a national annual event organized by the Canadian Patient Safety Institute—is to raise public awareness of patient safety issues in Canada. The theme of Canadian Patient Safety Week 2010, observed from November 1 to November 5—*Ask. Listen. Talk.*—promoted the message that *Good health care starts with good communication.* Various activities were held during the week throughout Network zones to increase staff and public awareness of quality patient care and patient safety. Training sessions were offered to the staff and booths were set up in various locations throughout health facilities to provide patient safety information to the public and staff.



Accreditation and Exemplary Practice Distinction

Every health organization must assess and improve the quality and safety of the health care services it offers its citizens. To that end, Vitalité Health Network has made a commitment to rate itself based on the standards established by Accreditation Canada.

Accreditation Canada is a not-for-profit independent body that helps Canadian health care organizations examine and improve the quality of their health care services. Its accreditation program is based on national standards of excellence, external peer review processes, and knowledge sharing.

From May 2 to May 7, 2010, a team of 14 surveyors from Accreditation Canada reviewed the quality of health care services provided by the Network. The surveyors travelled to all four Network zones, consulted documents, examined processes, met with staff members and partners, and interviewed patients and families. Following this visit, the Network obtained a three-year accreditation with a focus visit.

The report tabled after the accreditation survey underscored the Network's strengths and identified important levers for pursuing our quality improvement efforts. Regional teams were formed to improve processes in the areas of medication management, sterilization of medical equipment, infection prevention, communication, prevention of falls, and patient safety.

Following this review, the Network's "Gestion du stress en milieu scolaire" program, which is part of the "Apprenants en santé à l'école" initiative in School District 3, was designated as an exemplary practice. Accreditation Canada defines exemplary practices as commendable organizational practices that demonstrate leadership and high quality service delivery.

The "Apprenants en santé à l'école" program teaches breathing and visualization techniques to manage stress and improve scholastic performance. The implementation of this practice draws on the "Training the Trainer" formula, which includes an expanded partnership between school administrators, public health nurses, behaviour management mentors, and parents.

A focus visit to review specific elements took place in January 2011 to further examine the Network's compliance and to measure progress since May 2010.

Accreditation Canada surveyors recognized the tremendous work accomplished by the Network's teams and reported that progress had been made since May 2010. The improvements allowed the Network to maintain its accreditation status. The teams will continue working on quality improvement to ensure compliance with Accreditation Canada standards.

Patients Waiting for Long-Term Care

The high number of seniors waiting at the hospital for a place in a nursing home or special care home continued to be a key concern for Vitalité Health Network. However, the situation seems to have improved in some facilities. For example, in January and February of this year at the Chaleur Regional Hospital, there were approximately 49 patients in either the assessment phase or waiting for placement in a nursing home, compared to 67 during the same months last year. A similar improvement has been observed at the Dr. Georges-L.-Dumont University Hospital Centre. However, the situation remains challenging at the Grand Falls General Hospital and the Stella-Maris-de-Kent Hospital.

The organization continued to work closely with the Department of Health, the Department of Social Development, and other partners in an effort to find solutions to improve access to long-term care.

For its part, the Network is working on standardizing the assessment follow-up process for long-term cases. For instance, a single follow-up form was developed that will serve as a common communication tool between all members of the multidisciplinary team involved.

Despite the numerous challenges, increased collaboration between the various stakeholders is ultimately helping to improve services and facilitate the transfer of seniors to the most appropriate level of care.

Acute Care

Acute care facilities within Vitalité Health Network include the Edmundston Regional Hospital, the Campbellton Regional Hospital, the Chaleur Regional Hospital, and the Dr. Georges-L.-Dumont University Hospital Centre. This sector is responsible for the management and evaluation of acute care services and clinical programs. Key projects and initiatives in 2010-2011 include:

- Activities around planning the renovation of the Oncology Clinic continued. This renovation will centralize the hospital's oncology services in a single unit and enable the delivery of enhanced patient care within a more spacious and private setting located in the heart of the community.
- The Department of Health announced a \$9.5-million investment to continue the planning and begin construction of the new intensive care and step-down units at the Chaleur Regional Hospital. When the project is completed, the hospital will have a complement of ten intensive care beds and five step-down beds.
- Last summer, the Dr. Georges-L.-Dumont Regional Hospital was designated as a university hospital centre by the provincial government on account of the quality and diversity of its clinical services and teaching and research programs.
- The Internal Medicine Teaching Unit at the Dr. Georges-L.-Dumont University Hospital Centre was officially opened in November 2010. This 16-bed unit welcomed its first medical students in April 2010. New Brunswick medical students can now complete their entire medical training right here in the province. The establishment of this unit is the fruit of collaborative efforts on the part of the Centre de formation médicale du Nouveau-Brunswick, the Université de Sherbrooke, the Université de Moncton, and the Government of New Brunswick.
- Several construction projects were undertaken at the Dr. Georges-L.-Dumont University Hospital Centre, including construction of a new boiler room, a room to house the new PET scanner, and two new radiotherapy bunkers in Oncology. Thanks to a contribution by the Sean Collins Mission, a new oncology pediatric room is now set up to enable parents to stay with their child overnight.
- For its part, the Joslin Diabetes Clinic at the Chaleur Regional Hospital—an affiliate of the Joslin Diabetes Center, in Boston—received an accreditation certificate for the fifth consecutive year. Using an approach based on multidisciplinary teamwork and patient self-management, the clinic provides medical care, teaching, and services to help patients manage their disease and related complications.
- The Network coordinated the implementation of the New Brunswick Integrated Stroke Strategy throughout its territory. The strategy addresses wellness, health promotion, stroke prevention, emergency and acute care for stroke patients, rehabilitation services, social reintegration, and self-management. Sessions were offered to educate the public and raise awareness of stroke and stroke prevention.
- The Chaleur Regional Hospital received the BD Canada Safety Recognition Award for adopting the use of BD Nexiva intravenous needles in its facilities. The award recognizes organizations that are committed to ensuring a safer environment for patients and staff members. This technology increases protection against blood exposure when inserting an IV.
- Resource nurses from the Campbellton Regional Hospital completed the NICHE (Nurses Improving Care for Healthsystem Elders) training program from the Hartford Institute for Geriatric Nursing, New York University College of Nursing. These resource nurses help improve direct care to elderly patients by developing work tools and serving in an advisory capacity when complex cases are reviewed. A scientific article by Hazel Johnson, Sonia Barriault, Marie-Andrée Maher, and Ariane Poulin was published in the *Solutions* series; the article deals with communication problems between older patients, families, and caregivers.

Professional and Diagnostic Services

Professional and Diagnostic Services include physiotherapy, occupational therapy, speech-language pathology, audiology, respiratory therapy, pharmacy, nutrition, laboratory, diagnostic imaging, recreology, psychology, pastoral care, spiritual care, and social work.

Key projects and initiatives in 2010-2011 include:

- A respiratory therapist at the Edmundston Regional Hospital, Paul Ouellet, helped found the “Société internationale en ventilation artificielle (SIVA).”

The creation of this learned society is the fruit of collaborative efforts on the part of the Edmundston Regional Hospital, the Hôpital du Sacré-Cœur de Montréal, and the universities of Créteil, Angers, and Rouen, in France. The purpose of SIVA is to gather a host of resources in a single location on the Web and make them accessible to health professionals.

Only a few decades ago, mechanical ventilation was often interpreted as a sign of imminent death. Today, mechanical ventilation is often pivotal in promoting recovery for a large number of critically ill patients.

- Care units at the Tracadie-Sheila Hospital were equipped with a computerized medical order and blood specimen management system. This has been a vital tool in helping to boost efficiency and strengthen risk management efforts by improving the safety of specimen labelling and transportation.

Mammography Services

During fiscal year 2010-2011, three Network hospitals were equipped with digital mammography units.

The Campbellton Regional Hospital and Chaleur Regional Hospital each acquired one unit, while the Dr. Georges-L.-Dumont University Hospital Centre acquired two.

These state-of-the-art units deliver higher quality images and higher precision biopsies. Patients benefit from shorter wait times and procedure times and images are ready for viewing by physicians within minutes. The purchase of these units is the result of collaborative efforts by the Department of Health, the Breast Cancer Foundation, the Friends of Healthcare Foundation of the Campbellton Regional Hospital, the Chaleur Regional Hospital Foundation Inc., the Dr. Georges-L.-Dumont Hospital Foundation, and Vitalité Health Network.

Provincial Metabolic and Genetic Disorders Program

The team members of this provincial program, located at the Dr. Georges-L.-Dumont University Hospital Centre, screened their first patients during fiscal year 2010-2011. The team includes a pediatrician and a nurse.

Spiritual Care

The Spiritual Care team provided training to religious and spiritual care volunteers who donate their time in facilities throughout Vitalité Health Network, in nursing homes, and in the community to ensure continuity of patient care from one setting to another. The twelve 90-minute training sessions were made possible through a partnership between the Network and the Diocese of Bathurst. More than 160 Network, nursing, and parish volunteers received this training.

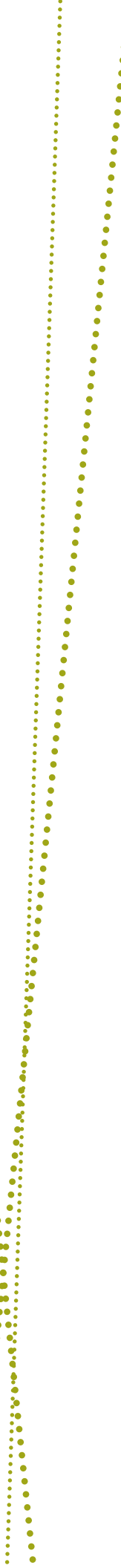
Primary Health Care

The Primary Health Care sector includes the small community hospitals and community health centres located in Grand Falls, Saint-Quentin, Caraquet, Tracadie-Sheila, Lamèque, Dalhousie, and Sainte-Anne-de-Kent, as well as nine health centres and clinics. The Primary Health Care sector offers acute care services, professional and diagnostic services, chronic disease management services, and health promotion services, as well as disease and injury prevention services.

Key projects and initiatives in 2010-2011 include:

- The announcement last year of a \$3.5-million renovation project at the Grand Falls General Hospital allowed the Network to relocate laboratory and medical imaging services to more modern and spacious premises in proximity to the Emergency Department and Multipurpose Unit. The project also involved acquiring and optimizing some pieces of equipment. The vacant space will be renovated to house a new unit for minor procedures.
- Reorganization of nursing care services continued throughout the year with a view to maximizing the role of professionals. Licensed practical nurses have been administering medication to patients since the summer of 2010 and patient care attendants have been documenting clinical notes in patient charts since the spring of the same year.
- Two physicians joined the medical team at the Hôtel-Dieu Saint-Joseph de Saint-Quentin. Dr. Hélène Faucher and Dr. Stéphanie Aubut, both natives of Saint-Quentin, returned to practise medicine in their region. All six members of the team work at the hospital medical clinic; three of the six physicians also work at the medical clinic in Kedgwick.
- Since the spring of 2010, the St. Joseph Community Health Centre has been leading a provincial pilot project on the integration of mental health treatment in rural primary care settings. The purpose of the project is to make it easier for health professionals (nurses, physicians, social workers) to include mental health care in their services. Work tools have been developed to help professionals evaluate and treat mental health problems. Trainers and professionals have been trained to use these tools. The provincial government will assess the viability of the project and look into the possibility of extending it to other community health centres.
- The St. Joseph Community Health Centre, in collaboration with the Jacquet River Health Centre, set up various health promotion and disease prevention booths throughout the Restigouche region, where members of the general public could get services and information on blood pressure and blood sugar testing, stroke, chronic diseases, diet and nutrition, and physical activity.
- In January 2011, a foot care clinic was opened at the St. Joseph Community Health Centre in order to prevent and treat foot problems and to provide teaching and support to clients. To better serve the public, a nurse received special foot care training from the Centre de formation Denise Pothier, in Québec. The centre is now able to provide specialized care to clients with foot problems.
- People with diabetes now have access to consultation and follow-up services three days a week in the Ambulatory Care Department of the Grand Falls General Hospital. Health care services provided in this clinic center on a holistic and multidisciplinary approach to ensure delivery of quality care tailored to the needs of patients. The number of visits increased by more than 20 percent in 2010, bringing the total number of visits to nearly 1,500 for the year.

- The Diabetes Clinic at the Tracadie-Sheila Hospital was moved to the Ambulatory Care sector. The clinic now has access to three treatment rooms, which will help improve services and facilitate admission of new clients. Services have increased from two days a week to five and the staff now includes a nurse and ward clerk. A dietitian provides consultation services one day a week, and then two days the following week. Over 570 patients were seen in this clinic in 2010-2011. The addition of clinic days should result in a marked increase in the number of consultations and follow-up visits.
- The Shediac Regional Medical Centre implemented a community-based diabetes prevention and management project. A diabetes case manager serves the entire Beauséjour Zone. Trained as a nurse, the case manager supports physicians in the community.
- The Lamèque Hospital and Community Health Centre, in partnership with organizations in the Inkerman, Shippagan, Lamèque, and Miscou regions, held several health promotion and disease prevention activities, such as the "Active Health" promotion program, blood pressure and diabetes screening clinics, stroke prevention activities, and bereavement support groups.
- The Lamèque Hospital and Community Health Centre has been taking part in a smoking cessation project for low-income people since the fall of 2009. This pilot project was made possible through a partnership between the Lamèque Hospital and Community Health Centre, the New Brunswick Heart and Stroke Foundation, and Pfizer pharmaceuticals.
- Since September 2010, residents on the Acadian Peninsula have access to a physician 24 hours a day, seven days a week at the Enfant-Jésus RHSJ† Hospital walk-in clinic. Following the establishment of round-the-clock medical coverage and the addition of human resources, the hospital was able to reopen the acute care beds that were occupied by long-term care patients.

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- A new service is now provided to children with complex eating problems. Once a week, the pediatric development team holds an interdisciplinary intervention clinic for children on the Acadian Peninsula who are at risk of developmental delays at birth. The team includes a dietitian, an occupational therapist, a social worker, a speech-language pathologist, a physiotherapist, and, occasionally, a psychologist. The Speech-Language Pathology Department will soon have a new multipurpose room equipped with an observation room, which will be used for meetings with children and their parents.
 - Acadian Peninsula residents now have access to improved emergency services following the upgrade and expansion of the Emergency Department at the Tracadie-Sheila Hospital. The renovation project expanded the department to include nine additional patient care rooms, bringing the total number of rooms to 18.
 - Palliative care services were implemented at the Stella-Maris-de-Kent Hospital in 2010. A palliative care committee was formed and staff members were trained on standards of practice. Measures were also taken to ensure a four-to-one ratio of patients to health professionals.
 - The Pap Test Clinic at the Stella-Maris-de-Kent Hospital was expanded to become the Women's Health Clinic. Services provided in this clinic include breast and pelvic exams, as well as information on women's health issues.
 - New health professionals have joined the team at the Stella-Maris-de-Kent Hospital, including an orthopedic surgeon, who holds one to two clinics per month (depending on demand and his availability), and two new emergency physicians. The return of a respiratory therapist has helped to enhance the quality of services provided and ensure continuity of care for people with pulmonary diseases or heart problems.

Addiction, Mental Health, and Psychiatry Services

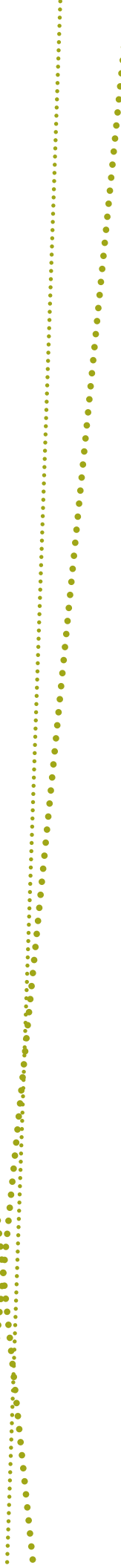
Addiction, mental health, and psychiatry services offered by Vitalité Health Network are designed to allow clients to maintain or recover their mental health and emotional wellness. The Network emphasizes health promotion and disease prevention. The treatment, rehabilitation, and support provided to people with addiction and mental health problems center on recovery as a stepping stone to development and independence.

In the wake of the recommendations made by the New Brunswick Mental Health Task Force, led by Judge Michael McKee, and the recommendations made by the Ombudsman Bernard Richard, to improve services in the province, representatives of Addiction and Mental Health Services helped craft new guidelines supporting the improvement of services.

Site preparation for the new Restigouche Hospital Centre facility continued in 2010-2011. The process of relocating some employees was completed in July 2010, and this made it possible to demolish the D Unit sector, the last step in clearing the construction site. The Restigouche Hospital Centre is currently shifting its focus to place greater emphasis on helping clients recover their mental health, develop their potential, and maintain their independence.

As part of the implementation of the recovery-oriented model of care, a few members of the team travelled to Connecticut to visit the Yale Center for Recovery and Community Health, Focus on Recovery-United Inc., and the Connecticut Valley Hospital. Staff members as well as patients took part in outreach sessions to learn about the new care model. Steps have been taken to partner with Yale University on the recovery-oriented model of care in 2011-2012.

It is important to the Restigouche Hospital Centre's staff for their patients to reintegrate into the community. All patients in the long-term care sector with intellectual impairments were assessed with respect to future reintegration. As a result, two patients were able to return to the community and are now living closer to their families. This work will continue in 2011-2012, with the objective being to facilitate the reintegration of approximately 30 patients.



In 2010-2011, Vitalité Health Network added several satellite clinics and rural points of service to make its addiction and mental health services more accessible. Mental health services provided at the Shediac satellite clinic and the St. Joseph Community Health Centre were expanded, and addiction treatment services, as well as consultation services, were added at the Université de Moncton – Edmundston campus.

A collaborative effort involving residents of the Lorne area and professionals from the Campbellton Mental Health Centre led to the opening of a new activity centre for people with mental illness.

A sector dedicated to child and adolescent psychiatry opened in the Pediatric Unit of the Edmundston Regional Hospital. During their hospital stay, young clients are now treated by a separate multidisciplinary team made up of a nurse specialist, psychiatrist, pediatrician, psychologist, occupational therapist, and social worker. This initiative resulted from the McKee Report, which stressed the importance of providing young clients with mental health services near their place of residence.

In Moncton, the At Home/Chez soi research pilot project is reaching out to homeless people with mental health issues. Over the past year, this project helped 120 homeless people find housing and receive support from a team of mental health professionals. This major national project is taking place simultaneously in four other Canadian cities under the direction of the Mental Health Commission of Canada. Addiction and Mental Health Services in the Moncton and Richibucto areas, as well as government and non-government partners, are contributing to the project.

Public Health

Public Health is responsible for protecting the health of the population and examining the conditions required for healthy living. It supports programs and services for the population that address factors affecting health while at the same time strengthening community capabilities.

Public Health worked closely with the Department of Health and Horizon Health Network on chlamydia and syphilis awareness campaigns. Chlamydia is one of the most common sexually transmitted infections. Its prevalence has increased considerably over the past ten years. As for syphilis, the number of cases reported to Public Health has increased sharply. The campaigns' main focus has been to inform young adults, ages 20 to 24, about the risk and transmission factors, the symptoms, and the importance of screening and treatment for these two sexually transmitted infections. Partnerships have also been formed with primary health care services, nurse practitioners, postsecondary institutions, and community medical clinics.

Over the past few months, Public Health has been participating in the provincial campaign to vaccinate people against whooping cough, a highly contagious respiratory illness. Current trends suggest that a major outbreak of this illness is imminent. The focus of the vaccination campaign is to administer booster injections to new mothers who gave birth on or after January 1, 2011 and to vaccinate fathers or partners in the prenatal period, as well as health care workers, especially those in close contact with newborns or babies under 12 months of age. More widespread administration of booster injections will also be carried out at a later date.



Public Health also provides new mothers with information kits for family and friends who will likely come in contact with the newborn. The H1N1 Influenza A pandemic helped forge closer ties between First Nations people and Public Health, which has remained an important partner for some First Nations communities. In March 2011, nurses from Public Health in the Beauséjour Zone helped nurses in the Elsipogtog community vaccinate a portion of their population. A collaboration and service agreement was also signed between Public Health and Quebec's Listuguj Mi'gmaq community to provide students in this community attending secondary schools in the Restigouche region with the same sexual health services provided to New Brunswick students.

Extra-Mural Program



The New Brunswick Extra-Mural Program is a leader in the delivery of home- and community-based health care services. This program, which is unique in Canada, supports health promotion and disease prevention and helps people maintain or recover their health while remaining within the home environment. It also helps people in the last phase of their lives to maintain a good quality of life.

A partnership with the Stan Cassidy Centre for Rehabilitation is now allowing the Restigouche and Bathurst units to deliver improved and more easily accessible specialized rehabilitation services through information and communication technologies. This partnership reduces wait times, improves continuity of care, and increases access to information and educational material on rehabilitation.

In the respiratory health field, the Blanche-Bourgeois Unit in the southeastern part of the province has, over the years, developed specialized expertise in relaxation and integrated breathing retraining. This initiative is recognized for the results it obtains and for the improved quality of life it provides to patients with chronic respiratory illness and to patients in acute care and palliative care. The expertise acquired through this initiative will be shared with other units of the Extra-Mural Program.



Extra-Mural Program staff benefited from a two-day training program on key learning approaches in palliative care. This training enabled participants to improve their palliative care skills, especially with respect to pain and symptom management in patients at the end of life who are residing in community settings.

Management of the Talk with Me Program in the Beauséjour Zone introduced four new programs. “Par-le-son” is for parents who have concerns about their young child’s pronunciation. “Massage pour bébé” helps parents communicate with their baby more effectively by teaching them how to massage their little one. The “Les trottineurs, les jeux, la communication” program is designed for daycare and early childhood educators working to develop communication skills and stimulate language development in children up to 24 months of age. Finally, the “Stimulation de la conscience phonologique pour favoriser l’éveil à la lecture et à l’écriture” program allows daycare and early childhood educators to introduce activities into child care services that will lay the groundwork for the acquisition of reading and writing skills.

Training and Research



Vitalité Health Network is recognized above all for the quality of the clinical services it delivers through its various facilities and programs. Training and research nevertheless play an important role within the Network. The level of involvement of each zone in health science education programs varies. A number of research initiatives are being developed in all Network zones.

These activities contribute to improving the quality of care and to recruiting and retaining experienced professionals.

The designation of the Dr. Georges-L.-Dumont Regional Hospital as a university hospital centre in 2010 recognized the efforts devoted over a number of years to the training and research sectors.

To promote and advance training and research within its facilities more effectively, the Network created the Academic Affairs and Research sector, vested with Department of Health funding in the order of \$3 million over five years.

One of the first initiatives taken after this structure was adopted was the creation of a research centre in 2010. The Network is currently managing 24 research projects and 19 clinical trials. The research projects are being conducted in the fields of family practice, nursing, nutrition, rehabilitation, oncology, psychology, and spiritual care, while the clinical trials are being conducted in the fields of oncology, cardiology, nephrology, pneumology, and pain management.

In the academic sector, new affiliation and cooperation agreements were ratified in 2010 between the Network and health science educational institutions, including the Université de Moncton, the Université de Sherbrooke, the Collège communautaire du Nouveau-Brunswick, and the Atlantic Paramedic Academy. These agreements have allowed over a thousand students to undertake practicums in a number of disciplines throughout all Network facilities.

Health Promotion, Disease Prevention, and Chronic Disease Management

Vitalité Health Network is undertaking a strategic shift by placing health promotion and disease prevention at the heart of its care and services.

We are facing an unprecedented challenge: chronic diseases now constitute the leading cause of hospitalization. Our population has the highest obesity rate in Canada and one of the highest in the world. The obesity, diabetes, and chronic diseases afflicting us are largely a consequence of our lifestyle.



The Network recognizes its role and responsibilities with respect to building a sustainable and high-quality health care system that is able to shoulder the burden of chronic diseases in the future. To support this major culture shift, the Network reorganized its operations and worked closely with community and government partners to create a health-friendly environment, help the community take charge of its own health, and give people the skills they need to stay healthy.

In 2010, the Network established the Chronic Disease Management Committee to identify and adapt a chronic disease and risk factor management model and to develop a health promotion and disease prevention work plan. The Network is also forging alliances with community partners to maximize its capabilities and develop health- and wellness-friendly environments in the community.

Following a 2009 provincial symposium on weight-related problems that attracted 150 participants from the health, research, training, government, and community sectors, the Network established a multidisciplinary working group tasked with developing an integrated model for the prevention and management of weight-related problems. The Network has made obesity a priority since this risk factor underlies a number of chronic diseases that are compromising the health and reducing the quality of life of an increasingly younger population, in addition to being extremely costly to the health care system. This working group is developing a program that should be introduced in the Beauséjour and Acadie-Bathurst zones in the fall of 2011 and then expanded to include the Network's two other zones in 2012. This program will deliver obesity prevention, screening, and treatment services.

Our Employees, Physicians, and Volunteers

Vitalité Health Network's 8,075 employees, 535 physicians, and 1,024 volunteers joined forces to provide a wide range of direct or indirect care and services (inpatient care, ambulatory care, public health services, addiction services, mental health services, Extra-Mural Program).

The activity volumes outlined in this report reflect the workload and work life of our employees, physicians and volunteers who labour day and night, weekends and holidays to meet the needs of patients. These figures shed no light, however, on the commitment of our employees, physicians, and volunteers to their work and to our values of respect, compassion, solidarity, equity, and integrity. These values are expressed through their actions, be they large or small, in support of our population's health and wellness. Despite the many administrative, clinical, and other changes they face, our employees, physicians, and volunteers have never lost sight of these values so essential to a hospital setting. This is what sets us apart and gives us strength.

Without teamwork, the Network would not exist, and this fact makes our team members—employees, physicians and volunteers—the very heart and soul of our organization. The Network thanks them for their constantly renewed contribution.

This same level of commitment has motivated a number of New Brunswick youth who pursued medical training outside our borders to return to the province and practise here. In 2010-2011, the Network was proud to welcome new physicians to its four zones, including new graduates from the Centre de formation médicale du Nouveau-Brunswick. These young professionals enrich and strengthen the Network's team.

The Network's recruitment strategy is also designed to build strong ties with our future employees — through school presentations encouraging youth to pursue studies in the health care field, through open houses, through involvement in various college and university recruitment fairs, and through practicums or summer employment in our hospital facilities.

Finally, the Network can rely on the combined strength of over a thousand volunteers and auxiliary members — dedicated men and women who often work in the background but who give generously of their time and energy to the benefit of our patients and their families, and the Network itself. Being of all ages and from widely varying backgrounds, volunteers and auxiliary members significantly enrich the services provided within our Network facilities, and programs. Furthermore, their fundraising activities make it possible to purchase equipment and sponsor a number of activities aimed at enhancing patient wellness.

The year 2010 marked the 35th anniversary of the Volunteers Association of the Dr. Georges-L.-Dumont Regional Hospital. To celebrate this event, recognition activities were held in December to thank the volunteers and auxiliary members for their contributions to the health care system.

Foundations

Vitalité Health Network is supported by ten foundations whose substantial contributions fund a number of the organization's initiatives and projects. The close and favoured ties linking our foundations to our facilities and programs help to improve the health and well-being of our region's residents. The Network is proud to highlight some of the projects completed in 2010-2011.

Over the past year, health care foundations in the Acadie-Bathurst Zone continued to work together to improve health care services in their region. Through various partnerships and activities, these foundations raised over \$1.5 million in 2010-2011. Thanks in part to the funds collected, the Chaleur Regional Hospital improved its cancer screening and diagnostic services, the Enfant-Jésus RHSJH Hospital added a new Peninsula-wide phototherapy service, the Lamèque Hospital and Community Health Centre strengthened several patient services, and the Tracadie-Sheila Hospital acquired several pieces of equipment for its Emergency Department. These advances would have been impossible without the dedication of volunteers and the commitment of donors to their health facilities.

The year 2010 was marked by several firsts for the Friends of Healthcare Foundation of the Campbellton Regional Hospital. The "Mona...An Angel's Will to Cure" commemorative walk, led in 2010 by Mikaël Bernard, collected over \$80,000 to purchase a digital mammography unit. The Canadian Breast Cancer Foundation - Atlantic Region also donated \$100,000 to this activity. Some of the new activities held include the Northern Star Campaign, the Let's Be Thankful Luncheon, and the Give and Feel Good Radiothon.

Since 1984, the Dr. Georges-L.-Dumont Hospital Foundation has raised over \$23 million in support of patient wellness and cancer prevention in the province. In 2010, the Tree of Hope Campaign and its radiothon recorded over 165 million steps on its health pedometer and raised \$1.5 million to support the Mgr. Henri-Cormier Lodge and to help purchase cutting-edge equipment and train staff at the Dr. Léon-Richard Oncology Centre.

In 2010, the 11th benefit luncheon of the Edmundston Regional Hospital Foundation, held in collaboration with the chefs and students of the culinary arts program of the Collège communautaire du Nouveau-Brunswick and over 250 volunteers, raised in excess of \$25,000. Over the past 11 years, this benefit luncheon has raised over \$350,000 and become both a high-profile event and meeting place for the Greater Edmundston community.

Activity Volumes

	2010-2011*	2009-2010
Number of beds	965	965
Number of beds - Veterans' Unit	60	60
Number of beds - Psychiatry	172	172
TOTAL	1,197	1,197
Admissions (excluding newborns)	29,597	29,358
Admissions - Veterans' Unit	38	33
Admissions - Psychiatry	258	276
TOTAL	29,893	29,667
Number of newborns	2,025	2,029
Patient days (excluding newborns)	313,770	315,111
Patient days - Veterans' Unit	21,510	21,589
Patient days - Psychiatry	57,751	62,622
TOTAL	393,031	399,322
Emergency visits (triage codes 1 to 5)	245,202	245,180
Ambulatory Care visits	358,270	343,585
Surgical cases	20,517	21,232
Dialysis treatments	48,564	45,967
Oncology clinic treatments (chemo) (excluding bedside treatments)	6,517	6,357
Attendance days - Radiation therapy	27,772	28,123
Laboratory procedures **	7,102,288	7,211,595
Medical imaging procedures	483,952	477,549
Respiratory therapy and pulmonary clinic procedures	426,967	427,596
Attendance Days - Rehabilitation Services		
Audiology	9,923	9,297
Occupational therapy	39,680	39,420
Physiotherapy	114,391	106,613
Speech-language pathology	12,732	12,702
Recreology	35,088	36,944
Attendance Days - Therapeutic Services		
Social work	18,812	17,339
Psychology	14,160	14,805
Clinical nutrition	38,352	38,925
Community Health Centres †		
Scheduled visits	57,090	44,134
Unscheduled visits	130,413	125,753

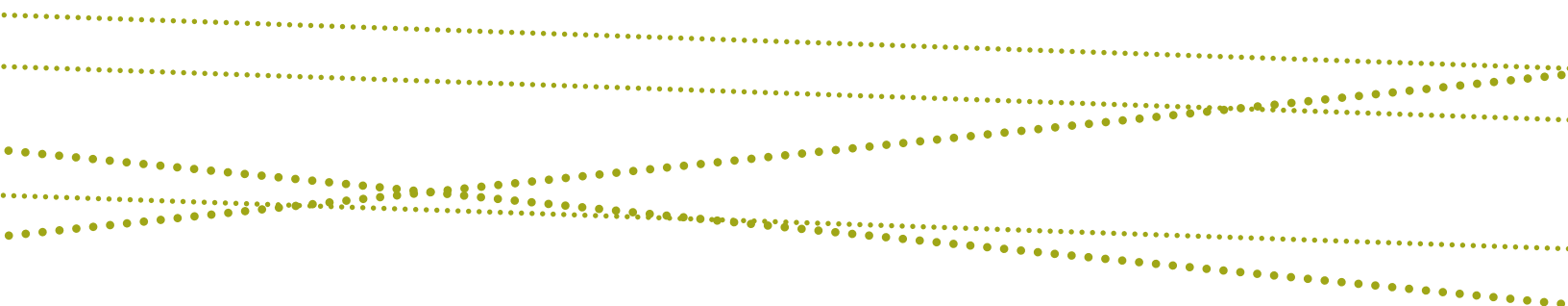
	2010-2011*	2009-2010
Extra-Mural Program*		
Admissions	8,055	7,910
Visits	180,970	183,822
Public Health		
Immunization: vaccines administered	49,012	48,919
Sexual Health Program: consultations	7,813	6,488
Early Childhood Initiatives: postnatal cases admitted	670	809
Clinics for children 3 to 5 years old: number of children seen	2,599	2,534
Community Mental Health		
Number of individuals seen for an intake interview	5,052	5,422
Total number of individuals who received a service	8,789	9,305
Number of adults - Therapeutic follow-up† †	7,080	2,306
Number of children/adolescents - Therapeutic follow-up	1,713	1,933
Addiction Services		
Total number of admissions	878	993
Total number of clients seen on an outpatient basis	792	1,143
Total number of outpatient visits	8,607	6,781

* Data for 2010-2011 are preliminary and are subject to verification by the province.

** The addition of a new category resulted in a variation from data published in 2009-2010.

† This year, every category of consultation was included. Last year, only nursing consultations were taken into account.

† † Shifts to the management of waiting listing caused the increase.

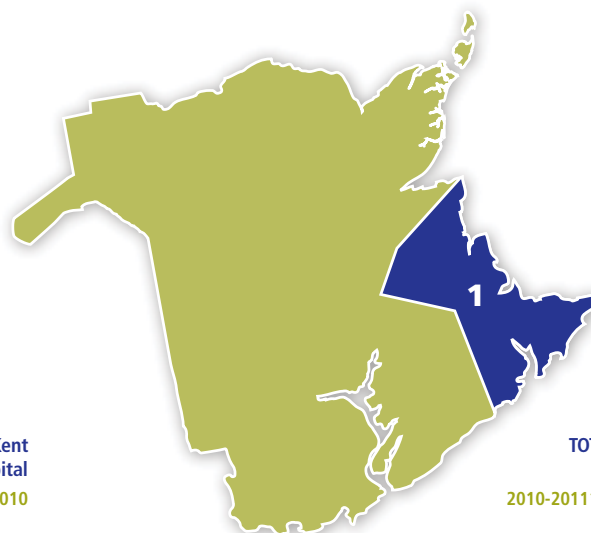


Activity Volumes

Zone 1 - BEAUSÉJOUR

	Dr. Georges-L.-Dumont University Hospital Centre		Stella-Maris-de-Kent Hospital		TOTAL ZONE 1	
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011*	2009-2010
Number of beds	302	302	20	20	322	322
Number of beds - Veterans' Unit	40	40			40	40
Number of beds - Psychiatry					0	0
TOTAL	342	342	20	20	362	362
Admissions (excluding newborns)	9,133	8,750	319	283	9,452	9,033
Admissions - Veterans' Unit	24	22			24	22
Admissions - Psychiatry					0	0
TOTAL	9,157	8,772	319	283	9,476	9,055
Number of newborns	814	833			814	833
Patient days (excluding newborns)	96,214	96,433	8,320	8,028	104,534	104,461
Patient days - Veterans' Unit	14,307	14,337			14,307	14,337
Patient days - Psychiatry					0	0
TOTAL	110,521	110,770	8,320	8,028	118,841	118,798
Emergency visits (triage codes 1 to 5)	50,267	5,457	39,587	37,864	89,854	88,321
Ambulatory Care visits	154,140	140,726	2,477	2,134	156,617	142,860
Surgical cases	8,367	8,465			8,367	8,465
Dialysis treatments	33,540	31,753			33,540	31,753
Oncology clinic treatments (chemo) (excluding bedside treatments)	3,597	3,485			3,597	3,485
Attendance days - Radiation therapy	27,772	28,123			27,772	28,123
Laboratory procedures**	2,362,084	2,252,342	140,875	141,412	2,502,959	2,393,754
Medical imaging procedures	153,058	147,752	19,295	18,592	172,353	166,344
Respiratory therapy and pulmonary clinic procedures	125,906	132,126	1,057	767	126,963	132,893
Attendance Days - Rehabilitation Services						
Audiology	2,974	2,768			2,974	2,768
Occupational therapy	13,943	13,603	246	638	14,189	14,241
Physiotherapy	28,113	24,141	3,398	3,536	31,511	27,677
Speech-language pathology	2,708	3,197			2,708	3,197
Recreology	14,156	15,540			14,156	15,540

Zone 1 - BEAUSÉJOUR



	Dr. Georges-L.-Dumont University Hospital Centre		Stella-Maris-de-Kent Hospital		TOTAL ZONE 1	
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011*	2009-2010
Attendance Days - Therapeutic Services						
Social work	5,945	6,544			5,945	6,544
Psychology	5,165	6,506			5,165	6,506
Clinical nutrition	11,155	10,803	908	765	12,063	11,568
Community Health Centres †						
Scheduled visits					NA	NA
Unscheduled visits					NA	NA
Extra-Mural Program*						
	Blanche-Bourgeois		Kent		Shediac	
Admissions	1,501	1,315	513	466	964	996
Visits	35,329	35,026	11,696	11,228	17,710	18,779
Public Health						
					Moncton	
Immunization: vaccines administered					27,668	26,384
Sexual Health Program: consultations					5,850	4,680
Early Childhood Initiatives: postnatal cases admitted					328	389
Clinics for children 3 to 5 years old: number of children seen					1,487	1,467
Community Mental Health						
					Community Mental Health centres in Moncton and Richibucto	
Number of individuals seen for an intake interview					1,432	1,533
Total number of individuals who received a service					2,426	2,341
Number of adults - Therapeutic follow-up† †					1,957	432
Number of children/adolescents - Therapeutic follow-up					469	426
Addiction Services						
					Data managed by Horizon Health Network	
Total number of admissions					NA	NA
Total number of clients seen on an outpatient basis					NA	NA
Total number of outpatient visits					NA	NA

* Data for 2010-2011 are preliminary and are subject to verification by the province.

** The addition of a new category resulted in a variation from data published in 2009-2010.

† This year, every category of consultation was included. Last year, only nursing consultations were taken into account.

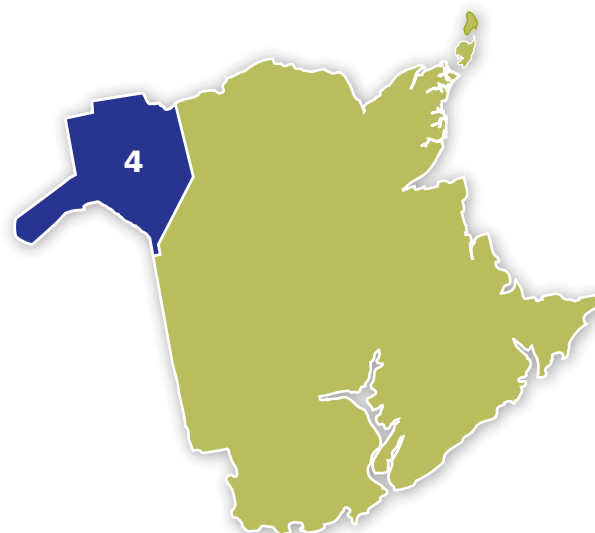
† † Shifts to the management of waiting listing caused the increase.

Activity Volumes

Zone 4 - NORTHWEST

	Edmundston Regional Hospital		Grand Falls General Hospital		Hôtel-Dieu Saint-Joseph de Saint-Quentin		TOTAL ZONE 4	
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011*	2009-2010
Number of beds	169	169	20	20	6	6	195	195
Number of beds - Veterans' Unit							0	0
Number of beds - Psychiatry							0	0
TOTAL	169	169	20	20	6	6	195	195
Admissions (excluding newborns)	5,327	5,165	572	1,357	326	316	6,225	6,838
Admissions - Veterans' Unit							0	0
Admissions - Psychiatry							0	0
TOTAL	5,327	5,165	572	1,357	326	316	6,225	6,838
Number of newborns	417	389					417	389
Patient days (excluding newborns)	56,142	53,098	8,828	7,657	2,101	1,632	67,071	62,387
Patient days - Veterans' Unit							0	0
Patient days - Psychiatry							0	0
TOTAL	56,142	53,098	8,828	7,657	2,101	1,632	67,071	62,387
Emergency visits (triage codes 1 to 5)	33,419	32,633	23,685	23,315	14,065	13,829	71,169	69,777
Ambulatory Care visits	79,548	78,456	14,153	13,197	12,590	10,289	106,291	101,942
Surgical cases	4,292	4,199	55	123			4,347	4,322
Dialysis treatments	4,027	3,450					4,027	3,450
Oncology clinic treatments (chemo) (excluding bedside treatments)	755	825	176	166	110	98	1,041	1,089
Attendance days - Radiation therapy							0	0
Laboratory procedures**	720,234	684,223	195,904	204,939	108,062	87,146	1,024,200	976,308
Medical imaging procedures	70,581	69,204	11,303	12,316	7,144	5,758	89,028	87,278
Respiratory therapy and pulmonary clinic procedures	68,893	63,286	6,923	7,836	3,897	3,108	79,713	74,230
Attendance Days - Rehabilitation Services								
Audiology	2,648	2,292					2,648	2,292
Occupational therapy	4,437	4,091	860	905	81	84	5,378	5,080
Physiotherapy	16,514	14,473	3,989	3,010	1,518	1,315	22,021	18,798
Speech-language pathology	1,960	1,854	439	414	131	111	2,530	2,379
Recreology	4,250	4,583					4,250	4,583

Zone 4 - NORTHWEST



	Edmundston Regional Hospital		Grand Falls General Hospital		Hôtel-Dieu Saint-Joseph de Saint-Quentin		TOTAL ZONE 4		
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	
Attendance Days - Therapeutic Services									
Social work	2,534	2,253	452	578			2,986	2,831	
Psychology	3,479	3,396					3,479	3,396	
Clinical nutrition	6,946	6,913	1,237	1,563	573	975	8,756	9,451	
Community Health Centres †									
Scheduled visits									
Unscheduled visits									
Extra-Mural Program*									
	Edmundston		Grand Falls		Kedgwick				
Admissions	1,096	1,011	489	428	248	202	1,833	1,641	
Visits	25,506	23,600	17,988	16,934	5,720	5,463	49,214	46,997	
Public Health									
	Edmundston								
Immunization: vaccines administered							7,787	8,107	
Sexual Health Program: consultations							732	783	
Early Childhood Initiatives: postnatal cases admitted							141	137	
Clinics for children 3 to 5 years old: number of children seen							365	400	
Community Mental Health									
	Community Mental Health centres in Edmundston, Grand Falls and Kedgwick								
Number of individuals seen for an intake interview							1,080	1,081	
Total number of individuals who received a service							1,718	2,163	
Number of adults - Therapeutic follow-up† †							1,373	632	
Number of children/adolescents - Therapeutic follow-up							345	557	
Addiction Services									
Total number of admissions							366	390	
Total number of clients seen on an outpatient basis							263	301	
Total number of outpatient visits							2,795	1,925	

* Data for 2010-2011 are preliminary and are subject to verification by the province.

** The addition of a new category resulted in a variation from data published in 2009-2010.

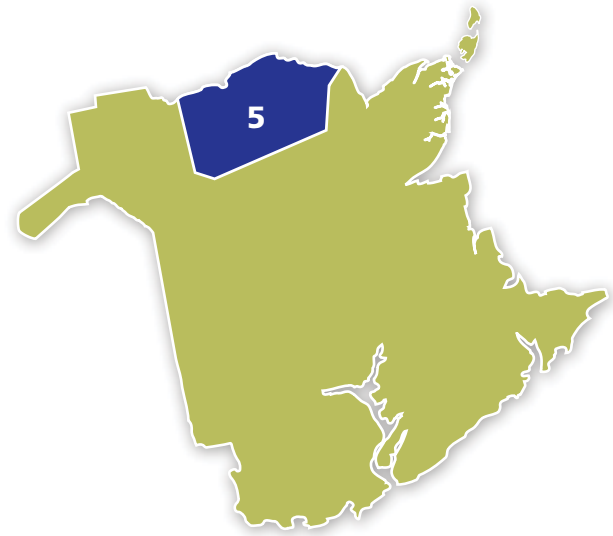
† This year, every category of consultation was included. Last year, only nursing consultations were taken into account.

† † Shifts to the management of waiting listing caused the increase.

Activity Volumes

Zone 5 - RESTIGOUCHE

	Campbellton Regional Hospital		St. Joseph Community Health Centre		Restigouche Hospital Centre		TOTAL ZONE 5	
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011*	2009-2010
Number of beds	146	146	4	4			150	150
Number of beds - Veterans' Unit	20	20					20	20
Number of beds - Psychiatry	172	172			172	172		
TOTAL	166	166	4	4	172	172	342	342
Admissions (excluding newborns)	4,758	4,534	38	31			4,796	4,565
Admissions - Veterans' Unit	14	11					14	11
Admissions - Psychiatry					258	276	258	276
TOTAL	4,772	4,545	38	31	258	276	5,068	4,852
Number of newborns	255	210					255	210
Patient days (excluding newborns)	47,370	45,748	1,058	699			48,428	46,447
Patient days - Veterans' Unit	7,203	7,252					7,203	7,252
Patient days - Psychiatry					57,751	62,622	57,751	62,622
TOTAL	54,573	53,000	1,058	699	57,751	62,622	113,382	116,321
Emergency visits (triage codes 1 to 5)	26,755	27,506					26,755	27,506
Ambulatory Care visits	22,743	21,776					22,743	21,776
Surgical cases	2,705	2,774					2,705	2,774
Dialysis treatments			2,285	2,165			2,285	2,165
Oncology clinic treatments (chemo) (excluding bedside treatments)	399	399	16	26			415	425
Attendance days - Radiation therapy							0	0
Laboratory procedures**	682,949	677,158	179,429	172,377			862,378	849,535
Medical imaging procedures	55,846	57,743	8,803	8,671			64,649	66,414
Respiratory therapy and pulmonary clinic procedures	93,202	90,870		334			93,202	91,204
Attendance Days - Rehabilitation Services								
Audiology	1,956	1,663	129	129			2,085	1,792
Occupational therapy	5,294	5,159	121	121	5,283	5,592	10,698	10,872
Physiotherapy	17,847	18,306	3,412	3,412	3,886	4,180	25,145	25,898
Speech-language pathology	1,448	1,227	290	290	1,902	1,792	3,640	3,309
Recreology	6,080	6,335			10,602	10,486	16,682	16,821



Zone 5 - RESTIGOUCHE

	Campbellton Regional Hospital		St. Joseph Community Health Centre		Restigouche Hospital Centre		TOTAL ZONE 5	
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2011	2010-2011	2009-2010
Attendance Days - Therapeutic Services								
Social work	2,906	2,143	216	126	2,408	2,241	5,530	4,510
Psychology	1,521	1,808			1,573	1,260	3,094	3,068
Clinical nutrition	5,587	3,884		905		449	5,587	5,238
Community Health Centres †								
			St. Joseph Community Health Centre					
Scheduled visits			7,103	7,162			7,103	7,162
Unscheduled visits			33,252	34,426			33,252	34,426
Extra-Mural Program*								
			Restigouche					
Admissions							822	894
Visits							19,710	22,590
Public Health								
			Campbellton					
Immunization: vaccines administered							3,903	3,644
Sexual Health Program: consultations							571	531
Early Childhood Initiatives: postnatal cases admitted							72	82
Clinics for children 3 to 5 years old: number of children seen							161	138
Community Mental Health								
			Campbellton Community Mental Health Centre					
Number of individuals seen for an intake interview							675	847
Total number of individuals who received a service							1,454	1,386
Number of adults - Therapeutic follow-up† †							1,192	310
Number of children/adolescents Therapeutic follow-up							264	253
Addiction Services								
Total number of admissions							200	266
Total number of clients seen on an outpatient basis							224	389
Total number of outpatient visits							2,616	1,744

* Data for 2010-2011 are preliminary and are subject to verification by the province.

** The addition of a new category resulted in a variation from data published in 2009-2010.

† This year, every category of consultation was included. Last year, only nursing consultations were taken into account.

† † Shifts to the management of waiting listing caused the increase.

Activity Volumes

Zone 6 - ACADIE-BATHURST

	Chaleur Regional Hospital		Tracadie-Sheila Hospital		Enfant-Jésus RJSJ† Hospital		Lamèque Hospital and CHC		TOTAL ZONE 6	
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011*	2009-2010
Number of beds	215	215	59	59	12	12	12	12	298	298
Number of beds - Veterans' Unit									0	0
Number of beds - Psychiatry									0	0
TOTAL	215	215	59	59	12	12	12	12	298	298
Admissions (excluding newborns)	7,244	7,313	1,663	1,475	155	77	62	57	9,124	8,922
Admissions - Veterans' Unit									0	0
Admissions - Psychiatry									0	0
TOTAL	7,244	7,313	1,663	1,475	155	77	62	57	9,124	8,922
Number of newborns	535	597							535	597
Patient days (excluding newborns)	67,873	72,693	19,163	22,656	3,399	2,776	3,302	3,691	93,737	101,816
Patient days - Veterans' Unit									0	0
Patient days - Psychiatry									0	0
TOTAL	67,873	72,693	19,163	22,656	3,399	2,776	3,302	3,691	93,737	101,816
Emergency visits (triage codes 1 to 5)	31,452	32,192	25,972	27,384					57,424	59,576
Ambulatory Care visits	56,719	60,816	14,052	14,706	1,848	1,485			72,619	77,007
Surgical cases	5,098	5,671							5,098	5,671
Dialysis treatments	6,078	6,135	2,634	2,464					8,712	8,599
Oncology clinic treatments (chemo) (excluding bedside treatments)	788	737			676	621			1,464	1,358
Attendance days - Radiation therapy									0	0
Laboratory procedures**	1,379,494	1,658,814	632,100	623,702	456,439	468,668	244,718	240,814	2,712,751	2,991,998
Medical imaging procedures	81,664	81,308	40,132	39,707	26,270	25,756	9,856	10,742	157,922	157,513
Respiratory therapy and pulmonary clinic procedures	88,073	88,955	32,804	34,548	5,263	4,954	949	812	127,089	129,269
Attendance Days - Rehabilitation Services										
Audiology	2,216	2,445							2,216	2,445
Occupational therapy	6,237	5,679	2,184	2,343	659	862	335	343	9,415	9,227
Physiotherapy	17,314	16,662	8,577	7,637	5,863	5,998	3,960	3,943	35,714	34,240
Speech-language pathology	2,015	2,479	832	833	1,007	505			3,854	3,817
Recreology									0	0

Zone 6 - ACADIE-BATHURST



	Chaleur Regional Hospital		Tracadie-Sheila Hospital		Enfant-Jésus RHSJ† Hospital		Lamèque Hospital and CHC		TOTAL ZONE 6	
	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010
Attendance Days - Therapeutic Services										
Social work	2,862	2,251	720	693	345	90	424	420	4,351	3,454
Psychology	1,976	1,482	94	353	352				2,422	1,835
Clinical nutrition	6,115	6,939	2,342	2,572	2,663	2,461	826	696	11,946	12,668
Community Health Centres †										
	Lamèque Community Health Centre		Enfant-Jésus RHSJ† Hospital		Saint-Isidore Health Centre					
Scheduled visits	21,683	22,503	24,970	14,469	3,334				49,987	36,972
Unscheduled visits	32,701	31,957	63,816	59,370	644				97,161	91,327
Extra-Mural Program*										
	Bathurst		Tracadie-Sheila		Caraquet		Lamèque			
Admissions	1,104	1,140	494	593	456	495	368	370	2,422	2,598
Visits	18,552	18,778	11,944	14,317	9,241	10,611	7,270	7,616	47,007	51,322
Public Health										
Bathurst and Acadian Peninsula										
Immunization: vaccines administered									9,654	10,784
Sexual Health Program: consultations									660	494
Early Childhood Initiatives: postnatal cases admitted									129	201
Clinics for children 3 to 5 years old: number of children seen									586	529
Community Mental Health										
Community Mental Health centres in Bathurst and Caraquet										
Number of individuals seen for an intake interview									1,865	1,961
Total number of individuals who received a service									3,191	3,415
Number of adults - Therapeutic follow-up† †									2,558	932
Number of children/adolescents - Therapeutic follow-up									635	697
Addiction Services										
Total number of admissions									312	337
Total number of clients seen on an outpatient basis									305	453
Total number of outpatient visits									3,196	3,112

* Data for 2010-2011 are preliminary and are subject to verification by the province.

** The addition of a new category resulted in a variation from data published in 2009-2010.

† This year, every category of consultation was included. Last year, only nursing consultations were taken into account.

† † Shifts to the management of waiting listing caused the increase.

Salaries Paid to Senior Management

President and Chief Executive Officer	\$186,850 - \$212,100
Vice-President, Medical Affairs	\$253,266 - \$276,276
Executive Vice-President, Acute Care Facilities	\$140,686 - \$170,976
Vice-President, Human Resources	\$125,736 - \$138,502
Vice-President, Planning, Quality and Privacy	\$125,736 - \$138,502
Vice-President, Academic Affairs and Research	\$125,736 - \$138,502
Vice-President, Community Health Services	\$125,736 - \$138,502
Vice-President, Finance	\$123,552 - \$150,176
Vice-President, Professional and Diagnostic Services	\$123,552 - \$150,176
Vice-President, Primary Health Care	\$123,552 - \$150,176
Vice-President, Nursing	\$112,528 to \$123,812
Vice-President, Communications and Engagement	\$92,716 - \$102,024

Financial Summary

The fiscal year ended with an excess of expenses over revenues of \$5,329,125 including amortizations and sickness allowances.

We recorded a total of \$31,198,435 in patient recoveries. This demonstrates the important role the Network plays on the interprovincial scene.

In Nursing and Ambulatory Care, an increase was noted in patient acuity and activity volumes in several areas: admissions, emergency and ambulatory care visits, and dialysis treatments.

In Diagnostic and Therapeutic Services and Community Health Services, an increase was noted in radiology examinations as well as in visits and attendance days in patient services.

Expenses have increased proportionately.

Financial Statements

Vitalité Health Network
(Regional Health Authority A)
Financial Statements
March 31, 2011

Vitalité Health Network

Financial Statements

March 31, 2011

Independent Auditors' Report	2 - 3
Financial Statements	
Financial Position	4
Operations	5
Accumulated deficit	6
Changes in Net Financial Debt	7
Cash Flows	8
Notes to Financial Statements	9 - 19



Independent Auditors' Report

To the Directors of Vitalité Health Network
(Regional Health Authority A)

Raymond Chabot Grant Thornton
507, Victoria Street
Edmundston (New Brunswick)
E3V 2K9

Telephone : 506 739-1144
Fax : 506 739-1145
www.rcgt.com

We have audited the accompanying financial statements of Vitalité Health Network, which comprise the statement of financial position as at March 31, 2011 and the statements of operations, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Vitalité Health Network (Regional Health Authority A) as at March 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public accounting standards.

Other Matters

The financial statements of Vitalité Health Network (Regional Health Authority A) for the year ended March 31, 2010, were audited by another auditor who expressed an unmodified opinion on those statements on June 7, 2010.

Comparative information

Without modifying our opinion, we draw attention to Note 2 to the financial statements which describes that Vitalité Health Network (Regional Health Authority A) adopted Canadian public sector accounting standards on April 1, 2010 with a transition date of April 1, 2009. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at March 31, 2010 and April 1, 2009 and the statements of operations, changes in net debt and cash flows for the year ended March 31, 2011 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

Raymond Chabot Grant Thornton S.E. N.C. R. L.

Chartered Accountants

Edmundston
June 28, 2011

Vitalité Health Network

Financial Position

	March 31, 2011	March 31, 2010	April 1, 2009
	\$	\$	\$
FINANCIAL ASSETS			
Cash	12,561,686	11,862,715	5,568,220
Cash Held in Trust	100,624	126,848	131,804
Accounts receivable (Note 4)	36,517,350	36,233,880	64,279,856
Estimated year-end adjustment from the province	-	1,246,968	-
Other account receivable	-	677,482	1,319,428
Temporary investments (Note 6)	11,313,037	5,602,999	5,190,422
	60,492,697	55,750,892	76,489,730
LIABILITIES			
Patients trust funds	100,624	126,848	131,804
Accounts payable and accrued liabilities (Note 7)	58,493,839	45,400,867	53,524,100
Short term borrowing	-	3,500,000	23,500,000
Deferred revenues (Note 8)	2,052,264	1,979,048	1,899,339
Estimated year-end adjustment from the province (Note 5)	885,342	-	549,368
Accrued employee benefits (Note 9)	72,176,172	69,122,086	65,419,698
Long-term debt	-	677,482	1,342,428
	133,708,241	120,806,331	146,366,737
NET FINANCIAL DEBT	(73,215,544)	(65,055,439)	(69,877,007)
NON-FINANCIAL ASSETS			
Tangible capital assets (Note 10)	274,532,113	255,507,815	251,149,261
Deferred contribution related to tangible capital assets (Note 11)	(258,994,327)	(241,839,921)	(237,211,927)
Prepaid expenses and supplies (Note 12)	10,144,128	9,183,040	9,757,096
	25,681,914	22,850,934	23,694,430
ACCUMULATED DEFICIT	(47,533,630)	(42,204,505)	(46,182,577)

The accompanying notes are an integral part of the financial statements.

On behalf of the Board,

_____, Director

_____, Director

Vitalité Health Network

Operations

<i>Year ended,</i>	<i>Budget March 31, 2011 March 31, 2010</i>		
	\$	\$	\$
	(Unaudited)		
Revenues			
Department of Health	585,434,397	616,532,016	599,045,359
Federal Programs	-	8,698,512	9,097,950
Patient recoveries	32,489,079	31,198,435	29,181,930
Recoveries and sales	2,269,873	3,007,022	3,405,046
Discretionary Board revenues	-	5,158,654	5,046,255
Amortization of deferred contributions related to tangible capital assets	-	17,828,741	19,276,227
	620,193,349	682,423,380	665,052,767
Expenses			
Nursing inpatient services	180,109,304	189,405,111	177,139,224
Ambulatory care services	71,547,848	69,779,677	66,210,345
Diagnostic and therapeutic services	114,036,654	115,118,053	111,101,065
Community services	68,420,023	69,072,667	68,433,857
Education and Research	3,698,609	10,370,473	10,365,102
Medicare	61,197,184	82,629,314	78,992,738
Support services	102,986,482	107,931,943	104,526,833
Administrative services	24,202,202	19,552,484	19,026,420
Discretionary Board expenses	-	3,315,691	3,292,024
Amortization of tangible capital assets	-	19,582,326	20,961,011
Provision for sick pay obligation	-	1,148,100	1,427,700
	626,198,306	687,905,839	661,476,319
(Deficit) surplus before adjustment	(6,004,957)	(5,482,459)	3,576,448
Adjustment of prior year-end settlements	-	153,334	401,624
Annual (deficit) surplus		(5,329,125)	3,978,072

The accompanying notes are an integral part of the financial statements.

Vitalité Health Network

Accumulated deficit

<i>Year ended,</i>	<i>March 31, 2011</i>		<i>March 31, 2010</i>	
	\$	\$	\$	\$
Accumulated deficit as previously stated		(27,668,575)		(28,070,199)
Public sector accounting standards adjustment (note 2)		(14,535,930)		(18,112,378)
Beginning balance as restated		(42,204,505)		(46,182,577)
Annual (deficit) surplus		(5,329,125)		3,978,072
Accumulated deficit at end of year		(47,533,630)		(42,204,505)

The accompanying notes are an integral part of the financial statements.

Vitalité Health Network

Changes in Net Financial Debt

<i>Year ended,</i>	<i>March 31, 2011</i>	<i>March 31, 2010</i>
	\$	\$
Annual (deficit) surplus	(5,329,125)	3,978,072
Aquisition of tangible capital assets	(38,606,624)	(25,319,565)
Amortization of tangible capital assets	19,582,326	20,961,011
Amortization of deferred contributions related to tangible capital assets	(17,828,741)	(19,276,227)
Government contributions and donations related to tangible capital assets	34,983,147	23,904,221
	(1,869,892)	269,440
(Net acquisition) use of prepaid expenses and supplies	(961,088)	574,056
Net financial debt (increase) decrease	(8,160,105)	4,821,568
Net financial debt at beginning of year	(65,055,439)	(69,877,007)
Net financial debt at end of year	(73,215,544)	(65,055,439)

The accompanying notes are an integral part of the financial statements.

Vitalité Health Network

Cash Flows

Year ended,	March 31, 2011	March 31, 2010
	\$	\$
OPERATIONS		
Annual (deficit) surplus	(5,329,125)	3,978,072
Non-cash items		
Amortization of tangible capital assets	19,582,326	20,961,011
Amortization of deferred contributions for tangible capital assets	(17,828,741)	(19,276,227)
Unrealized gain on temporary investments	(125,689)	(400,764)
Provision for sick pay obligation	1,148,100	1,427,700
Change in working capital items <i>(Note 13)</i>	15,959,926	21,054,860
	13,406,797	27,744,652
FINANCING AND INVESTING		
Decrease in short term borrowing	(3,500,000)	(20,000,000)
Government contributions received for tangible capital assets	5,626,724	7,511,597
Donations received for tangible capital assets	3,539,402	1,427,649
Receipt of long term receivable	677,482	641,946
Repayment of long term debt	(677,482)	(664,946)
Tangible capital assets additions <i>(Note 13)</i>	(12,789,603)	(10,354,590)
Increase in temporary investments	(5,584,349)	(11,813)
	(12,707,826)	(21,450,157)
Net increase in cash and cash equivalents	698,971	6,294,495
Cash, beginning of year	11,862,715	5,568,220
Cash, end of year	12,561,686	11,862,715

The accompanying notes are an integral part of the financial statements.

Vitalité Health Network

Notes to Financial Statements

March 31, 2011

Note 1 - STATUTES AND NATURE OF OPERATIONS

The Regional Health Authority A, was incorporated under the laws of the Province of New Brunswick on September 1, 2008. It operates as Vitalité Health Network (the "Network"). The Network 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).

The principal activity of the Network is providing for the delivery and administering of health services to the people of New Brunswick. Through a network of hospitals, health centers and specialty centers the Network provides programs and services ranging from primary care to specialized and tertiary services. Community based services, such as Extra-Mural Program, Addiction Services, Community Mental Health and Public Health are located in several communities.

The Vitalité Health Network is funded primarily by the Province of New Brunswick in accordance with budget arrangements established by the Department of Health.

Note 2 - CONVERSION TO PUBLIC SECTOR ACCOUNTING STANDARDS

Commencing with the 2010/11 fiscal year, the Network has adopted Canadian public sector accounting ("PSA") standards. These financial statements are the first financial statements for which the Network has applied Canadian public sector accounting standards.

The impact of the conversion to Canadian public sector accounting standards on the accumulated deficit at the date on transition and the comparative annual surplus is presented below. These accounting changes have been applied retroactively with restatement of prior periods. The following changes have been implemented to comply with PSAB and have generated to record sick pay obligation for an amount of \$37,086,600 at March 31, 2009.

	2011 \$	2010 \$
<hr/>		
Net financial assets		
Investment in tangible capital assets, as previously stated	13,667,906	13,937,328
Public sector accounting standards adjustment to deficiency	(13,667,906)	(13,937,328)
<hr/>		
Beginning balance as restated	-	-
<hr/>		
Internally restricted board reserves as previously stated	10,310,464	5,036,894
Public sector accounting standards adjustment to deficiency	(10,310,464)	(5,036,894)
<hr/>		
Beginning balance as restated	-	-
<hr/>		

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 2 - CONVERSION TO PUBLIC SECTOR ACCOUNTING STANDARDS
(CONTINUED)

	2011 \$	2010 \$
Accumulated deficit at beginning as previously stated	(27,668,575)	(28,070,199)
Public sector accounting standards adjustment to deficiency	23,978,370	18,974,222
Public sector accounting standards adjustment to sick pay obligation	(38,514,300)	(37,086,600)
	(14,535,930)	(18,112,378)
Accumulated deficit at beginning as restated	(42,204,505)	(46,182,577)

Restatement of 2010 annual surplus

The surplus for March 31, 2010 as previously stated of \$5,261,540 was reduced by the provision for sick pay obligation of \$1,427,700 and increased by \$144,232 for the year-end settlement with Veteran Affairs of Canada which was originally recorded directly to Internally restricted Board reserves, for a restated balance of \$3,978,072 \$.

Note 3 - SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

These financial statements are prepared in accordance with Canadian public sector accounting standards for provincial reporting entities established by the Canadian Public Sector Accounting Board.

Accounting estimates

The preparation of financial statements in accordance with Canadian public sector accounting standards requires management to make estimates and assumptions 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 organization may undertake in the future. Actual results may differ from these estimates.

Revenue recognition

Revenues are recognized on the accrual basis and measurable as they are earned. Revenue received prior to being earned is recorded as deferred revenue until such time as the revenue is earned.

Expense recognition

Expenses are recorded on the accrual basis as they are incurred and measurable based on receipt of goods or services and obligation to pay.

Vitalité Health Network

Notes to Financial Statements

March 31, 2011

Note 3 - SIGNIFICANT ACCOUNTING POLICIES (*CONTINUED*)

Cash and cash equivalents

The Network's policy is to present cash (bank overdraft) and investments having a term of three months or less with cash and cash equivalents.

Tangible capital assets

Tangible capital assets are physical assets used to provide Network services; Network administration and will be used on a regular basis for a period greater than one year and are not surplus properties held for resale or disposal.

Tangible capital assets are recorded at cost, which includes all amounts directly attributable to acquisition, construction, development or betterment of the asset, and are amortized on a straight-line basis over their estimated useful lives. Amortization begins in the year after the asset has been put into use. Assets under construction are not amortized until they are put into use. Descriptions and useful lives are as follows:

	<u>Rates</u>
Land: all land owned by the Network, including land under buildings.	N/A
Land improvements: includes major landscaping projects, parking lots, and similar assets.	5 - 20%
Buildings: all Network owned buildings, as single assets or broken into components: structural, interior, exterior, mechanical, electrical, specialty items and equipment, and site works.	2 - 10%
Equipment: includes informations technology assets, medical equipment, motorized fleet equipment.	5 - 50%
Vehicles: all Network's vehicles including cars, trucks and similar assets.	6 - 20%
Leasehold Improvements: includes major improvements to leased buildings.	5 - 10%

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Network's ability to provide services, or when the value of future economic benefits associated with the tangible capital assets are less than their net book value. The net write-downs are accounted for as expenses in the statement of operations.

Deferred contributions related to tangible capital assets are amortized to the earnings on the same basis as the related tangible capital assets.

Deferred contributions related to tangible capital assets

Deferred contributions related to tangible capital assets represent restricted funds received from the Province of New Brunswick and third parties for the acquisition of tangible capital assets for the delivery of by the Network.

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 3 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Prepaid expenses and supplies

Prepaid expenses and supplies consist of consumables including drugs; food; fuel; medical, surgical and general supplies; and prepayment of service contracts which are charged to expense over the period of expected benefit or usage.

Note 4 - ACCOUNTS RECEIVABLE

	2011 \$	2010 \$
Province of New Brunswick:		
Medicare	10,401,872	10,188,826
Equipment contributions	2,442,388	1,277,739
Provincial plan	2,365,021	8,786,796
	15,209,281	20,253,361
Patients, less allowance for doubtful accounts	8,556,603	7,509,387
Harmonized sales tax	4,163,892	2,525,192
Other	8,587,574	5,945,940
	36,517,350	36,233,880

The allowance for doubtful accounts included in the accounts receivable from patients is \$382,099 (\$420,471 - 2010).

Note 5 - ESTIMATED YEAR-END ADJUSTMENT FROM THE PROVINCE - MARCH 31, 2011

2011	Budget \$	Actual \$	Balance Receivable (Payable) \$
Net patient income	32,489,079	31,760,289	728,790
Non-transferable programs under budget			(1,614,132)
			(885,342)

The estimated year-end settlement calculated in this note for the year ended March 31, 2011 is subject to the approval of the Department of Health and Wellness of the Province of New Brunswick.

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 6 - TEMPORARY INVESTMENTS

	2011		2010	
	Cost \$	Market Value \$	Cost \$	Market Value \$
Fixed revenue securities	9,769,267	9,761,840	4,182,343	4,200,151
Marketable securities	1,418,081	1,551,197	1,019,892	1,402,848
	11,187,348	11,313,037	5,202,235	5,602,999

Note 7 - ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2011 \$	2010 \$
Accounts payable	36,899,593	25,388,368
Salaries and benefits payables	20,194,246	18,612,499
Advance on non-resident receivables	1,400,000	1,400,000
	58,493,839	45,400,867

Note 8 - DEFERRED REVENUES

	Balance beginning year \$	Receipts during year \$	Transferred to revenue \$	Balance at end of year \$
Deferred Revenues	1,979,048	420,300	(347,084)	2,052,264

Note 9 - ACCRUED EMPLOYEE BENEFITS

	2011 \$	2010 \$
Accrued vacation pay	28,239,739	26,443,362
Overtime payable	2,910,989	2,896,166
Statutory holidays payable	1,363,044	1,268,258
Sick pay obligation	39,662,400	38,514,300
	72,176,172	69,122,086

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 10 - TANGIBLE CAPITAL ASSETS

2011	<i>Land</i> \$	<i>Land Improvements</i> \$	<i>Buildings</i> \$	<i>Equipment</i> \$	<i>Vehicles</i> \$	<i>Leasehold Improvements</i> \$	<i>Total</i> \$
Cost							
Opening Balance	2,400,627	2,987,713	456,416,581	211,059,198	326,564	6,621,879	679,812,562
Additions	-	-	25,817,021	12,789,603	-	-	38,606,624
Write downs/Disposals	-	-	-	(1,829,053)	-	-	(1,829,053)
Closing Balance	2,400,627	2,987,713	482,233,602	222,019,748	326,564	6,621,879	716,590,133
Accumulated Amortization							
Opening Balance	-	1,995,160	241,921,538	175,450,681	314,143	4,623,225	424,304,747
Amortization	-	161,123	11,302,333	7,933,132	6,210	179,528	19,582,326
Write downs/Disposals	-	-	-	(1,829,053)	-	-	(1,829,053)
Closing Balance	-	2,156,283	253,223,871	181,554,760	320,353	4,802,753	442,058,020
Net book value	2,400,627	831,430	229,009,731	40,464,988	6,211	1,819,126	274,532,113

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 10 - TANGIBLE CAPITAL ASSETS (CONTINUED)

2010	<i>Land</i> \$	<i>Land Improvements</i> \$	<i>Buildings</i> \$	<i>Equipment</i> \$	<i>Vehicles</i> \$	<i>Leasehold Improvements</i> \$	<i>Total</i> \$
Cost							
Opening Balance	2,400,627	2,987,713	441,451,606	200,878,062	326,564	6,448,408	654,492,980
Additions	-	-	14,964,975	10,181,119	-	173,471	25,319,565
Closing Balance	2,400,627	2,987,713	456,416,581	211,059,181	326,564	6,621,879	679,812,545
Accumulated Amortization							
Opening Balance	-	1,804,085	230,475,968	166,303,363	307,933	4,452,370	403,343,719
Amortization	-	191,075	11,445,570	9,147,301	6,210	170,855	20,961,011
Closing Balance	-	1,995,160	241,921,538	175,450,664	314,143	4,623,225	424,304,730
Net book value	2,400,627	992,553	214,495,043	35,608,517	12,421	1,998,654	255,507,815

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 11 - DEFERRED CONTRIBUTIONS FOR TANGIBLE CAPITAL ASSETS

	2011 \$	2010 \$
Balance, beginning of year	241,839,921	237,211,927
Plus:		
Additional contributions received	34,983,147	23,904,221
	276,823,068	261,116,148
Less:		
Amounts depreciated to revenue	(17,828,741)	(19,276,227)
Balance, end of year	258,994,327	241,839,921

Note 12 - PREPAID EXPENSES AND SUPPLIES

	2011 \$	2010 \$
Drugs	3,410,075	3,322,761
Food	122,858	121,633
Fuel	252,056	180,581
Medical, surgical and supplies	3,379,155	3,502,791
Services contracts and others	2,979,984	2,055,274
	10,144,128	9,183,040

Note 13 - INFORMATION INCLUDED IN CASH FLOWS

The changes in working capital items are detailed as follows:

	2011 \$	2010 \$
Accounts receivable	(283,470)	28,045,976
Estimated year-end adjustment from the province	2,132,310	(1,796,336)
Prepaid expenses and supplies	(961,088)	574,056
Accounts payable and accrued liabilities	13,092,972	(8,123,233)
Deferred revenues	73,216	79,709
Accrued employees benefits	1,905,986	2,274,688
	15,959,926	21,054,860

Investing activities also included tangible capital assets acquisitions and deferred contribution related to tangible capital assets for an amount of \$25,817,021 (2010 - \$14,964,975) that were financed directly by the ministry for Supply and Services. Those transactions had no impact on the cash flow.

Vitalité Health Network

Notes to Financial Statements

March 31, 2011

Note 14 - CONTINGENCIES

Contingent liabilities

Management believes that the Network has valid defenses and appropriate insurance coverage's in place in respect to claims pending at the end of the year. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Network financial position.

The Network is covered under the Health Services Liability Protection Plan which is underwritten by the Province of New Brunswick and administered by Health Care Insurance Reciprocal of Canada (« HIROC).

Collective agreement

As of March 31, 2011, many collective agreements were expired. The agreement with the New Brunswick Union of Public and Private Employees, groups Specialized Health Care Professionals and Para Medical expired on December 31, 2009 and the agreement with the New Brunswick Nurses Union group Nurses Part III expired on December 31, 2010.

As the negotiations were not completed, no provisions for retroactive salaries adjustments, if necessary, were recorded in these financial statements.

Note 15 - COMMITMENTS

The Vitalité Health Network has lease commitments for equipment rental and purchase contracts for goods and services expiring at various dates. Minimum payments payable over the next five years are as follows:

	\$
2012	4,697,023
2013	2,390,996
2014	2,027,611
2015	899,558
2016	347,163

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 16 - DONATIONS FROM THE FOUNDATIONS

During the year the Vitalité Health Network received donations from these foundations:

	2011 \$	2010 \$
Fondation Hôpital Dr-Georges-L.-Dumont Inc. (Moncton)	1,567,544	770,930
La Fondation de l'Hôpital régional d'Edmundston inc.	324,015	141,759
La Fondation des Amis de l'Hôpital Général de Grand-Sault inc.	41,461	64,738
Fondation Dr Romaric Boulay Inc. (St-Quentin)	21,772	7,492
Fondation des amis de la santé (Campbellton)	429,463	191,501
Les Auxiliaires de Campbellton - Soins de santé	9,006	21,506
Fondation de l'Hôpital régional Chaleur Inc. (Bathurst)	711,490	669,319
Fondation de l'Hôpital de l'Enfant-Jésus Inc. 1988 (Caraquet)	137,734	22,377
La Fondation de l'Hôpital de Lamèque Inc.	34,189	1,921
Fondation Les Amis de l'Hôpital de Tracadie Inc.	263,455	95,590
Total	3,540,129	1,987,133

Note 17 - EMPLOYEE FUTURE BENEFITS

Pension plan

The Network staff are members of a defined benefit or defined contribution pension plan established by the province of New Brunswick pursuant to the New Brunswick pension Benefits Act. The Province of New Brunswick is responsible for funding this plan and accordingly the Network is only responsible for annual funding as established by the pension plan administrator. Annual contributions were \$16,537,485 for 2011 (2010 - \$17,138,503).

Vacation pay and over time accrual

Vacation pay and overtime is accrued to year-end. Related funding from the Department of Health is recorded when received.

Sick pay accrual

The cost of non-vesting sick leave benefits are actuarial determined using management's best estimate of salary escalation, accumulated sick days at retirement, long term inflation rates and discounts rates.

Retirement gratuities accrual

The Network provides retirement gratuities to employees upon retirement. The Province of New Brunswick funds these retirement benefits through separate funding from the annual operational and tangible capital asset funding and is responsible for the calculation of the benefits. As a result the potential liability is not recorded by the Network.

Vitalité Health Network
Notes to Financial Statements
 March 31, 2011

Note 18 - EXPENSES BY OBJECT

	2011 \$	2010 \$
Salaries	457,756,940	437,919,563
Benefits	51,772,779	50,424,976
Medical and surgical supplies	36,819,541	34,387,198
Drugs	26,349,510	24,854,546
Other	95,624,743	92,929,025
Amortization	19,582,326	20,961,011
Total	687,905,839	661,476,319

Note 19 - OTHER INFORMATION

The Board has in the past created reserves for internal use for an amount of \$9,317,240 (\$10,310,465 in 2010). Those reserves are not supported by assets and funds have not been set aside for these purposes.

For management purpose, investment in tangible capital assets are monitored. That investment is comprised of tangible capital assets for an amount of \$274,532,113 (\$255,507,815 in 2010) and of deferred contributions for tangible capital assets of \$258,994,327 (\$241,839,921 in 2010).

Note 20 - COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform with the presentation used in the current year.

Note 21 - BUDGETED FIGURE

Budget figures have been provided for comparison purposes and have not been audited. They have been derived from the estimates approved by the Board of Directors and include budget amendments.

APPENDICES

Vitalité Health Network Facilities





St. Joseph Community Health Centre

The mission of the St. Joseph Community Health Centre, located in the heart of the Town of Dalhousie, is to increase access to primary health care and improve the overall health of Restigouche residents. In this perspective, the centre provides a range of primary health care services focusing on health promotion and disease prevention. Chronic disease management is also a key priority for this facility.

In the spring of 2010, the St. Joseph Community Health Centre was chosen by the province to lead a pilot project on the horizontal integration of mental health care in rural-based primary health care services. The purpose of the project was to make it easier for health professionals (nurses, physicians, social workers) to make mental health care part of their services. Work tools were developed to help health professionals evaluate and treat mental health problems. Trainers and professionals were trained to use these tools. The provincial government will assess the viability of the project and look into the possibility of extending it to other community health centres throughout the province.

In January 2011, a foot care clinic was opened at the St. Joseph Community Health Centre. The purpose of the clinic is to prevent and treat foot problems and provide the education and support clients need. To ensure better service to clients, a nurse underwent special foot care training at the Centre de formation Denise Pothier, in Québec. The facility is now able to provide specialized foot care to clients with foot problems.

In order to fully succeed in its mission to promote health and prevent disease, the St. Joseph Community Health Centre, in collaboration with the Jacquet River Health Centre, set up various booths during different festivals throughout the Restigouche region. Within the scope of these activities, professionals were on hand to provide services and advice in a range of areas including blood pressure and blood sugar testing, stroke, chronic diseases, diet and nutrition, and physical activity.



Restigouche Hospital Centre

Located at the foot of Mount Sugarloaf in Campbellton, the Restigouche Hospital Centre provides specialized mental health care services. The centre also runs the provincial forensic psychiatry program.

As part of the facility's upcoming transfer to a new building, the mandate of the Restigouche Hospital Centre will be shifting its focus to a more recovery-oriented system of care – one where patients can develop their full potential and maintain their independence.

The groundwork to prepare for construction of the new building continued throughout 2010-2011. The process of relocating some employees was completed in July 2010, and this made it possible to demolish the D Unit sector – the last step in getting the site ready for construction.

The tender process for the construction of the new facility, which has been under way for nearly a year now, required the mobilization of many resources; nevertheless, the process proved to be a useful planning exercise in defining the specific needs of the Network as to the type of services to be provided in the new facility. The new building contractor will be selected in early July 2011 and work should begin by September. Construction of the new facility is expected to be completed by 2014.

The new facility will provide improved mental health services and help boost the value of the organization's network of health facilities in the Restigouche region. It will also be an asset for the Network, as it will help to recruit and retain qualified mental health professionals.

As part of the implementation of the recovery-oriented model of care, a few members of the team travelled to Connecticut to visit the Yale Center for Recovery and Community, Focus on Recovery-United Inc. and the Connecticut Valley Hospital. Staff members as well as patients participated in outreach sessions to learn about the care model. Preliminary measures were also taken with Dr. Stayner from Yale University, in conjunction with Addiction Services and Mental Health, with a view to establishing a partnership centering on the recovery-oriented model of care.

Community reintegration of patients is important for health professionals of the Restigouche Hospital Centre. All patients with intellectual impairments residing in the long-term care sector were assessed with respect to future reintegration. As a result, two patients were able to return to their community and are now living closer to their families. This evaluation work will continue throughout 2011-2012, with the objective being to facilitate reintegration of approximately 30 patients.



Dr. Georges-L.-Dumont University Hospital Centre

Situated in the heart of the City of Moncton, the Dr. Georges-L.-Dumont University Hospital Centre provides primary, secondary, and tertiary health care services to residents of southeastern New Brunswick and in other regions throughout the province. The facility's most noteworthy event of 2010-2011 is incontestably the provincial government's announcement in the summer of 2010 that designated the Dr. Georges-L.-Dumont Regional Hospital as a university hospital centre. This designation recognizes the academic mission of the facility on account of the quality and diversity of its clinical services and training and research programs.

It is in this spirit that the facility officially opened the Internal Medicine Teaching Unit in November 2010. The 16-bed unit, implemented in collaboration with the Centre de formation médicale du Nouveau-Brunswick, the Université de Sherbrooke, the Université de Moncton, and the Government of New Brunswick, welcomed its first medical students in April 2010. Medical students from New Brunswick can now complete their entire medical training right here in the province.

Several construction projects were undertaken at the Dr. Georges-L.-Dumont University Hospital Centre. These projects include the construction of a new boiler room, the expansion of a room to accommodate a new PET scanner, and the construction of two new radiotherapy bunkers in Oncology.

A contribution by the Sean Collins Mission allowed the Network to establish a new oncology pediatric room. This room is set up so as to promote the well-being of young patients with cancer and to accommodate parents who wish to stay with their child overnight when treatments are under way.

Women in the southeastern part of the province now have access to improved breast care services thanks to the addition of two new digital mammography units. These high-tech units deliver clearer, more accurate images and provide for faster, higher volume readings, which results in shorter wait times. The purchase of these units is the fruit of a partnership between Vitalité Health Network, the Dr. Georges-L.-Dumont Hospital Foundation, the Canadian Breast Cancer Foundation, and the Department of Health.

The Network wishes to recognize the community for its tremendous support to the Dr. Georges-L.-Dumont Hospital Foundation. In 2010, the Foundation raised a total of \$1.5 million within the scope of its Tree of Hope campaign and radiothon. The money was used to support the Mrg. Henri-Cormier Lodge, to purchase medical equipment, and to provide training to staff members of the Dr. Léon-Richard Oncology Centre.



Shediac Regional Medical Centre

The Shediac Regional Medical Centre provides health services to residents of Shediac, Cap-Pelé, and surrounding areas. The centre provides a range of primary health care services focusing on health promotion and disease prevention. Chronic disease management is also a key priority in this facility.

Diabetes has become one of the leading causes of disease and premature death in Canada. In 2007-2008, one in 13 New Brunswick residents was living with diabetes; according to studies, this number will rise to one in ten by 2012-2013. People with diabetes generally have more health problems than other people; this leads to more frequent use of health care services, which places a significant burden on an already overwhelmed system. Consequently, the Shediac Regional Medical Centre decided to set up a diabetes prevention and management project in the community. As part of this project, the centre now has a case manager, whose territory spans the entire Beauséjour Zone. Trained as a nurse, the case manager supports physicians in the community.

A licensed practical nurse (LPN) joined the Shediac Regional Medical Centre team. The LPN provides services that help boost the centre's efficiency and maximize its resources so that it can deliver services in the area of health promotion, disease prevention, and chronic disease management.



Enfant-Jésus RHSJ† Hospital

Overlooking the Bay of Chaleur, the Enfant-Jésus RHSJ† Hospital occupies a vital place in the Town of Caraquet, which is celebrating its 50th anniversary this year. The facility provides primary health care, and acute care, as well as diagnostic and therapeutic services.

The facility's most noteworthy event of 2010-2011 is incontestably the increased medical coverage in the hospital's walk-in clinic. Since September 2010, residents on the Acadian Peninsula have access to a physician 24 hours a day, seven days a week. This round-the-clock medical coverage along with the added human resources has allowed the hospital to reopen the acute care beds that were occupied by long-term care patients.

A new service is now provided to children with complex eating problems. Indeed, as part of interdisciplinary intervention clinics, held once week, the pediatric development team provides follow-up services to children on the Acadian Peninsula identified with risk of developmental problems at birth—for instance, children born prematurely or with health problems causing developmental delays. The team is made up of a dietitian, an occupational therapist, a social worker, a speech-language pathologist, and a physiotherapist; a psychologist also occasionally serves on the team. The Speech-Language Pathology Department will soon have a new multipurpose room equipped with an observation room, which will be used to hold interdisciplinary meetings with children and their parents.

The Enfant-Jésus RHSJ† Hospital relies heavily on the generosity of the community toward the Fondation Hôpital de l'Enfant-Jésus Inc. 1988. The 2010 annual campaign's \$82,000 fundraising goal was reached, and the money was used to purchase equipment for the Laboratory, Pharmacy, and Electrodiagnosis departments. Additionally, with the Foundation's support, the pediatric development team will soon receive new equipment that will enhance the quality of care and services provided to children on the Acadian Peninsula.



Tracadie-Sheila Hospital

Founded in the mid-nineteenth century and located in the heart of the Town of Tracadie-Sheila, the Tracadie-Sheila Hospital is the first French-language hospital in the Maritimes. The facility, which was relocated to a new, more modern building in 1991, offers diagnostic, clinical, and therapeutic services, as well as specialized services that include renal dialysis, endoscopy, and ambulatory care clinics.

Acadian Peninsula residents now have improved access to emergency services following the upgrade and expansion of the Emergency Department at the hospital. The renovation project expanded the department to include nine additional patient care rooms, bringing the total number of rooms to 18.

In 2010-2011, nursing units were also equipped with a computerized medical order and blood specimen management system. This has been a vital tool in helping to boost efficiency and strengthen risk management efforts by improving the safety of specimen labelling and transportation.

In order to improve services to clients with diabetes, ensure regular follow-up services, and facilitate admission of new clients, the Diabetes Clinic at the Tracadie-Sheila Hospital was moved to the Ambulatory Care sector, where it has access to three treatment rooms. The new environment is better equipped to meet the needs of clients. Now that the clinic counts among its staff a nurse and ward clerk, services have increased from two days a week to five. A dietitian provides consultation services one day a week, and then two days the following week. More than 570 patients were seen in the clinic in 2010-2011. The addition of clinic days should result in a marked increase in the number of consultations and follow-up visits.



Lamèque Hospital and Community Health Centre

The Lamèque Hospital and Community Health Centre is the only facility within Vitalité Health Network to house both a hospital and community health centre. The facility provides a range of primary health care services that focus on health promotion and disease prevention. Management of chronic diseases is also a top priority for this facility. Thanks to the tireless efforts of employees and care providers in this facility, as well as the members of the Community Advisory Committee, the Lamèque Hospital and Community Health Centre has become a model of civic engagement in health and has even been the subject of study in this area.

True to its mission, the Lamèque Hospital and Community Health Centre held several health promotion and disease prevention activities, in partnership with organizations in the Inkerman, Shippagan, Lamèque, and Miscou regions. For instance, the “Active Health” promotion program was offered, as well as blood pressure and diabetes screening clinics, stroke prevention activities, and bereavement support groups. In the fall of 2009, the Lamèque Hospital and Community Health Centre also took part in a smoking cessation pilot project for low-income people. The pilot project was made possible through a partnership between the Lamèque Hospital and Community Health Centre, the New Brunswick Heart and Stroke Foundation, and Pfizer pharmaceuticals.

Clinics at the Lamèque Hospital and Community Health Centre are well-appreciated by the region’s residents. The Diabetes Clinic has 250 patients, the Blood Pressure Clinic has 208, and the Anticoagulant Therapy Clinic counts over 140. The goals of these clinics, all three of which are in line with collaborative practice principles, is to inform and support patients in order to help them take charge of and control their chronic disease, as promoted by Vitalité Health Network and the Department of Health.

The “My Choices-My Health” program is offered to clients affected by chronic disease; its goal is to help patients take charge of their disease. Four groups of patients completed this program in 2010.



Grand Falls General Hospital

Located in the heart of Victoria County, Grand Falls General Hospital has been providing critical care, surgical care, and ambulatory care to the region's residents since the 1960s.

A major \$3.5-million renovation project announced in 2010 enabled the Laboratory and Medical Imaging departments to move into spacious new premises in proximity to the Emergency Department and Multipurpose Unit in April 2011. The project also involved acquiring and optimizing some pieces of equipment. The space formerly occupied by the Laboratory and Medical Imaging departments will be renovated to house a new unit for minor procedures.

The reorganization of nursing care services continued, with the objective being to maximize the role of professionals. Since the summer of 2010, licensed practical nurses have been administering medication to patients, and since the spring of the same year, patient care attendants have been documenting clinical notes in patient charts.

The Ambulatory Care Clinic provides diabetic consultation and follow-up services three days a week. The clinic advocates a holistic and multidisciplinary approach, ensuring that patients receive quality care tailored to their needs. The number of visits increased over 20 percent in 2010, bringing the total number of visits to nearly 1,500.

The greatest challenge faced by the Grand Falls General Hospital in 2010 was undoubtedly bed management, with the facility's bed occupancy rate averaging 121.5 percent and even peaking as high as 134.5 percent.

This situation was primarily attributable to the large number of medically discharged patients who continued to occupy a bed while awaiting placement in a long-term care facility. At times, up to 18 out of 20 beds were occupied by this category of patients, resulting in overcrowding in the Emergency Department.

Since its beginnings in 1986, the Foundation of the Friends of the Grand Falls General Hospital Inc. has invested over \$980,000 in equipment. This year, the Foundation donated \$40,366 toward the purchase of cushions and seatbacks for four new wheelchairs and a portable ultrasound machine for the Emergency Department. The local Tim Hortons Smile Cookie Campaign also raised \$4,000 toward the purchase of a geriatric bed and digital scale.



Chaleur Regional Hospital

Located in Bathurst, the Chaleur Regional Hospital offers primary and secondary health care services to residents of the Chaleur region and Acadian Peninsula. It opened its doors in 1972 and will be celebrating its 40th anniversary next year.

Women of the Chaleur region and Acadian Peninsula now have enhanced hospital services at their disposal in the breast health field thanks to the acquisition of a digital mammography unit. This cutting-edge device constitutes a powerful tool in the fight against breast cancer. It improves the quality and availability of breast cancer screening services, reduces wait times, and improves the quality of the images produced. This machine was purchased through a partnership between the Chaleur Regional Hospital Foundation Inc., the Department of Health, and the Canadian Breast Cancer Foundation.

As part of a project to upgrade the facility, the Department of Health announced a \$9.5-million investment to continue the planning and begin construction of the new intensive care and step-down units and installation of a new electrical entry. When the project is completed, the hospital will have a complement of ten intensive care beds and five step-down beds in an environment supportive of quality care and patient safety.

For its part, the Joslin Diabetes Clinic at the Chaleur Regional Hospital—an affiliate of the Joslin Diabetes Center, in Boston—received an accreditation certificate for the fifth consecutive year. Established in 2006, the clinic promotes diabetes management based on patient empowerment and on participation by a multidisciplinary team. The team provides medical care, teaching, and services to help patients manage their disease and related complications.

The facility also received an award from BD Canada for improving patient and staff safety through the adoption and use of BD Nexiva intravenous needles. This technology prevents contact with blood when an IV is being inserted, and also allows larger volumes of solution to be injected in cases, for example, of trauma. This type of needle also remains in place longer, thereby reducing the number of needle pricks required.

As part of its Cervical Cancer Screening Program, the Chaleur Regional Hospital also established a Pap Test Clinic a few years ago. Through this clinic, administered by the Obstetric Clinic, women in the region can obtain a Pap test simply by booking an appointment with the Obstetric Clinic. The Pap Test Clinic performs approximately 250 examinations a year.



Campbellton Regional Hospital

Located near Sugarloaf Mountain, the Campbellton Regional Hospital resulted from the 1991 amalgamation of the Soldiers' Memorial Hospital and the Hôpital Hôtel-Dieu. It offers primary and secondary health care to residents of Restigouche and neighbouring communities in Québec.

The aging population within the catchment area of the hospital is affected by illness, disability, and the various effects of aging. To provide seniors with care and services based on best practices, the hospital has established a geriatric resource nurse team. The team has acquired expertise in the field of seniors nursing care through NICHE (Nurses Improving Care for Healthsystem Elders), a national program from the Hartford Institute for Geriatric Nursing, New York University College of Nursing. These resource nurses help improve direct patient care by creating work tools and helping to review complex cases. Hazel Johnson, Sonia Barriault, Marie-Andrée Maher, and Ariane Poulin have published a scientific article in the Solutions series. This article, entitled "Communication to Enhance Function - A Collaborative Approach," addresses communication problems between older patients, their families, and interdisciplinary teams. It discusses issues such as the importance of pictograms in improving communication between patients, families, and caregivers.

In place since 2009, the Breast Health Clinic reduces wait times for the diagnosis and treatment of breast abnormalities. The acquisition of a digital mammography unit represented a major step forward for the clinic, which can now provide cutting-edge services thanks to optimal quality images and high-precision biopsies. This machine has shortened wait times, cut the length of the examination in half, and given physicians quicker access to the images produced. Collaboration between the Department of Health, the Canadian Breast Cancer Foundation, the Friends of Healthcare Foundation, and Vitalité Health Network was key to purchasing this equipment.

The hospital also introduced initiatives under the New Brunswick Integrated Stroke Strategy. Health professionals received training to improve their stroke-related skills and knowledge. Stroke information and prevention sessions were also offered to the public.



Edmundston Regional Hospital

The Edmundston Regional Hospital has been part of the local landscape and daily life in northwestern New Brunswick since 1991. It offers acute care, surgical care, ambulatory care, mother-child care, and mental health care. Over the years, health professionals have devoted their knowledge and expertise to developing the hospital and have established various departments such as the Internal Medicine and Respiratory Therapy departments to benefit the population.

Activities around planning the renovation of the Oncology Clinic continued. This renovation will centralize the hospital's oncology services in a single unit and enable the delivery of enhanced patient care within a more spacious and private setting located in the heart of the community.

A respiratory therapist from the Edmundston Regional Hospital, Paul Ouellet, helped found the "Société internationale en ventilation artificielle (SIVA)." This learned society is the result of collaborative efforts between the Edmundston Regional Hospital, the Hôpital du Sacré-Cœur de Montréal, and the universities of Créteil, Angers, and Rouen, in France. Its mandate is to gather a host of resources in a single location on the Web and to make them accessible to health professionals. Only a few decades ago, mechanical ventilation was often interpreted as a sign of imminent death. Today, it is often pivotal in promoting recovery for a large number of critically ill patients.

The hospital also relies heavily on the community's generosity toward the Edmundston Regional Hospital Foundation. In 2010-2011, the Foundation donated nearly \$275,000 toward the purchase of several pieces of equipment (general ultrasound unit, flexible ureteroscopy, therapeutic surface, and balance assessment and rehabilitation unit).



Stella-Maris-de-Kent Hospital

Located in Sainte-Anne-de-Kent, the Stella-Maris-de-Kent Hospital provides emergency services, acute care, and ambulatory care to the population in the region extending from Kouchibouguac to Cocagne through the Elsipogtog First Nation and Sainte-Marie-de-Kent.

The hospital introduced palliative care in 2010. Staff received training on the standards of practice, and measures were taken to ensure a four-to-one ratio of patients to health professionals. A palliative care committee was also established.

The Pap Test Clinic was expanded to become the Women's Health Clinic. Women in Kent County now have access not only to Pap tests, but also to breast and pelvic exams. Education on various women's health issues is also available.

New health professionals have joined the hospital's team, including an orthopedic surgeon who offers one or two clinics a month (depending on demand and his availability), and two new emergency physicians. The return of a respiratory therapist has helped to enhance the quality of care and services provided to the population and ensure continuity of care for people with pulmonary diseases or heart problems.

In partnership with the Dr. Georges-L.-Dumont Hospital Foundation, Stella-Maris-de-Kent Hospital administrators joined with community members in establishing Les Amis de l'Hôpital Stella-Maris-de-Kent, a foundation dedicated to the hospital's advancement. The Foundation's Board of Directors was set up, and its first steps were to inform the population about the services and programs offered by the hospital and to organize fundraising activities toward equipment purchases and special projects.



Hôtel-Dieu Saint-Joseph de Saint-Quentin

The Hôtel-Dieu Saint-Joseph de Saint-Quentin has been an integral part of the history and heritage of Restigouche County since the early 1960s. Founded by the Religious Hospitallers of St. Joseph, the hospital became a secular institution in 1981. The facility has a six-bed multidisciplinary unit, ambulatory care services, several specialized clinics, and an emergency department. Over 77 health professionals and others work there serving a population of approximately 6,000.

In the summer of 2010, the departure of the institution's last two nuns, Sister Gilberte McGrath and Sister Marie-Ange Thériault, marked the end of an era at the Hôtel-Dieu Saint-Joseph de Saint-Quentin. Founded in 1636, the Congregation of the Religious Hospitallers of St. Joseph devoted itself to meeting the health needs of the poor. These nuns had a profound impact on the history of health in Canada and New Brunswick, where they established a number of hospitals.

The Religious Hospitallers of St. Joseph had been working in Saint-Quentin since 1947, and Vitalité Health Network joined with the local population in paying tribute to these exceptional women who, day after day, devoted their lives to the health and well-being of the people of Kedgwick and Saint-Quentin.

Two physicians have joined the hospital's medical team. Dr. Hélène Faucher and Dr. Stéphanie Aubut, both natives of Saint-Quentin, have returned to practise medicine in the region. Their return brings to six the number of physicians at the hospital. The team works in the hospital's medical clinic, and three physicians also work at the Kedgwick medical clinic.

The hospital also relies heavily on the community's generosity toward the Fondation Dr Romaric Boulay. In 2010-2011, the Foundation donated nearly \$10,000. These funds were used to purchase two electric beds and some therapeutic mattresses for the hospital and the Extra-Mural Program. A rocking chair with a self-locking mechanism was also purchased for the hospital. This chair quickly became very popular with patients and enhanced their safety and comfort.