

# RURAL HEALTH ACTION

At Point of Change November 2022

# RHAG Evolution

- March 2021 Health plan consultations in Sackville
- ER weekend closures announced June 2021
- Release is consistent with past steps to closure & falls between Councils
- RHAG tapped people involved in past Health matters and took on the role as the community voice
- Gathered local support, challenged rationale and approach to rural health, developed strategic goals to guide RHAG
- Met privately with CEO of HHN—found positive common ground

# Collaboration with Horizon Health

- HHN contacted elected leaders to collaborate toward health goals
- RHAG was not aware of early talks and were surprised with invitation to join a draft document
- All parties were challenged by new approach, terms, roles, and processes
- Meeting between RHAG and elected officials sorted out R&Rs -- with RHAG to lead community efforts
- Collaboration document executed June 2022 with a monthly steering committee & weekly operational committee

# Collaboration Document reflects RHAG's

- **Build and sustain community trust that the SMH is here to stay by making staffing a highest common priority**
- **Investment in more services to help improve health outcomes throughout the rural area**
- **Improve Level of Care/Reduce Risk to Patients:**
  - **Ensure full staffing at SMH with a collaborative structure for ongoing recruitment**
  - **Restore Emergency Department access**
  - **Retain access to in-patient services at SMH**
  - **Explore access to additional services (i.e. “walk-in clinics”) to serve rural areas**
- **Explore opportunities to enhance number of nurses, physicians and nurse-practitioners in the area of Memramcook/Tantramar**

# Features of Relationship



Created a Project Steering Committee, and working groups with RHAG



Weekly updates with RHAG members and monthly with Steering committee members



Communications were each party's responsibility, and only dual when both sought it



RHAG all volunteers and no funds, but lots of knowledge and experience in key areas

# Some Broad Outcomes

- **Build and sustain community trust that the SMH is here to stay by making staffing a highest common priority**
  - *Process evolved to suggest changes in organization; management; staffing; education/upgrading; recruitment tools; roles of communities; shared long term outcomes*
  - *Community recruitment site;*
  - *HHN digital marketing of our site;*
  - *Own appearance at recruitment events;*
  - *HHN engaged THRIVENB to help recruits settle– Local collaboration on accommodation, day care, schools; spousal job, etc;*
  - *Community tool kit to assist community recruitment and retention— informed by our efforts & near complete;*
- **Investment in more services to help improve health outcomes throughout the rural area**
  - *Service Design work group finalizing consensus recommendations for review by HHN senior staff*



# More Results

- **Improve Level of Care/Reduce Risk to Patients:**
  - **Ensure full staffing at SMH with a collaborative structure for ongoing recruitment**  
*Nurses #s; ER Regional service; Community fills gap in lifestyle portion of recruitment; working with ThriveNB to settle recruits;*
  - **Restore Emergency Department access**  
*SMH ER staffing under consideration as regional partners; Nurses near full; still short of Physicians; NP's expanded roles; Water damage & interim space; Renovations & return soon*
  - **Retain access to in-patient services at SMH**  
*OR investments announced; Brunswick beds turning back to inpatient beds; Labs continue; Mg't changes to strengthen SMH within regional services*
  - **Explore access to additional services (i.e. "walk-in clinics") to serve rural areas**  
*Service design WG results are coming soon*
- **Explore opportunities to enhance number of nurses, physicians and nurse-practitioners in the area of Memramcook/Tantramar**
  - **NOTED ABOVE**

# Other Notable Results

- **Town hosts an ongoing medical professional recruitment link;**
- **MTA and Town have strong links;**
- **HHN invested in digital marketing our site, and has improved rate of contacts;**
- **Nursing recruitment goals for ER and Brunswick are nearly filled.**
- **With financial support RHAG was able to send volunteers to an event for graduating physicians that resulted in over 30 contacts and a dozen seeking details on opportunities. Contacts are underway.**
- **HHN has announced investments in expanding operation room capacity in multiple smaller hospitals including SMH**
- **HHN has invested in assisting new recruits to NB including small towns, and has also developed a community tool kit to facilitate local recruitment, settlement, and retention**
- **HHN has asked other smaller communities to consider collaboration approaches, and RHAG has been advising some of those volunteers**



# What's next ?

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- Service design working group presents results and recommendations to Senior HHN staff
- Expect changes in approach and nature of some health services – these need to be linked to recruitment, retention, and health data efforts
- RHAG has proven that all areas of health are better off with local involvement...
- And RHAG says that to ensure the benefits of community involvement continues, the system must **create local roles in health governing** for the future.
- RHAG volunteers are pleased with the joint efforts and results so far
- But know that we are all getting fatigued.... and ideally there will be ongoing community roles in health, that offer positive ways to influence health as we long ago had.

# Fact sheet & Questions

- See hard copy