



REGIONAL HEALTH AND BUSINESS PLAN

2025-2028



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MESSAGE FROM THE PRESIDENT AND CEO

Honorable John Dornan,
Minister of Health

I'm delighted to share our Regional Health and Business Plan (RHBP) with you. In accordance with the Regional Health Authorities Act and our purpose, we provide health care services in the patient's language of choice. Therefore, this plan reflects our commitment to aligning our strategic objectives with the needs of the population we serve.

Each year, we establish clear, measurable priorities, guided by current health care trends and feedback from our teams, partners and patients. Our specific initiatives are aligned with our three strategic directions:

- improving the quality of care and the patient experience;
- empowering our staff to improve the employee experience;
- optimizing the use of resources by building closer ties with communities.

Through a co-building process, we ensure close collaboration between all stakeholders, including patients, families, health care workers and community partners. Together, we identify needs, co-develop solutions and implement initiatives that meet everyone's expectations. This participative approach ensures that solutions are adapted and accepted by all, thus reinforcing their effectiveness and sustainability.

Continuous improvement and innovation are at the core of our learning approach. Through cycles of planning, execution, verification and adjustment (PDCA cycles), we ensure that our practices are constantly evolving to meet changing needs. We're always seeking out best practices and the latest innovations in health care.

We are committed to fostering a culture of co-leadership where every individual can contribute and be fully engaged. Together, we will make Vitalité Health Network a benchmark for quality and safety of care for the New Brunswickers we serve.

Thank you for your steadfast collaboration and your commitment to the positive transformation of our health care system.

Sincerely,



Dre France Desrosiers

President and CEO, Vitalité Health Network


PURPOSE

With an aging population in ever-increasing need of health care and services, and a shortage of professional resources capable of providing such care and services, Vitalité Health Network (Network) must, more than ever, build on the strengths and synergy of its teams, and involve patients, partners and communities in the continuous improvement of the health care system.

Our purpose is aligned with our commitment to better serve the population by optimizing the care and services offered in hospitals and in the community, and to recognize and support the teams working in the field.

Thus, in 2022-2023, we reviewed our purpose and values to align them with our commitment to better serve the population by optimizing the care and services offered in hospitals and in the community, and to recognize and support the teams working in the field.

Our purpose statement, the result of numerous discussions with teams and communities, evokes a common, unifying plan in which our actions inspire confidence and nurture hope in teams, people and communities for the future of health care and services.



**To foster the health of
our patients and communities,
today and tomorrow.**

Through a collaborative, learning approach, we foster the health of our communities and ensure the best care for our patients. We are an innovative, forward-looking network where everyone's voice counts, and where patients and families come first.

ORGANIZATIONAL VALUES

Vitalité Health Network is a Francophone organization that governs a network of Francophone and bilingual facilities and programs. The facilities and programs have their own identity, reflected in strong ties with their communities, an internal culture and a rich history. The strength and success of Vitalité Health Network lies in pooling the expertise of facilities and programs, and in promoting the unique identities of each. This synergy is guided by the following organizational values.

Safety and respect above all

We treat our co-workers, community members, patients and their families with respect, dignity, sensitivity and compassion. We provide a health care and work environment that is caring, safe and respectful of differences.

Humility and curiosity at the heart of a learning culture

We are curious, humble and open-minded in the face of challenges and setbacks, thereby fostering learning and growth. Everyone's creativity, energy and innovative spirit support the continuous improvement of our care and services.

Collaboration and mutual support that promote synergy

We seek and value the ideas and contributions of everyone in achieving common goals. Mutual support and synergy within teams foster a sense of belonging and empower individuals and teams.

Integrity and accountability in all our actions

We offer and deliver care and services that meet the highest quality standards. We act ethically, honestly and responsibly and we keep our promises and commitments.

ORGANIZATIONAL PRIORITIES

In the context of current health care challenges, Vitalité Health Network is implementing initiatives to transform the delivery of care and services in order to increase efficiency and performance. These actions are part of an approach aimed at improving the response to the needs of the population, namely by optimizing care and services in hospitals and communities, while also valuing and supporting the role of teams working in the field.

Vitalité Health Network's strategic priorities focus on three main areas:



Improving access to primary health care,
to guarantee quality care for all;



Improving patient flow and hospital performance
to help hospital services run more smoothly and
more efficiently;



Leadership coaching for managers,
to support proactive management and
skills development within teams.

These priorities are perfectly in line with the Network's major directions:



Patient experience



Employee experience



Building closer ties with communities

LEARNING APPROACH

The learning approach is essential for health networks in the current context. It enables continuous improvement and constant innovation, guaranteeing high-quality care and a rapid response to changing patient needs. For a health care network, the learning approach is a strategic lever that ensures the sustainability and efficiency of services, while optimizing available resources.

By integrating organizational learning mechanisms, health networks can quickly identify gaps and opportunities for improvement. This includes analyzing clinical and operational data to inform decisions, implementing ongoing training programs for staff, and adopting new technologies and practices based on the latest medical research and innovations.

Furthermore, the learning approach fosters a culture of collaboration and knowledge sharing among the various players in the health care network. This creates an environment where best practices are disseminated and adopted quickly, and where mistakes are viewed as learning opportunities rather than failures.

Finally, this approach strengthens the Network's resilience in the face of crises and rapid change. By constantly exploring new trends and proactively adapting, health care networks can better anticipate and respond to future challenges, ensuring optimal quality of care for all patients.

Annual Plan

The annual plans of our organization and our sectors are designed to align our strategic objectives with the needs of the population we serve. Each year, we establish clear, measurable priorities, guided by current health care trends and feedback from our teams and partners, as we will do in the years to come. These annual plans include specific initiatives aimed at improving the quality of care and the patient experience, empowering our staff to enhance the employee experience, and optimizing the use of resources by building closer ties with communities. By aligning our initiatives and projects with these priorities, we ensure that every action we take contributes to the achievement of our global objectives and to the positive transformation of our Network.

Continuous Improvement

Continuous improvement is at the core of our learning approach. We implement regular evaluation and feedback processes to identify areas for improvement. Through cycles of planning, execution, verification and adjustment, we ensure that our practices are constantly evolving to meet the changing needs of our patients and communities. We also encourage a culture of innovation in which every team member is invited to propose ideas and solutions.

Deliverables

With our annual plans, we commit to specific, tangible projects and initiatives, known as “deliverables”. These deliverables are carefully chosen to meet the priority needs of our Network. We implement rigorous monitoring and evaluation mechanisms to measure the progress and outcomes of each initiative. This enables us to assess the impact of our efforts on the quality of care and patient satisfaction and adjust our strategies accordingly to ensure continuous and sustainable improvements. Ultimately, our deliverables aim to strengthen our organization’s overall performance and deliver high-quality health care to our communities.

Co-building

The co-building process involves close collaboration between all stakeholders, including patients, families, health care professionals and community partners. Together, we identify needs, find solutions and implement initiatives that meet everyone’s expectations. This participative approach ensures that solutions are adapted and accepted by all, which reinforces their effectiveness and sustainability.

Approach Informed by Research and Innovation

Our approach to planning and co-building is also guided by research into best practices and the latest innovations in health care. We are committed to identifying and integrating scientific discoveries and new technologies that can improve our practices and services. This proactive research enables us to adopt innovative solutions that meet or will meet the specific needs of our patients and communities. By integrating these innovations, we can offer high-quality care, improve the efficiency of our services and guarantee optimal outcomes.

Co-leadership

The Network’s clinical sectors (learning client programs and transversal sectors, described below) are based on a dyad management model, with a medical manager and a clinical-administrative manager (co-leadership). Each program’s dyad is jointly responsible for conducting a common mandate and achieving objectives. The two managers generally draw on each other’s expertise and influence in their respective fields (medical and clinical-administrative).

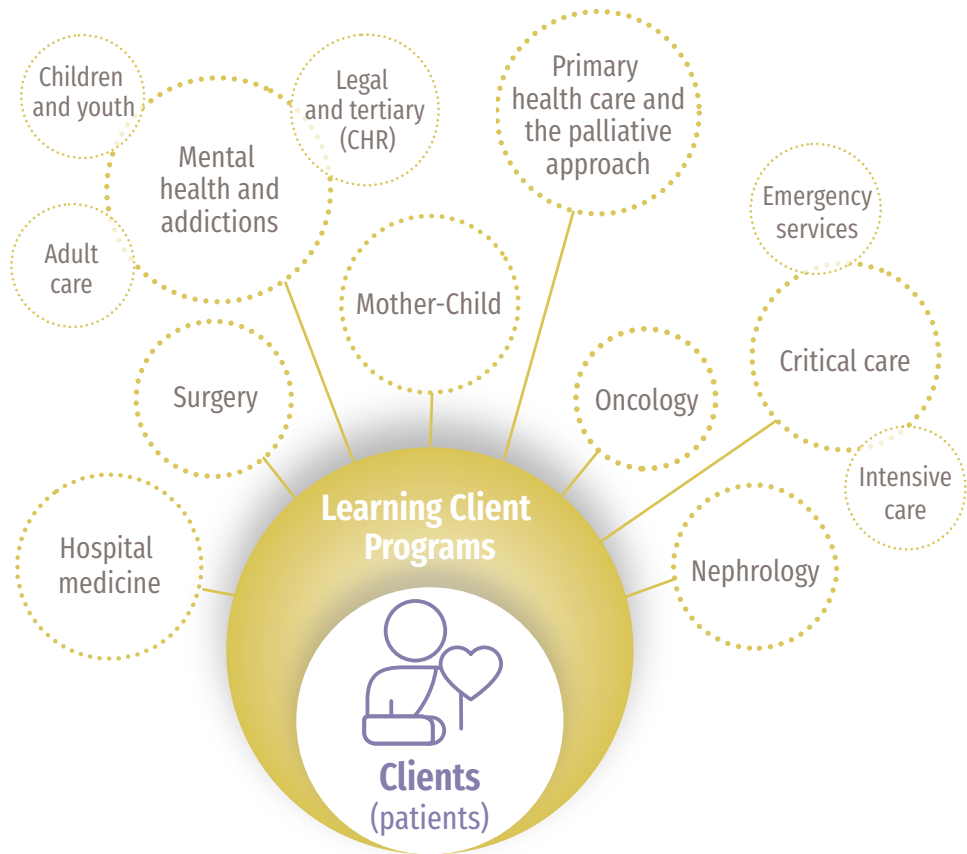
Shared leadership is based on fundamental principles that encourage collaboration and the active participation of all members of an organization. By fostering a culture where every individual can contribute and engage fully, shared leadership helps to improve quality and the patient experience, while boosting the organization’s overall performance . This leadership model emphasizes co-building and innovation, drawing on everyone’s skills and ideas to achieve common goals.

APPROACH BASED ON LEARNING CLIENT PROGRAMS (LCPS)

In hospital environments, organizing “program-based care and service management” means grouping a critical mass of interrelated clinical activities into several programs, in a user-centred approach. This means that operations and resources are grouped around homogeneous groups of clients or disease types. In other words, setting up a learning client program is a way of organizing care and services by focusing on specific groups of patients with similar needs or common illnesses.

At Vitalité Health Network, 10 programs cater for specific client groups. Their primary mission is to improve the health of the population by providing health care that meets the highest standards of quality, in collaboration with patients and their caregivers, as well as health care providers and communities.

Figure 1. Vitalité Health Network’s Learning Client Programs



ONCOLOGY

Mission

To inspire hope and contribute to the health and well-being of cancer patients by providing the best possible evidence-based care.

Destinations

- Increase survival rates and optimize access to precise or personalized oncology treatments.
- Improve the patient experience throughout the continuum of care (survivor programs and First Nations programs).
- Promote triage and equitable distribution across the province (provincial oncology pillar).
- Optimize space to ensure optimal oncology care and meet growing needs.

Deliverables

Budget 2025-2026 : \$441,202

	Deliverables
2025-2026	Optimize oncology services
2026-2027	New adaptive brachytherapy for prostate cancer
	Ongoing optimization of space at the Oncology Centre
2027-2028	Computerization of patient records

Non-financial improvements

	Deliverables
2025-2026	Reduce delays in accessing pathology and other results, implement a radiosurgery department for brain cancer
	Establish, in co-leadership with Horizon Health Network, a provincial oncology care model based on innovation and the anticipation of needs
	Optimize long-term drug management of stable prostate cancer patients
	Develop a plan and implement a short-term solution to optimize space at the Oncology Centre and maximize recruitment for specialized services
	Participate in cancer prevention and screening activities with partners
2026-2027	Implement a provincial cancer care model
	Prepare and set up the radiosurgery department for other tumour sites
	Plan computerized patient records
2027-2028	Conduct a feasibility study and plan the establishment of a satellite oncology clinic at the Stella-Maris-de-Kent Hospital
	Plan the expansion of the Auberge Mgr-Henri-Cormier in collaboration with the CHU Dumont Foundation
	Increase the number of clinical trials in Oncology

Performance measures

Access	T3 response time (radiotherapy) for patients Response time to start systemic therapy - first treatment by tumour site Wait time for complete pathology result by region
Operational efficiency	Percentage of patients (breast/prostate/lung/colorectal) referred in stage I and stage II
Result(s) for the client	Five-year survival rate Percentage of admissible patients treated according to the Canadian standard for stereotactic radiosurgery
Client satisfaction	Overall satisfaction rate of patients receiving cancer care
Counter-indicator(s)	Readmission for the same diagnosis Employee turnover/retention

NEPHROLOGY

Mission

Optimize our services to promote renal health and provide quality patient care, while advocating home care.

Destinations

- Maximize home and community services.
- Optimize the efficiency of care delivery.
- Optimize the patient pathway (from prevention to end of life).

Deliverables - non-financial improvements

	Deliverables
2025-2026	Increase the number of home dialysis patients
	Establish a patient pathway model, including resource requirements and space planning
2026-2027	Establish autonomous dialysis centres in communities where needed
	Develop a pre- and post-transplant program
	Increase patient teaching time
	Set up a hemodialysis transition unit
	Set up a semi-autonomous unit
	Increase the number of home dialysis patients
2027-2028	Plan a satellite clinic at the Stella-Maris-de-Kent Hospital
	Increase the number of home dialysis patients
	Increase patient teaching time
	Improve wait times for consultations and create a support group for patients in the renal protection phase
	National recognition for patient pathway model
	Plan a community centre of excellence in Nephrology in Zone 1B

Performance measures

Access	<p>Percentage of patients requiring primary health care in stages 1, 2 and 3A of renal disease and who are followed at the Renal Protection Clinic</p> <p>Wait time between patient transfer from office and referral to Renal Protection Clinic</p>
Operational efficiency	<p>Percentage of patients receiving education before starting dialysis (in renal protection)</p> <p>Wait time between identification of potential candidate and approval for addition to kidney transplant list</p> <p>Percentage of home dialysis patients (PD/HD)</p>
Result(s) for the client	<p>Five-year survival rate</p>
Client satisfaction	<p>Overall in-patient satisfaction rate</p>
Counter-indicator(s)	<p>Hospital admission rate for nephrology patients</p>



MOTHER-CHILD

Mission

Improve and maintain the health of families by offering integrated services from pre-conception to late adolescence.

Destinations

- An integrated continuum of services designed to meet patient needs and focused on families: Integrated care approach to meet patients’ needs according to the degree of intensity of services required, while simplifying the patient pathway and providing more comprehensive care.
- Optimize the health and development of infants and youth by implementing targeted early preventive interventions.

Deliverables

	Deliverables
2025-2026	Enhance the patient experience and employee experience in perinatal education through the Seamless® application and the development of multilingual videos
2026-2027	Propose the Baby-Friendly Initiative designation (BFI) to Zone 6, by implementing the 10 conditions and Code of the World Health Organization (WHO) to ensure an integrated, evidence-based approach to optimally promote the health of mothers and babies
2027-2028	Implement an integrated and collaborative model for the delivery of midwifery services within obstetrics teams. - Demonstration project in a targeted zone
	Propose the Baby-Friendly Initiative designation (BFI) to Zone 1B, by implementing the ten conditions and the WHO code to ensure an integrated, evidence-based approach to optimally promote the health of mothers and babies
	Implement an innovative integrated and collaborative model of pediatric service delivery within pediatric teams. - Demonstration project in a targeted zone

Non-financial improvements

	Deliverables
2025-2026	Enhance the patient experience and employee experience in perinatal education through the Seamless® application and the development of multilingual videos
2026-2027	Propose the Baby Friendly designation (BFI) to Zone 6, implementing the ten conditions and the WHO code to ensure an integrated, evidence-based approach to optimally promote the health of mothers and babies
2027-2028	Implement an integrated and collaborative model for the delivery of midwifery services within obstetrics teams. - Demonstration project in a targeted zone
	Propose the Baby-Friendly Initiative designation (BFI) to Zone 1B, by implementing the ten conditions and the WHO code to ensure an integrated, evidence-based approach to optimally promote the health of mothers and babies
	Implement an innovative integrated and collaborative model of pediatric service delivery within pediatric teams. - Demonstration project in a targeted zone

PRIMARY HEALTH CARE AND THE PALLIATIVE APPROACH

Missions

- **Primary health care:** Provide accessible, coordinated and integrated primary health care services throughout the cycle of life, adapted to the needs of each community, to improve and maintain the health and well-being of the population. Protect and promote health. Prevent illness and injury among the population by collaborating with various partners.
- **Palliative approach:** Offer integrated and sometimes specialized palliative care, respectful of the values and preferences of patients and their families, while guaranteeing safe access to medical aid in dying (MAID) in accordance with the law and by specialized staff.

Destinations

Primary health care

- Set up local family health teams in our 13 communities and relocate resources where possible.
- Measure and increase the use of each care provider’s services in our local teams.
- Integrate Public Health and Primary Health Care, take advantage of common or complementary synergies.
- Longer-term vision: Basket of community services for all level 4 and level 5 cases of the health care system.

Palliative approach

- Develop a portrait and an overview of the palliative approach across priority sectors (Oncology, Nephrology, Neurology, Respiriology and Cardiology) - Have a deployment plan for the palliative approach across the entire Network (inpatient and community).
- Implement the integrated palliative approach at both community and intrahospital levels.
- Strengthen an exemplary integrated end-of-life care model that reflects best practices (Choosing Wisely).

Deliverables

	Deliverables
2025-2026	Develop a plan to reallocate resources to local family health teams (with human resources [HR])
	Have 25 local family health teams in place
2026-2027	Have 40 local family health teams in place
	Establish Metabolic Health
	Provide educational and awareness sessions on the palliative approach to the public and community partners
2027-2028	Regional alignment - chronic disease prevention/management
	Artificial Intelligence V.2.0
	Three interest-based training courses

Non-financial improvements

	Deliverables
2025-2026	Total of 50% of teams with access in five days
	Five local service committees - PHC
	Define an exemplary integrated end-of-life care model that reflects best practices - including Choosing Wisely (patients)
	Current status of successful teams to plan the model to be implemented
	Ensure awareness and provide LEAP support, consultation and training
	(Essentials of the palliative approach) to Vitalité Health Network teams and our partners
	Chef de file en soins palliatifs
2026-2027	Transition and integration of public health into local family health teams
	Personal leadership development plan tailored to each manager/director
	National recognition
	Promotion of at least two leaders
	Ten local service committees - PHC
	Functional triad in 13 learning communities
	Annual report of plans, successes and challenges in working with communities
	Early management of overall suffering immediately following the diagnosis of a life-threatening illness, through deployment of the model, supported by feedback from the satisfaction survey
	Sharing team knowledge, which will help increase job satisfaction; 5% reduction in overall turnover rate
Promoting the chosen model to Network teams/informing Network teams about the chosen model	
2027-2028	Promoting the chosen model and working with partners
	Promotion of at least two leaders
	Thirteen local service committees - PHC
	Joint pilot project with the Institute of Population and Public Health
	Increased trust and reliability in our communities with regard to services offered in terms of palliative approach

Performance measures

Primary health care

Access	Routine appointments are available within five days with a primary health care provider on the team Urgent appointments for minor cases are available within 48 hours with a primary health care provider on the team
Operational efficiency	Number of orphan patients (by community) Number of tasks delegated to each professional service in the team Number of referrals from the referral and coordination centre
Result(s) for the client	Hospitalizations suitable for health problems that can be treated on an outpatient basis (by zone)
Client satisfaction	Overall satisfaction rate of staff and physicians Patient satisfaction rate
Counter-indicator(s)	Percentage of ER visits by patients of local family health teams

Palliative approach

Access	Percentage of early identification of palliative or end-of-life care needs Palliative care bed occupancy rate by facility
Operational efficiency	Completion rate of specialized LEAP (Learning Essential Approaches to Palliative Care) training (staff and physicians) Rate of integrated palliative care approach in clinics Wait time for administration of medical assistance in dying (MAID)/ Number of days between planned date of MAID and date of death by MAID Percentage of comfort and symptom relief (according to audit)
Result(s) for the client	Percentage of deaths of palliative patients in hospital
Client satisfaction	Overall family satisfaction
Counter-indicator(s)	Length of stay in acute care (Emergency, Intensive Care) or of chemotherapy during the last two weeks of life



MENTAL HEALTH AND ADDICTION SERVICES

Mission

- **Adult services:** Provide mental health and addiction services tailored to the needs of adults and those in their circle.
- **Services for children and youth:** Ensure the positive mental health of children, youth and their families, today and tomorrow.
- **Forensic and tertiary psychiatry services (Restigouche Hospital Centre [CHR]):** Provide compassionate and non-stigmatizing forensic psychological assessment and psychiatric rehabilitation services to help individuals reintegrate into their communities in a timely manner.

Destinations

- Promote rapid access and reduced wait times; initiate contact with patients as quickly as possible and shorten wait times across all levels of service intensity, while addressing the effects of structural stigma on access to care.
- Deliver a continuum of services tailored to patients' needs through a seamless, integrated care pathway that corresponds to the level of service intensity, while simplifying the pathway and ensuring more comprehensive care management.
- Reduce the effects of substance addiction on individuals and communities by lessening the negative consequences of substance use and significantly decreasing the social repercussions of addiction.

Deliverables

	Deliverables
2025-2026	Integrate mental health and addiction services into local family health teams. - Pilot phase in Zone 1B
2026-2027	Implement a day and transition centre for patients awaiting placement. Create a day and transition centre in Campbellton to support patients awaiting placement, facilitating their reintegration and follow-up
	Implement a diversion program for mental health and addiction services
2027-2028	Establish a diversion program in Moncton for mental health and addiction services patients, in partnership with the judicial system. Promote the chosen model and work with partners
	Establish a provincial youth treatment centre in Moncton
	Implement, in collaboration with Social Development, a collaborative care model and an integrated clinical consultation model for patients (children, youth and adults) in community residences. Introduce an integrated clinical consultation model to offer customized follow-up for patients in community residences
	Create a rehabilitation unit at the CHR. Establish a specialized rehabilitation unit at the RHC to take over the care of patients from mental health and addiction services
	Increase the capacity of the psychiatric residency training program
	Expand the capacity of the psychiatric residency training program to better train a larger number of specialized mental health professionals

Non-financial improvements

Deliverables	
2026-2027	Create a model of care tailored to the specific needs of children and youth suffering from eating disorders, such as anorexia, bulimia and binge eating
2027-2028	Strengthen the capacity of intensive intervention services in community mental health. Increase the capacity of high-intensity services in community mental health services to more effectively meet the needs of patients in crisis

Performance measures

Adult services

Access	Percentage of patients seen within the designated timeframe for community services - High priority Percentage of patients seen within the designated timeframe for community services - Moderate priority Median wait time for single session therapy (SST)/overall wait time for community services (to be amalgamated shortly)
Operational efficiency	Operational efficiency Percentage of alternative level of care (ALC) patients in acute care sectors (psychiatry) Average length of stay for a typical case
Result(s) for the client	Number of Code Whites during which mechanical restraints were required
Client satisfaction	User satisfaction rate
Counter-indicator(s)	Repeat hospitalizations due to mental illness or substance use (percentage) Percentage of vacant positions

Child-youth services

Access	Median wait time for a SST
Operational efficiency	Average length of stay in an acute care sector
Result(s) for the client	Number of Code Whites during which mechanical restraints were required
Client satisfaction	Patient and family satisfaction
Counter-indicator(s)	Number of workplace accidents Repeated hospitalizations (3 times/year or more) due to mental illness (children and youth) Number of work accidents resulting in lost time Percentage of vacant positions

Forensic and tertiary psychiatry services (CHR)

Access	Percentage of reports submitted to the court before the date/time limit relating to aptitude Percentage of reports submitted to the court before the date/time limit relating to criminal liability
Operational efficiency	Percentage of readmissions to the RHC for breach of condition in the community compared with admissions related to Not Criminally Responsible (NCR) Percentage of community transition cases (discharge vs. conditional discharge granted by the New Brunswick Review Board)
Result(s) for the client	Percentage of mechanical restraint use Percentage of isolation use (concentrated care rooms [CNCR]) + locked patient rooms)
Client satisfaction	Patient satisfaction (new survey)
Counter-indicator(s)	Percentage of formal complaints received (ombud + adult protection)

CRITICAL CARE SECTORS: EMERGENCY AND INTENSIVE CARE

Mission

Improve the patient experience and quality of care by implementing innovative, patient-centred practices with the aim of making emergency departments “emergency” departments again.

Destinations

Emergency Departments

- Ensure accessibility to emergency departments.
- Ensure that emergency departments become “emergency” departments again.
- Ensure the safety of patients and staff.

Intensive Care

- Optimize timely access.
- Apply a standard palliative approach.
- Have an optimal continuum for critical care.

Deliverables

	Deliverables
2026-2027	Continue the plan to standardize isolation rooms
	Install detectors for hazardous objects
	Install patient communication systems (televisions) in emergency departments
2027-2028	Artificial intelligence - Triage
	Reduce mental and physical workload (technological system to facilitate administrative tasks)
	ZOLL - Electronic documentation program/code

Non-financial improvements

	Deliverables
2025-2026	Plan the reduction in number of patients who leave without seeing a doctor/occupancy rate at emergency departments
	Improve wait times from triage to physician initial assessment (PIA) - Tracadie/Caraquet
	Triage/Planning: Assess the model and adjust triage
	Raise awareness of the challenges facing emergency departments. - Educate the public. - Manage change (primary health care and care to avoid trips to the ER)
	Engage patients in the decision-making process when redirecting care
	Enhance the employee experience throughout the critical care pathway
	Provide recommendations for provincial training
	Implement patient care attendants in the emergency room
2026-2027	Addition of patient care attendants in the emergency room
	Improve wait time from triage to physician initial assessment (PIA). - Grand Falls/Saint-Quentin
	Equip employees to deliver babies in community hospitals. - In collaboration with the Mother-Child sector
	Reduce the number of complaints
	Promote professional development and continuous learning
	Improve recognition and appreciation at work
	Improve communication and transparency
	Add patients to committees and projects as patient experience partners
	Ensure that care aligns with the patient's wishes (pink sheet). - Percentage of completion
	Optimize organ donation
	Reduce the risk of readmission
	Optimize ongoing training for nursing staff
	Optimize specialized skills
Improve employee net promoter scores ("eNPS")	
2027-2028	Continuation of the standardization plan for isolation rooms
	Installation of dangerous object detectors
	Patient communication system (TVs) in emergency departments
	Improve wait times from triage to initial physician assessment (PIA) - Stella-Maris-de-Kent Hospital
	Improve patient safety, comfort and psychological support in the waiting room
	Evaluate best practices in patient safety
	Reduce wait times for intensive care beds
	Optimize the patient experience to reflect cultural diversity
	Familiarize nurses with national certifications and recertifications in critical care
	Optimize support after traumatic situations
	Reassess staff retention
Artificial intelligence – Triage	
Reduction of mental and physical load (technological system to facilitate administrative tasks)	
ZOLL – Electronic logging code/program	

Performance measures

Emergency Departments

Access	Number of patients who leave without seeing a doctor Emergency occupancy rate
Operational efficiency	Wait time from triage to physician initial assessment (PIA)
Result(s) for the client	48-hour consultation rate (percentage of repeat visits within 48 hours) Total length of stay at ER
Client satisfaction	Satisfaction rate / patient experience
Counter-indicator(s)	Number of complaints Number of incidents

Intensive Care

Access	Intensive care bed occupancy rate
Operational efficiency	Average length of stay in Intensive Care
Result(s) for the client	Survival rate Percentage of staff who have completed the critical care course
Client satisfaction	Overall satisfaction rate based on inpatient survey
Counter-indicator(s)	Percentage of readmissions (return to Intensive Care following discharge from a unit) Ventilator-associated pneumonia (VAP) rate per 1000 ventilator days

SURGERY AND MEDICAL DEVICE REPROCESSING UNITS (MDRU)

Mission

Optimizing the patient experience while guaranteeing exceptional quality of surgical care. We are committed to providing state-of-the-art surgical care with safety, patient satisfaction and clinical excellence at the core of our approach.

Destinations

- Optimize the surgical program (improved access and patient flow, increased satisfaction, enhanced quality for patients, fewer complications).
- Implement optimal large-scale programs, including Central Intake, Seamless®, ERAS (enhanced recovery after surgery).
- Develop a basket of surgical services to stabilize service delivery, efficiency, and achieve lowest cost per case.

Deliverables

	Deliverables
2026-2027	Deploy ERAS and Seamless® for hip and knee arthroplasties in all four zones and ERAS and Seamless® for urological surgery
	Broaden the scope of Central Intake to include all orthopedic referrals
	Establish an optimization clinic for patients with orthopedic problems
2027-2028	Expand ERAS and Seamless® to surgical specialties
	Broaden the scope of Central Intake and optimization clinic to include general surgery
	Deploy the system to other clinics, including cystoscopy and bronchoscopy procedures

Non-financial improvements

	Deliverables
2025-2026	Improve access and wait time measurement (Wait Time 1) for hip and knee osteoarthritis cases through the Central Intake project
	Establish a wait list management system for gastrointestinal endoscopy procedures, and develop the criteria and tools required
	Open the eighth room
	Participate in the implementation of best practices and clinical standards to improve patient outcomes
	Deploy ERAS and SeamlessMD for gynecologic oncology and hepatobiliary surgery and start of the preparatory work for hip and knee arthroplasties
	Optimization of endoscopic sequences
2026-2027	Start implementing the wait list management system for gastrointestinal endoscopy procedures

Performance measures

Access	Number of pending surgeries by category (I, II, III and IV) Wait Time 1 Wait Time 2
Operational efficiency	Percentage of minutes used - With turnaround time Percentage of minutes used - Without turnaround time Average length of stay - Short surgical stays Average length of stay for typical cases - Acute care
Result(s) for the client	
Client satisfaction	Overall satisfaction rate based on inpatient survey
Counter-indicator(s)	Readmission rate within 30 days of discharge, overall surgical complications

HOSPITAL MEDICINE

Mission

Our mission is to optimize the overall patient experience while ensuring exceptional quality of medical care. We are committed to providing comprehensive and integrated health care services, with a focus on safety, compassion and clinical excellence.

Foster the health of our patients and communities, today and tomorrow, by equipping our health care professionals with the latest innovations and best practices in medicine, ensuring informed, forward-thinking care for our patients.

Destinations

- Support the patient flow sector, in collaboration with the various LCPs (learning client programs).
- Monitor patients under telemetry observation.
- Ensure timely access and reduce wait lists.
- Optimize telemedicine innovation for patients.
- Improve patients' autonomy in managing their disease.

Deliverables

	Deliverables
2026-2027	Set up telemedicine units
	Improve access to telemetry
	Use a digital tool to improve communication (consultations, follow-ups, etc.)

Non-financial improvements

	Deliverables
2025-2026	Relocate the medical unit at Tracadie Hospital
	Define and implement admission criteria for rehabilitation
	Incorporate internal medicine, hospital medicine and hospitalists, as well as occupancy rates
	Engage our patient experience partners in the improvement process
	Establish the HR cost target per visit (costs per visit) for the cardiac rehabilitation clinic
	Define and implement admission criteria for rehabilitation
2026-2027	Conduct a feasibility study for a short-stay medical unit in regional hospitals
	Develop community initiatives to prevent disease, in collaboration with our communities and internal and external partners
	Provide ongoing training
	Provide information on stress management, nutrition and exercise tailored to the patient's disease
2027-2028	Establish short-stay medical units
	Promote education on treatment and self-management
	Optimize access to various specialties within the Network (neurology, dermatology) in line with community needs.

Performance measures

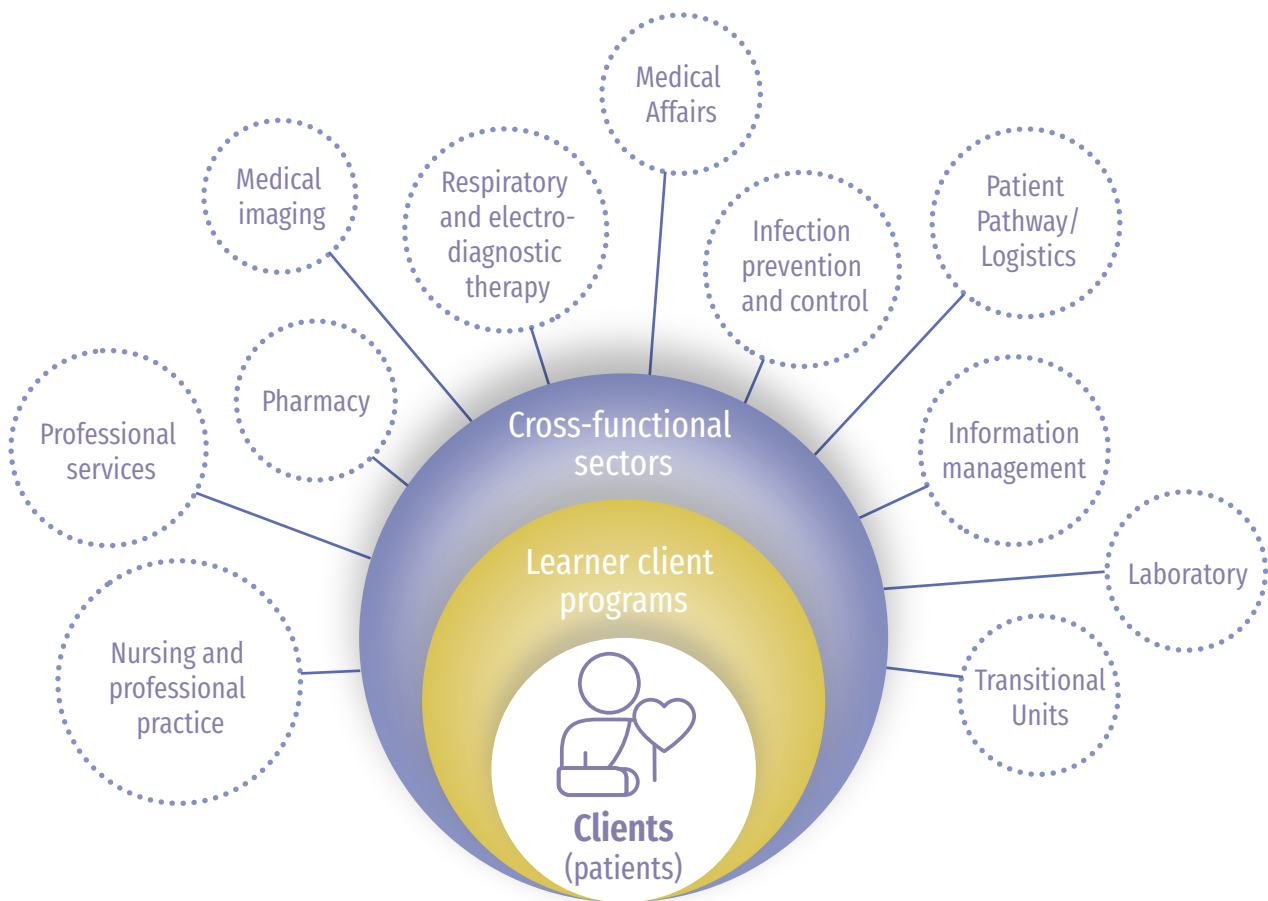
Access	Wait time for a bed in a unit Number of cardiac rehabilitation referrals Average wait time for heart failure cases
Operational efficiency	Bed occupancy rate Number of cases hospitalized for heart failure Average length of stay in acute care (primary diagnosis: heart failure) Hospitalization rate (primary diagnosis: heart failure) among heart failure clinic patients/365 days since program enrollment
Result(s) for the client	Reduction in number of avoidable admissions through better collaboration with primary health care services Improved quality of life outcomes for heart failure patients
Client satisfaction	Patient/family and staff satisfaction rates Patient experience (heart failure)
Counter-indicator(s)	Readmission rate within 30 days of discharge for primary diagnosis of heart failure

SUPPORT FOR TRANSVERSAL SECTORS

The learning client programs are supported by transversal sectors, which play a crucial role in coordinating and integrating care. These sectors provide specialized support and essential resources to optimize operations and improve the quality of care. Working together, transversal sectors and learning client programs ensure a holistic, patient-centred approach, contributing to high-quality care and greater patient satisfaction.

This cross-functional organization of care and services enables all involved sectors or groups to work together to ensure that the care pathway is as optimal and efficient as possible.

Figure 2: Integration of transversal sectors within learning client programs



NURSING AND PROFESSIONAL PRACTICE

Mission

We are committed to delivering clinical and administrative support to ensure excellence in nursing care, while fostering favourable conditions that enhance both the employee and patient experience.

Destinations

- Provide coaching to internationally trained nurses to ensure the safe, high-quality care aligned with North American nursing standards.
- Establish a nursing centre of excellence (Magnet hospital concept).
- Optimize the delivery of nursing care.
- Establish standardized clinical documentation.
- Develop the provincial SANE program (nurse examiner program for victims of sexual and intimate partner violence).

Deliverables

Budget 2025-2026 : \$2,708,160

	Deliverables
2025-2026	Management of contentions – Implementation of standards CADD Pumps
2026-2027	Collaborative care model - Phase 2 implementation and deployment - Optimization of care hours from 2026 to 2028 Restraint management - Phase 2 - Implementation Deliverable: Development (training, auditing, etc.)
2027-2028	Collaborative care model - Phase 2 implementation and deployment - Optimization of care hours from 2026 to 2028

Non-financial improvements

	Deliverables
2025-2026	Collaborative care model - Implementation and deployment: Acute mental health services, intensive care and emergency departments. Restraint management - Implementing standards Optimize the integration of internationally trained nurses - Improve the success rate of the TRSI program (Transition and Readmission in Nursing) Assess current status of CIS (Clinical Information System) software: Clinical component: Complete the action plan for standardized clinical documentation
2026-2027	Collaborative care model - Implementation and deployment: Oncology - outpatient clinic, ambulatory care, Public health, operating (suites, recovery rooms and clinics) Design a new operational structure for nursing care: Develop a structure to meet the needs of LCPs Optimize the SANE program
2027-2028	Establish a nursing centre of excellence: Identify concepts to establish a centre of excellence Collaborative care model - Implementation and deployment: Community health

Performance measures

Access	Average wait time for an appointment with the professional practice office, including the wound care program
Operational efficiency	Overall average of Hours Per Patient Day (HPPD)
Result(s) for the client	Nursing-sensitive indicators (falls and wound rates) Number of initiatives/best practices implemented with expected outcomes
Client satisfaction	Patient and employee satisfaction rates
Counter-indicator(s)	Number of shifts during which nurses were not replaced Number of 24-hour shifts

PROFESSIONAL SERVICES

Mission

Offer a range of therapeutic services to patients of all ages to maintain and restore health and optimize functional abilities through a collaborative, learning approach across the continuum of care.

Destinations

- The GLA:D program is an integrated option for the treatment of osteoarthritis of the knee and hip.
- A deconditioning prevention program is integrated into care, supported by an interdisciplinary approach and a collaborative care model within the rehabilitation setting.
- An integrated and collaborative approach is established with LCPs, and the continuum of care is coordinated and optimized.

Deliverables

Budget 2025-2026 : \$2,464,573

	Deliverables
2025-2026	Optimization of services in oncology Mobilization program

Non-financial improvements

	Deliverables
2025-2026	The GLA:D program is integrated into the pre- and post-operative pathway in Zones 1B and 6 (Bathurst)
	The scope of practice and role of kinesiologists in hospital and community settings are developed and integrated into care teams
2026-2027	Collaborative practice is developed and integrated for rehabilitation services
	The business plan for the MACE (Mobile Acute Care for the Elderly) model - prevention of deconditioning in admitted patients - is integrated
	The business plan for the deployment of the renal protection program in Zones 4, 5 and 6 is submitted (Nutrition and Social Work)
	Submit business plan for a physiotherapy training program in New Brunswick
	Develop a recruitment plan for professions experiencing shortages (physiotherapists, social workers, occupational therapists, speech language pathologists and psychologists)
	Develop a retention plan for professions experiencing shortages (physiotherapists, social workers, occupational therapists, speech language pathologists and psychologists)
2027-2028	The GLA:D program is integrated into the pre- and post-operative pathway in Zones 4, 5 and 6 (Acadian Peninsula)
	The pathway of patients in the cochlear implant program is defined and integrated
	Obtain accreditation status from the Canadian Psychological Association for the Network's clinical psychology residency program

Performance measures

Access	Average wait time for an outpatient appointment (all professional categories combined)
Operational efficiency	Productivity rate directly related to patients by health care professional (75% and higher)
Result(s) for the client	Postoperative length of stay (knee prosthesis/hip prosthesis)
Client satisfaction	Patient satisfaction rate
Counter-indicator(s)	Number of inpatient days avoided as a result of the emergency fund
	Appointment attendance rate

PHARMACY

Mission

Enhance population well-being by providing excellent pharmaceutical care.

Destinations

- The objectives of the plan to phase out pharmacists from private agencies have been achieved (five-year plan).
- Overall, 95% of required medications are securely stored in all nursing units (enhancing both care and efficiency for Nursing and Pharmacy).
- Technological solutions and artificial intelligence are integrated, improving the sector's efficiency, including antimicrobial stewardship.

Deliverables

Budget 2025-2026 : \$1,165,136

	Deliverables
2025-2026	Antimicrobial stewardship (ASM) software deployed in one zone. - Service New Brunswick Information Technology (SNB IT)
	Drug dispensing cabinets are replaced in all zones (phase 1)
	Antimicrobial management
	Residency program in pharmacy
2026-2027	Implementation of the ASM software is 100% complete.
	Phase 2 of medication dispensing cabinets (additional cabinets) and medication carts are integrated into nursing units as recommended in the consultants' report (Accreditation Canada)
	Ten FTE pharmacist positions are added to the budget base

Non-financial improvements

	Deliverables
2025-2026	One analysis has been completed for oncology drug management
2026-2027	Innovative inventory management solutions for oncology drugs are implemented
	The business plan for the creation of a pharmacy training program in New Brunswick needs to be developed Accreditation by the Canadian Council for Accreditation of Pharmacy Programs must be obtained for the pharmacy practice residency program
2027-2028	Innovative inventory management solutions for oncology drugs are implemented
	The internal remote prescription validation service is launched
	Compile a list of the impacts of all construction/renovation projects in the pharmacy sector

Performance measures

Access	Number of orders processed
Operational efficiency	Medication reconciliation at admission
	Medication reconciliation at transfer
	Medication reconciliation at discharge
	Number of clinical interventions versus number of patient records with antibiotics (ASM)
	Number of clinical interventions on number of admitted patients
Result(s) for the client	Proportion of patients who received education from a pharmacist
Client satisfaction	Overall patient satisfaction
Counter-indicator(s)	Number of drug-related incidents

MEDICAL IMAGING

Destinations

- Appointments for X-rays take less than 60 days.
- Innovative solutions including artificial intelligence are used to optimize access and services.
- The Choosing with Care initiative is integrated.

Deliverables

Budget 2025-2026 : \$461,936

	Deliverables
2025-2026	Proposed structure for diagnostic imaging
2026-2027	Implement the recruitment plan in collaboration with HR and the College of Medical Radiation Technologists of New Brunswick (internationally trained technologists)
	Implement the retention plan in collaboration with HR
2027-2028	The intraprovincial isotope supply strengthens nuclear medicine capabilities.
	The replacement of nuclear devices in Zones 1B and 4 will be carried out in compliance with new Canadian regulations regarding nuclear medical laboratories

Non-financial improvements

	Deliverables
2025-2026	Patients can use the self-booking service to schedule their X-ray appointments in Zone 1B
	Innovative solutions, including artificial intelligence, are being identified and proposed to manage exam requisitions in Medical Imaging and optimize medical imaging services
2026-2027	Patients can use the self-booking service to schedule their X-ray appointments in Zones 4, 5 and 6
	Innovative solutions including artificial intelligence are used to manage requisitions (e.g. Choosing Wisely, PET scan) and service delivery (e.g. MRI and CT cockpits)
	Choosing Wisely initiatives are integrated into service requests

Performance measures

Access	Wait time for an appointment
Operational efficiency	Operating rate per work unit
	Delay in radiological reports
	Number of unnecessary requests
Result(s) for the client	
Client satisfaction	Patient satisfaction rate
Counter-indicator(s)	Number of duplicate examinations
	Number of post-procedure complications

RESPIRATORY THERAPY AND ELECTRODIAGNOSTICS

Mission

Respiratory Therapy: Our mission is to reduce admissions by delivering the right service to the right patient while leading the way in pulmonary medicine. We value innovation, training and teamwork to adapt our practices to the needs of the community and promote our essential role in the care pathway.

Electrocardiology: Our mission is to actively enhance our patients’ heart health by ensuring a personalized, high-quality care pathway. We are committed to optimizing access to our various services and reducing wait times across Vitalité Health Network.

Electroneurology: We are working to remove barriers and position electroneurodiagnostic services as a leader in the field by delivering exceptional patient care and creating ideal conditions for our staff.

Destinations

- The integration of technology facilitates remote monitoring and management of pacemaker patients.
- Wait times for services are improved by 10%.
- 95% of patients followed by the COPD management program are not admitted because of their exacerbated COPD (or rehabilitation?).

Deliverables

Budget 2025-2026 : \$154,877

	Deliverables
2025-2026	Optimize the structure
2026-2027	Deploy the PaceArt program
	Add human resources to meet volume increases (ECG, EEG, SN02)
2027-2028	Deploy the CareLink program
	Replace and integrate new electrocardiograms
	Add human resources to meet volume increases (ECG, EEG, SN02)
	Provide community access to spirometry tests

Non-financial improvements

	Deliverables
2025-2026	Appointment attendance exceeds 85% (appointment reminders)
	The educational and follow-up plan for COPD patients is developed
	Business plans for integration of PaceArt and CareLink programs are submitted
2026-2027	Appointment attendance exceeds 90%: (self-booking)
	Two Choosing Wisely initiatives are included
	Implement the recruitment plan in collaboration with HR
	Implement the retention plan in collaboration with HR

Performance measures

Access	Wait time for an appointment Number of duplications Wait time for results
Operational efficiency	Maximize schedule efficiency Ratio P1:P2:P3/per unit of time vs. established standard in terms of time and quantity Interpretation and follow-up within a timeframe
Result(s) for the client	Reduced readmission rates Delay of reports Number of ER visits after follow-up/telephone follow-up
Client satisfaction	Patient satisfaction rate
Counter-indicator(s)	Complication rate (deterioration of condition P3 to P2 to P1)

MEDICAL AFFAIRS

Mission

Ensure and support the planning and management of medical human resources and the quality of medical care across the Network. We are committed to providing timely clinical and administrative expertise that is centred on the experience of medical staff. Recruit and maintain a qualified medical team to meet clinical needs and ensure the continuity of care while supporting the Network’s purpose.

Destinations

- Structured work environment with clear expectations and well-established processes.
- A working environment in which our doctors feel valued and appreciated.
- Follow-up of candidate physicians (permanent and locum) to identify areas for improvement and performance on key performance indicators (KPIs).

Non-financial improvements

	Deliverables
2025-2026	Finalize an orientation guide for oncologists
	Orientation guide for medical directors
	Orientation guide for zone chiefs of staff
	Optimize continuous education of team members and multiply future leaders
	Finalize a guide for medical staff coordinators (management)
	Complete community profiles in collaboration with regional service commissions (RSCs)
	Meet with RSCs for updates on physician recruitment
	Meet with RSCs for updates on physician retention
	Organize exploratory visits aimed at recruiting potential physicians
	Start working with one or two foundations (Bathurst and another)
2026-2027	Establish KPIs for the recruitment process and candidate onboarding preparation
	Assess the potential for team restructuring
	Create retention activities in collaboration with RSCs
	Continue working with foundations
2027-2028	Evaluate, optimize and prioritize new tools and processes
	Develop an orientation guide for department heads
	Improve the oncologist orientation guide for application across other specialties
	Welcome activity for residents organized by all Network foundations

Performance measures

Access	Number of interruptions to service (on-call physicians)
Operational efficiency	Number of physicians renewing their privileges in timely fashion Turnover rate
Result(s) for the client	Duration of interruptions to service (on-call physicians)
Client satisfaction	Employee experience (wellness) survey for physicians
Counter-indicator(s)	Number of complaints about the quality of the medical act Number of medical complaints

INFECTIOUS PREVENTION AND CONTROL (IPC)

Mission

Support and collaborate with other sectors of the Network to improve the patient experience and employee experience by minimizing the spread of infections while promoting optimal health practices.

Destinations

- Develop an ICP culture within the organization.
- Deliver high-quality service to NB patients with enhanced working tools such as PCI/AMS software.
- Promote adherence to ICP measures across the Network.

Non-financial improvements

	Deliverables
2025-2026	Decrease in number of nosocomial infections and outbreaks
	Implement monitoring software

Performance measures

Access	Community-acquired MRSA upon admission
Operational efficiency	Number of admission screenings performed vs. number of patients admitted; IPC training rate
Result(s) for the client	Nosocomial MRSA rate at discharge
Client satisfaction	Patient satisfaction rate
Counter-indicator(s)	Nosocomial cases of Clostridium difficile Cases of ventilator-associated pneumonia Nosocomial respiratory infections (COVID, influenza, RSV, RV) Nosocomial cases of central line infections with bacteremia (CLABSI) in Intensive Care Nosocomial cases of MRSA Nosocomial cases of VRE Cases of post-op wound infections (class 1 and 2) Nosocomial cases of primary bacteremia Nosocomial cases of gastroenteritis

PATIENT FLOW/LOGISTICS

Mission

Optimize the patient journey and experience across Vitalité Health Network by streamlining every step, from admission to discharge. Our aim is to increase efficiency in bed management, improve patient satisfaction as well as the quality of care provided.

Destination

- Safe occupancy rate.
- Optimized length of stay with predictive approach.
- In the process of implementing transition, complex case management and remote follow-up units.

Deliverables

Budget 2025-2026 : \$4,203,305

	Deliverables
2025-2026	Optimize TRACR tool in Zone 1B units
	Implement predictive approach – discharge planning
2026-2027	TRACR tool/Command Centre

Non-financial improvements

	Deliverables
2025-2026	Implement key daily management practices in nursing units (16 units)
	Transform long-term care units into transition units
	Deploy a change management plan with internal and external stakeholders
2026-2027	Implement key daily management practices in nursing units (14 units)
	Provide alternatives to admission/short stays/day hospital/telemedicine
	Provide continuing education in Lean
2027-2028	Provide continuing education on alternatives to admissions or best practices in patient flow around the world
	Implement key daily management practices in nursing units (7 units)
	Short stay/telemedicine unit

Performance measures

Access	Wait time for a bed at the unit – ER to first location Wait time for a bed at the unit – ER to ICU Wait time for a bed – recovery room to unit
Operational efficiency	Actual versus CIHI expected length of stay ratio Admission rate versus discharge rate Bed occupancy rate Wait times for tertiary cardiology centres in Saint John and Quebec City Wait times for a tertiary oncology centre Wait time for patients to return to their respective zones Time between medical discharge and actual patient discharge
Result(s) for the client	% of patients in appropriate beds
Client satisfaction	% of patients/families who received their expected discharge date at admission Overall patient satisfaction in relation to overall patient flow wait time
Counter-indicator(s)	Percentage of time with an occupancy rate over 100% Hospital injury rate 30-day hospital readmission rate

INFORMATION MANAGEMENT

Mission

Optimize the patient experience by providing quality support services while ensuring that health information is accurate, complete and accessible.

Destinations

- Improve processing times for information access requests, facilitate access, and ensure timely submission of information to our partners.
- Optimize central booking to more effectively handle requests and enable more efficient information sharing with various sectors and partners.

Non-financial improvements

	Deliverables
2025-2026	Implement a regional process for access to community mental health information
2026-2027	Assess central booking needs to complete the full implementation of Docu-Script and ensure standardization
2027-2028	Fully implement Docu-Script to provide a standardized service across the Network

Performance measures

Access	Percentage of requests for access to medical records exceeding 30 days
Operational efficiency	Average time to send emergency codes
	Average wait time for patient registration
	Compliance rate for submission to CIHI
Result(s) for the client	Patient demographic compliance rate
Client satisfaction	Client satisfaction rate when registering
Counter-indicator(s)	Incomplete file rate

LABORATORY

Mission

Vitalité Health Network laboratories are committed to providing appropriate, complete, accurate and timely test results. To achieve this, they rely on qualified staff, efficient management of available resources, integration of new technologies and support for ongoing training of all staff. The laboratories also strive to provide a safe and secure workplace that promotes a team-oriented work environment conducive to learning.

Destinations

- Optimized laboratory services, supported by an integrated, sustainable system.
- A regional pathology department designed to address specific needs is integrated.
- The NB Public Health Laboratory is fully operational.

Deliverables

Budget 2025-2026 : \$350,794

	Deliverables
2025-2026	Hire an assistant director
	Optimize the administrative structure
2026-2027	Optimize the hematology/transfusion medicine sector
	Implement a traceability system in pathology

Non-financial improvements

	Deliverables
2025-2026	Submit the business plan for integrating automation technology within the bacteriology sector
	Submit the business plan for deployment of the provincial clinical genetics program
	Develop the Public Health Laboratory website
	Develop a strategy to bring laboratory services closer to primary health care
2026-2027	Optimize the regional biochemistry sector
	Optimize the regionalization of sectors
	Advocate for the recognition of pathology assistants as highly qualified specialists

Performance measures

Access	Wait times for laboratory services Average turnaround time for test results: internal
Operational efficiency	Average cost per test/analysis
Result(s) for the client	Average turnaround time for test results: internal versus external
Client satisfaction	Results of patient satisfaction surveys Results of health care professional satisfaction surveys
Counter-indicator(s)	Laboratory test rejection rate



TRANSITION UNITS

Mission

Units with transition beds are designed to accommodate medically stable patients who no longer require acute care but who are not yet ready to return home or move to a suitable facility. Their priority is maintaining or even improving the autonomy of patients by providing temporary, personalized support. These units allow for continued light medical care, the implementation of necessary assistance (home care, social support, rehabilitation), and the organization of a safe discharge either to the patient's home or a residential care facility. In this way, they help streamline care pathways, free up acute care beds and prevent avoidable readmissions and loss of autonomy.

Destinations

- Improve or maintain patient autonomy.
- Facilitate the transition to a permanent living environment.
- Reduce lengthy hospital stays.

Non-financial improvements

	Deliverables
2025-2026	Transformation of long-term care units into transition units
	Analyze the implementation and optimization plan for geriatric clinics in Zone 1B

Performance measures

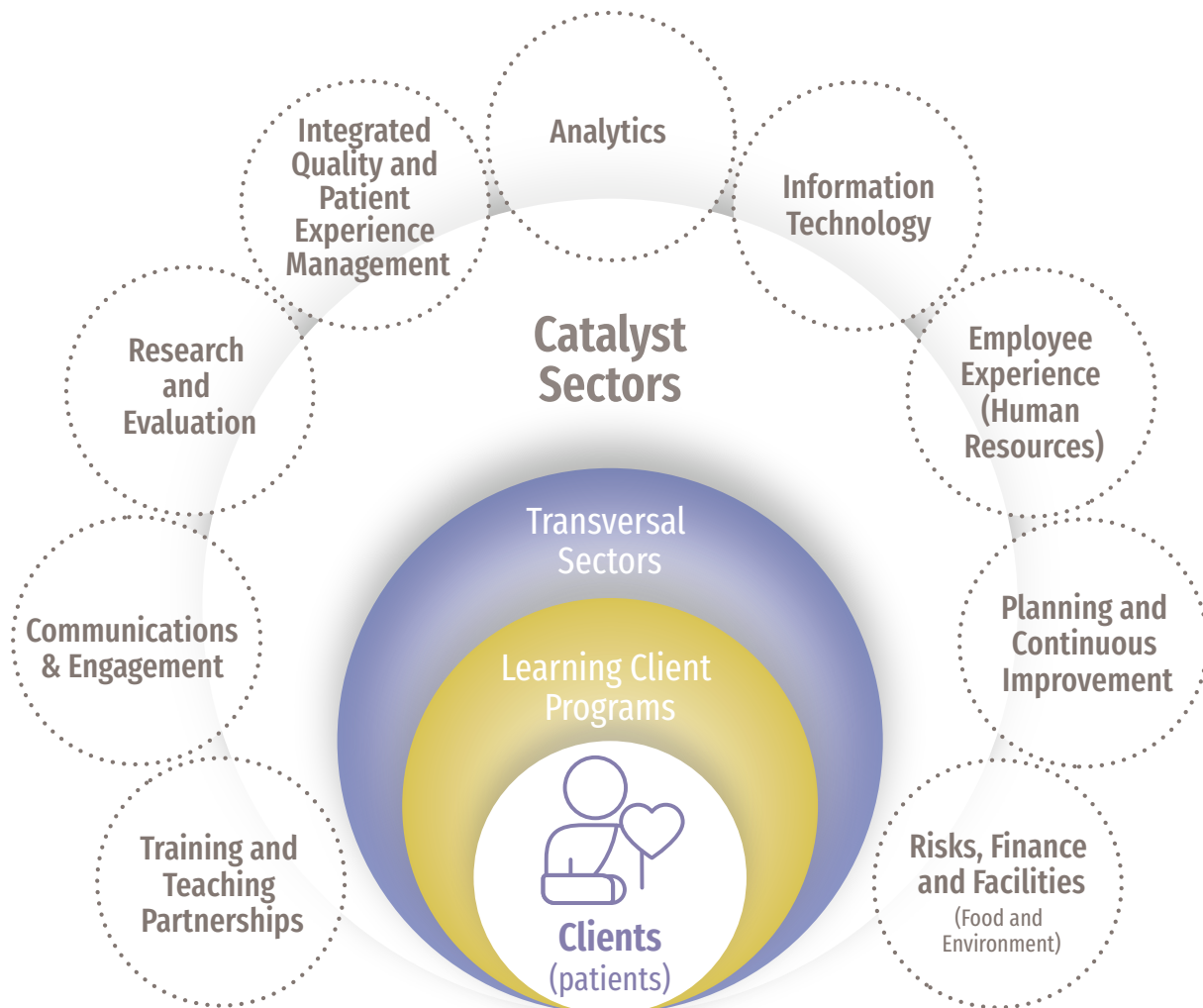
Access	
Operational efficiency	Occupancy rate Length of stay (60 days) Wait time for return to community
Result(s) for the client	Rate of maintenance/improvement of functional autonomy % of patients aged 65 and over who return home
Client satisfaction	Rate of patient/family satisfaction
Counter-indicator(s)	% of patients transferred to a permanent living environment (nursing home)

SUPPORT FROM CATALYST SECTORS

Learning client programs and transversal sectors benefit from ongoing, strategic support from catalyst sectors. These sectors play a crucial role in strengthening and optimizing operations within the Network. Their added value lies in their ability to provide specialized resources, technical expertise and innovations that improve the efficiency and quality of care.

Figure 3. Support from catalyst sectors across Vitalité Health Network

In short, the catalyst sectors add significant value by supporting learning client programs and transversal sectors. Their role is key to ensuring resilience, innovation and operational excellence within the Network, thereby contributing to high-quality care and greater patient satisfaction.



PLANNING AND CONTINUOUS IMPROVEMENT

Mission

Promote and support a culture of continuous improvement and strategic decision making aligned with organizational priorities.

Destinations

- Provide clients with clear, easy-to-use tools designed to help them achieve their priorities.
- Act as a catalyst for VPs to develop the strategic skills needed to achieve the Network’s vision.
- Support the organization in its pace of execution and continuous improvement by helping sectors identify and implement solutions.
- We will drive long-term strategic and innovative thinking and build a team capable of turning this vision into reality.

Non-financial improvements

	Deliverables
2025-2026	Define the basket of services offered by the Planning and Continuous Improvement sector, depending on both organizational and sector-specific needs
	Define and implement a skills development plan for consultants, so that they can act effectively as catalysts within the organization
	Begin the second cycle of community health needs assessments and implement them in two communities
2026-2027	Evaluate planning and project management tools and adjust service offering
	Develop expertise in business analysis
	Complete CHNAs in two communities and begin two more
	Deploy training to better anticipate tomorrow's trends (futureproofing)

Performance measures

Access	Percentage of business plans implemented with a return on investment (ROI)
Operational efficiency	Percentage of projects that succeeded in achieving their objectives Current project timeline status
Result(s) for the client	Number of priority projects arising from a gap/risk/challenge in the field Number of projects that achieve their interim/final target
Client satisfaction	Overall client satisfaction rate Employee satisfaction rate
Counter-indicator(s)	Variance between actual expenditure and budgetary envelope for priority projects Rate of priority projects not deployed or completed

COMMUNICATIONS AND ENGAGEMENT

Mission

Facilitate the dissemination of crucial information, raise public awareness of issues, strengthen public confidence, develop and protect the Vitalité Health Network brand image, and encourage internal and external stakeholders to become involved in the transformation of the health care system.

Destinations

- Vitalité Health Network prioritizes (external) communication on health (prevention, promotion) and health issues (outreach, transformation, recognition, etc.).
- Through more effective and far-reaching communications and engagement activities (internal), health care workers' satisfaction with our sector is improved.
- Organizational maturity in change management is improved.
- Vitalité Health Network has mechanisms in place to work with its communities, foundations and partners to improve citizen participation in health system change.

Deliverables

Budget 2025-2026 : \$620,000

	Deliverables
2025-2026	Phase 1 of the dynamic screens project: strategy deployed and operational (consultation with staff on content, design developed, first-year plan developed; 200 screens installed and operational in all regional facilities)
2026-2027	Phase 2 of branding strategy (including sponsorship and brand visibility strategy - management of promotional items, etc.)
	Online platform for citizen engagement will be active, and its operationalization will include a process to ensure a new citizen consultation every eight weeks
2027-2028	Phase 2, Patient Education, deployed
	Digital plan deployed (e.g., artificial intelligence tools to support communications, especially for answering patient and client questions in real time (chatbots)
	Phase 2, Dynamic Screens



Non-financial improvements

	Deliverables
2025-2026	Assess scope of services and choose positioning (including exploratory phase of Patient Education component, and reconfirm the engagement sector’s mandate)
	Develop communication strategy based on service mapping, to explain how to navigate the system, how local family health teams work, etc.
	Complete and deploy redesign of This Week (identify IT solution, review content and design, and optimize production process)
	Provide change management training to VPs (100%), directors (100%) and managers (50%)
	Assess level of organizational maturity in change maturity and plan to enhance it (Enterprise Change Management)
	Have 13 learning communities prioritize their needs and move to action
	Brand image - Implement sponsorship program and integrate it into our marketing strategy; implement brand promotion program via promotional items; hold internal consultation on brand image
	Develop plan to promote and build closer ties with foundations (training, communications surrounding processes, relationships, promotion, etc.)
	Improvement of leadership skills (targets related to 12 Gallup questions)
	Start the second cycle of community health needs assessment and put it in works in two communities
2026-2027	Deploy communication strategy based on service mapping, to explain how to navigate the system, how local family health teams work, etc.
	Develop digital plan (innovation, AI, web platforms, chatbot, etc.)
	Develop mandate and scope of the Patient Education component
	Develop and deploy strategy to maximize the use of the recognition platform (in HR) in terms of internal communication, recognition and management of promotional items
	Develop and deploy a targeted digital advertising plan to support the recruitment of health care workers
	Review, update and redeploy strategy for building closer ties between leadership (and President and CEO) and health care workers
	Develop and implement a plan to promote and build closer ties with the foundations
Complete the EBCS of two communities and start two others	
2027-2028	Achieve X level of organizational maturity in change management
	Deploy iTacit change management training for all new employees (customized training according to job category)
	Implement process so that the citizen voice is a continuous source of data for planning services (using the citizen engagement platform, etc.)

Performance measures

Access	User satisfaction rate with the process of accessing the sector’s services
Operational efficiency	% of requests handled within a week
Result(s) for the client	Social media engagement rate % of respondents who rate the quality of internal communications positively % of respondents who rate the quality of public communications positively % of respondents who feel that Vitalité and its communities work together
Client satisfaction	% of the sector’s clients satisfied with their client experience
Counter-indicator(s)	% of negative media coverage

UNIVERSITY MISSION

Training and Teaching Partnerships

Mission

Establish partnerships and affiliation agreements with postsecondary institutions to meet Vitalité Health Network's student requests for student placements at Vitalité Health Network.

Destinations

- Partnerships with postsecondary institutions are in place and optimized.
- Affiliation agreements with postsecondary institutions are aligned with organizational priorities and needs .
- All student placement requests are fulfilled.

Deliverables

Budget 2025-2026 : \$574,395

	Deliverables
2025-2026	Une équipe de soutien aux placements étudiants optimisée

Non-financial improvements

	Deliverables
2025-2026	The current capacity of each sector by zone is known (base plan)
	Continue the working group with the TRSI program and develop recommendations on the use of placements
	Participate in the development of outsourced programs (e.g. physiotherapy and pharmacy)
	Provide training to all placement supervisors in welcoming students
	Conduct a needs analysis and develop an action plan to facilitate partnerships and affiliation agreements based on the organization's critical needs (shortages)
	Assess the experience of placement students through an evaluation survey and share findings with host sectors (evaluation project)
2026-2027	Follow up on gap analysis between current agreements and organizational priorities

Performance measures

Access	Total number of agreements (partnerships) Proportion of capacity filled
Operational efficiency	Proportion of placements accepted
Result(s) for the client	Total number of training days Total number of students Compliance rate for placements with reserved spots (provincial agreements)
Client satisfaction	Overall learner satisfaction with placements
Counter-indicator(s)	Proportion of placements rejected

Research and evaluation

Mission

Promote the development and integration of research and evaluation activities across the Network to advance knowledge, enhance practices, improve services and care, and support decision-making.

Destinations

- Research and evaluation form the cornerstone of the Network's transformation strategies and priorities.
- Knowledge transfer activities are promoted and optimized at the Network.
- Medical libraries offer services, resources and spaces that meet the Network's needs .

Non-financial improvements

	Deliverables
2025-2026	Implement our plan to resume clinical trials at the Network
	Integrate research and/or evaluation into the learning client program (LCP) and key project initiatives
	Develop promotional and research education tools (to demystify research and increase participation in research initiatives)
	Modernize libraries by conducting a needs analysis and evaluation plan
	Implement knowledge transfer strategies across the Network
2026-2027	Vitalité Health Network has begun the accreditation process for Research Involving Humans in Canada

Performance measures

Access	Average processing time by the research support and evaluation unit for requests (internal requests and clinical trials)
Operational efficiency	Average time to clinical trial activation Proportion of sponsor-proposed clinical trials approved
Result(s) for the client	Proportion of targeted sample recruited (clinical trials) Impact score
Client satisfaction	Overall applicant satisfaction rate
Counter-indicator(s)	Proportion of sponsor-proposed clinical trials rejected

INTEGRATED QUALITY AND PATIENT EXPERIENCE MANAGEMENT

Mission

Deliver high-quality, relevant and timely information on quality, patient safety and client satisfaction to support informed prioritization and adjustments. Ensure that the patient’s voice is heard and valued throughout the organization. Enhance the patient experience by the contribution of volunteers in care delivery and activities.

Destinations

- All levels of the organization use the information provided by the Quality, Patient Safety and Patient Experience (QPSPE) sector in their assessment, prioritization and planning processes.
- Ensure that the patient’s voice is heard and valued by collecting and sharing feedback and comments with decision-makers on an ongoing basis, through surveys, complaints and patient partnership collaboration.
- The patient experience is enhanced by the contributions of volunteers to the services and activities offered.

Non-financial improvements

	Deliverables
2025-2026	Ensure all QSPPE data (incident, complaint, satisfaction, etc.) are accessible in real time and validated
	Complete the first pilot project for the patient tracer initiative. Offer the tracer service to the patient
	Define/review and deploy the sector's basket of services based on organizational and sector needs
	Define a skills development plan for our staff
	Offer training for patient experience partners (PEPs) and teams working with PEPs
2026-2027	Develop an action plan to implement a fair culture
	Proceed with an assessment of our services - client satisfaction
	Implement a skills development plan for our staff
	Define a communication and skills development plan for the entire Network with respect to services offered by QPSPE. (Involve the Engagement sector, enhance others' perception of our services)
	Include patients and their families in the analysis of adverse events. Patient voices are integrated into our analysis processes

Performance measures

Access	Number of managers accessing their QPSPE reports Number of managers accessing their complaint reports
Operational efficiency	Number of complaints handled within 30 working days
Result(s) for the client	Number of QPSPE recommendations sequenced in roadmaps Number of quality projects among priority organizational projects
Client satisfaction	Client satisfaction with QPSPE services (complainants) Client satisfaction with QPSPE services (managers)
Counter-indicator(s)	Number of Vitalité-specific complaints from an outside source (ombud, Child, Youth and Senior advocate and/or social media complaints)

ANALYTICS

Mission

Deliver in-depth analyses that place evidence and knowledge at the core of strategic decision-making across the Network.

Destinations

- Access to actionable health data to strengthen the Network's business intelligence capabilities.
- Strategic decisions are informed by tools and expertise in predictive and advanced analytics.

Deliverables

Budget 2025-2026 : \$221,818

	Deliverables
2025-2026	Optimisation de la capacité de l'équipe d'analytique

Non-financial improvements

	Deliverables
2025-2026	Implement a bed planning and optimization tool by program/facility based on future needs
	Each program and department has access to its performance report (100% completed)
2026-2027	Implement a real-time predictive model to forecast employee leave and the probability of employee leave (added to the TRACR dashboard/tool)
	Implement version 2.0 of projections and modeling with integrated ability to assess the impact of interventions or changes

Performance measures

Access	Percentage of acceptance of specifications Overall use of Power BI dashboards
Operational efficiency	Time from request to request validation (turnaround time) Number of requests/initiatives processed per trimester
Result(s) for the client	Acceptance rate of report/product quality standards
Client satisfaction	Overall satisfaction rate among individuals who submitted requests
Counter-indicator(s)	Percentage of requests processed beyond the expected timeframe

INFORMATION TECHNOLOGY

Mission

Foster innovation and integration of cutting-edge technologies to enhance patient care quality and operational efficiency, while ensuring the safety and confidentiality of data and infrastructures.

Destinations

Technology and digital transformation

- Adoption of new technologies.
- Culture of innovation.
- Change management.

Technology operations and cybersecurity

- Reliable, high-performance operations and technological tools, with a focus on automation where appropriate.
- Processes for supporting, guiding and implementing facilitated health care technologies are optimized.
- An enhanced cybersecurity program with risk management and response capabilities.
- Services have visibility of assets, environment and their technological use.

Virtual care

- The delivery and integration of virtual care, where clinically appropriate, are optimized.
- The visibility of virtual care is enhanced.
- Clinical programs are given greater support in integrating virtual care into their practices.

Digital health - CIS and EMR

- An enhanced patient and health care experience through the deployment of new digital solutions and improved access to unified, relevant patient data.
- Digitized clinical workflows, based on provincial best practices, customized to the realities of the field.

Deliverables

Budget 2025-2026 : \$1,354,258

	Deliverables
2025-2026	Implement an internal digital health structure that handles the activities of clinical standardization

Non-financial improvements

	Deliverables
2025-2026	Set up a working environment (infrastructure) that enables us to leverage internal AI initiatives safely and responsibly
	Monitor technology and innovation
	Analyze virtual care needs (to reduce travel and enhance access to specialties)
	Simplify and standardize tools to better support users in integrating virtual care into their practice (toolbox)
	CIS - Develop and implement a sequenced, achievable clinical standardization plan
	EMR RHA: Define a sequenced and achievable implementation plan
	EMR RHA: Pilot EMR RHA deployed and in use
2026-2027	Complete inventory of technological solutions for the Network, with risk level (clinical and financial)
	Develop, validate and/or document contingency and recovery plans
	Increase in the number of evaluated innovation projects from different sectors
	Principles of using AI
	Develop a single innovative intake system (Central Intake)
	Number of innovation partnerships (UdeM, Horizon, UNB, etc.)
	Virtual care plan for one-third of learning client programs
	CIS: Continue implementation of a sequenced, achievable clinical standardization plan
	CIS: Continue implementation of a sequenced, achievable technical preparation plan
	CIS: Design a development plan for the future solution
	EMR RHA: Gradual implementation of solution
EMR RHA: Standardized operation of the new solution	
2027-2028	Priority resulting from the LCPs that includes two to three digital/technological transformation projects

Performance measures

Access	Average time from receipt of request to processing Number of consultations offered via virtual care
Operational efficiency	Number of requests processed within defined timeframes
Result(s) for the client	Number of processed requests Number of innovative projects
Client satisfaction	Overall satisfaction rate (clients/suppliers [SNB], internal partners) Patient satisfaction with virtual care
Counter-indicator(s)	Number of projects that cannot be supported post-closure Number of uncompleted projects

EMPLOYEE EXPERIENCE (HUMAN RESOURCES)

Mission

Ensure the availability of human resources to meet the critical and future needs of Vitalité Health Network through an efficient, compliant recruitment and staffing process, while fostering a healthy and productive work culture that enhances employee experience and retention.

Destinations

- Serve as both architect and conductor in the planning and ongoing management of the workforce.
- Become experts in recruitment strategies tailored to each profession, in co-leadership with the different sectors.
- Achieve a majority of employees recommending Vitalité as an employer.

Deliverables

Budget 2025-2026 : \$3,703,887

	Deliverables
2025-2026	Achieve 100% implementation of a labour management and planning tool
	International recruitment
	Implementation of industry best practices, development of tools for managers and offer of informal recognition

Performance measures

Access	Length of recruitment process Average length of staffing process
Operational efficiency	Length of immigration process Percentage of grievances resolved Severity (length of absence) of workplace accidents Percentage of grievances resolved
Result(s) for the client	Percentage of recruitment targets met Percentage of graduate hires Percentage of trainee hires Employee net promotion rate (“eNPS”) Full-time equivalents (FTEs) lost (illness, long-term disability [LTD], accidents) Leadership development index Percentage of successful conflict resolution
Client satisfaction	Satisfaction rate with staffing or other processes Net Promoter Score (NPS for the human resources sector)
Counter-indicator(s)	Critical vacancy rate Turnover rate for new hires (< 2 years of service) Number of complaints Percentage of unfounded complaints Number of grievances Involuntary departures

Non-financial improvements

	Deliverables
2025-2026	Deliver a recruitment framework (offer, modeling, training, talent attraction, hiring, innovation)
	Develop a tailored recruitment plan for the five most critical sectors: Nursing, Pharmacy, Imaging, Social Work and Power Engineering
	Calculate and understand HR cost/value per employee
	Improve leadership skills (targets aligned with the Gallup Q12 survey)
	100% of new health care workers will be announced to RSC one month in advance
2026-2027	In line with labour planning and management
	In line with recruitment framework
	Reduce vacancy rates in the five most critical sectors: Nursing, Pharmacy, Imaging, Social Work and Power Engineering
	Optimize HR cost/value per employee
	X% improvement in leadership skills at the Network
2027-2028	100% of new health care workers will be announced to the RSC one month in advance
	In line with labour planning and management
	In line with the recruitment framework
	Reduce vacancy rates in the five most critical sectors: Nursing, Pharmacy, Imaging, Social Work and Power Engineering
	Optimize HR cost/value per employee
2027-2028	X% improvement in leadership skills at the Network
	100% of new health care workers will be announced to the RSC one month in advance



CORPORATE AFFAIRS

Finance

Mission

Promote sound, proactive financial management by delivering timely, accurate, relevant and compliant information.

Destinations

- A financial structure that brings clarity and simplicity to decision-making.
- Technological tools (UKG, Budman, etc.) to facilitate financial analysis of the organization's various sectors.
- Implementation of a valuation mechanism integrating the notion of cost per case into financial analysis.

Deliverables

Budget 2025-2026 : \$1,763,082

	Deliverables
2025-2026	Implement the Dimension system (UKG)

Non-financial improvements

	Deliverables
2025-2026	Establish a simplified departmental structure model between the UKG, MIS, HR and finance sectors
	Establish and deploy a cost-per-case measurement process for Surgery (pilot)
2026-2027	Deploy the simplified departmental structure model
	Launch financial software - Go World / BudMan
	Deploy the cost-per-case measurement model for Hemodialysis and Oncology
2027-2028	Identify a technological solution for the submitting travel and reimbursement forms
	Deploy the cost-per-case measurement model for Emergency Department and Mother- Child sector

Performance measures

Access	Delay in information delivery (in days)
Operational efficiency	Total budget optimization rate
Result(s) for the client	Average total cost per patient served
Client satisfaction	Stakeholder satisfaction rate
Counter-indicator(s)	Stakeholder satisfaction rate

Organizational Risks

Mission

Establish and maintain an integrated risk management culture that is proactive, inclusive, collaborative, and protects effectively the Network, patients, employees and the public.

Destinations

- Overview of organizational risks and impact of mitigation strategies implemented.
- Simplified purchasing and procurement process to support management requests.

Deliverables

	Deliverables
2027-2028	Implement a solution for contract management and storage

Non-financial improvements

	Deliverables
2025-2026	Implement a policy and organizational risk management tool
	Purchasing and supply process mapping
2026-2027	Implement improvements defined in the purchasing and supply process map
	Identify a solution for contract management and storage
2027-2028	Implement a solution for contract management and storage

Performance measures

Access	Reduction in the average time for developing and implementing policies and procedures Measurement of average access times by zones and determination of an average access time for the Network
Operational efficiency	Resources used for policy development and implementation and procedures are proportional to their objectives
Result(s) for the client	Measuring the impact of policies and procedures on patients The processing time
Client satisfaction	client satisfaction ratings
Counter-indicator(s)	The duration of the process for developing and implementing policies and procedures hinder operations Volume of complaints

Facilities

Mission

Offer a systemic, reliable service that manages risk responsibly while taking the satisfaction of its internal clientele.

Destinations

- Adjust a workload based on team capacity.
- Conduct proactive follow-up with requesters, with feedback on work requests.
- Develop a structured plan for maintaining and developing our infrastructures, supported by an overview of their condition.
- Ensure responsible management of energy and carbon emissions.

Deliverables

	Deliverables
	Reorganize and transform the Facilities Management Department
2026-2027	Develop and implement an asbestos management program (phase 2 - Edmundston Regional Hospital, Campbellton Regional Hospital, Dr. Georges-L.-Dumont University Hospital Centre)
2027-2028	Consolidate the four MegaMation software databases into a single database, or into a new software

Non-financial improvements

	Deliverables
	Develop a preventive and corrective maintenance report (KPI)
2025-2026	Establish criteria for prioritizing major project requests in conjunction with the Department of Health - provincial system planning committee (clinical and infrastructure)
	Develop and implement an asbestos management program (phase 1 - Chaleur Regional Hospital)
2026-2027	Assess the condition of our facilities jointly with the Department of Health (phase 1) - provincial system planning committee (clinical and infrastructure)
	Improve the process of tracking work requests by email confirmation - MegaMation
	Develop and implement an asbestos management program (phase 1 - Chaleur Regional Hospital)
2027-2028	Implement an energy monitoring system jointly with the collaboration of SNB and NB Power and establish an Energy Star rating for each of our facilities
	Assess the condition of our facilities jointly with the Department of Health (phase 2) - provincial system planning committee (clinical and infrastructure)
	Improve the energy efficiency of our hospitals (continued)

Performance measures

Access	Percentage of approved projects completed (in terms of infrastructure)
Operational efficiency	Percentage of preventive maintenance completed on time Percentage of work orders completed
Result(s) for the client	Number of infrastructure-related incidents
Client satisfaction	Percentage of stakeholder satisfaction (monthly)
Counter-indicator(s)	Percentage of preventive maintenance completed late Percentage of work orders not completed

Procurement

Mission

Ensure the continuous and compliant availability of medical devices necessary for quality care, while optimizing costs, deadlines and respecting health and regulatory standards.

Destinations

- Overview of the Network's equipment fleet (\$100,000 and over).
- Establish a support process for requesters to facilitate and accelerate the handling of requests.
- Optimize financial resources related to organizational risks (by being more proactive and replacing equipment before maintenance costs exceed replacement value or the asset reaches end-of-life).

Non-financial improvements

	Deliverables
2025-2026	Procurement process mapping (contracts, SNB and equipment)
	Define the roles and responsibilities of Vitalité Health Network and SNB
2026-2027	Establish a communication process to facilitate the flow of requests
2027-2028	Develop a database for all equipment (\$100,000 and over)
	Start implementing a replacement program - Hemodialysis (pilot)

Performance measures

Access	Time between the validated request and the operational receipt of equipment
Operational efficiency	Comparison between planned budget and actual expenses
Result(s) for the client	Number of adverse events due to defective or inadequate equipment
Client satisfaction	Satisfaction rate on the quality of service provided to other services of the Network
Counter-indicator(s)	Measure the evolution of purchase costs

SUPPORT SERVICES

Mission

Serve nutritious, high-quality meals tailored to our clientele’s needs to support patient recovery and promote healthy eating for all. Ensure a clean and safe environment that supports infection prevention and control and patient flow.

Destinations

- An enhanced food experience tailored to patients’ needs.
- A structured, safe and equitable work environment for committed employees.
- High-performance services that are constantly evolving, sustainable and aligned with client and employee needs.

Deliverables

Budget 2025-2026 : \$11,700

	Deliverables
2026-2027	Deploy ORKIN’s planned canine detection program for bedbug prevention and management

Non-financial improvements

	Deliverables
2025-2026	Standardize patient menus
	Standardize a therapeutic diet guide (CIS)
	Business analysis - Z4 and Z6 food service delivery model
	Upgrade kitchen equipment (special budgetary envelope)
	Measure workload and work routines: <ul style="list-style-type: none"> • BATHURST expansion • CHU Dumont expansion
	Standardize orientation program - Environmental Services
2026-2027	Food Services (and Clinical Nutrition) adopt the therapeutic diet guide
	Assess Orkin's planned canine bedbug detection program
	Business analysis - Z4 and Z6 food service delivery model
	Modify and modernize the food service delivery model (Z4 and Z6)
	Enhance cafeteria profitability: develop and implement a pricing strategy , reviewed annually
	Design and implement an internal training program focused on developing essential skills for supervisory (2029) and technical (2072) positions, supporting both recruitment and retention
2027-2028	Implement IDDSI (International Dysphagia Diet Standardization Initiative) diets

Performance measures

Nutrition and Food Services

Access	Interval from admission to first contact with the department (patient visit)
Operational efficiency	Variance analysis of actual expenditures against the operating budget Food cost/ meal day Cost of labour/meal day
Result(s) for the client	Temperature at time of meal delivery (checking trays)
Client satisfaction	Meal satisfaction rate (internal survey)
Counter-indicator(s)	Number of department-related incidents reported (iReport)

Environment

Access	Average turnaround time from discharge notification to completion of cleaning (patient flow)
Operational efficiency	Difference between actual expenditures and operating budget Cost per surface cleaned
Result(s) for the client	Average rate of observation audit findings Average rate of ATP-metry audit findings
Client satisfaction	Client survey
Counter-indicator(s)	Number of reported department-related incidents (iReport) Number of paid sick days



FINANCIAL STATEMENT

The budget development process for the 2025-2026 fiscal year has incorporated a number of economic factors that the Network must navigate to achieve its objectives in alignment with its purpose.

A financial report outlining budgetary pressures was submitted, detailing in particular a 10.4% funding requirement to deal with inflation and meet rising demand (volume) in various departments. The report also highlighted other financial risks linked to difficulties in hiring clinical and professional staff, as well as other much-needed improvement programs.

The Department of Health presented an overall increase in core funding of 3.52%.

This increase includes:

- salary increases in line with current collective agreements;
- inflation;
- the \$4.6 million budgetary envelope for new initiatives identified in this regional health and business plan ;
- the transfer of \$2.5 million to the budget base for initiatives previously funded by amendments.

The increase in the budgetary envelope has been distributed across spending categories to ensure the continuation of current operations and initiatives already approved by the Department.

The tables in Appendix E (1 and 2) show the main revenue and expenditure categories for the next three years, as well as a summary of spending by program. The budgets for 2026-2027 and 2027-2028 are based on budgetary assumptions. These budgets include a 2.5% increase in Department revenues and a 1.5% increase in Medicare-related revenues (cost recovery from salaried physicians), as well as the resolution of reductions that occurred in the first year of the plan.

This balanced budget for the Network does not consider all the financial risks associated with the commitments made in prior years, which will continue to impact the 2025-2026 fiscal year.

EXPECTED OUTCOMES FOR THE HEALTH CARE SYSTEM

The expected outcomes for the health care system stem directly from our commitment to a learning-oriented, collaborative, and innovative approach. By implementing the initiatives and strategies outlined in the previous sections, we aim to achieve several key objectives that will transform our Network and enhance the quality of care for our patients and communities.

Improved quality of care

By embracing a user-centred approach and integrating best practices and innovations, we anticipate a significant enhancement in the quality of care provided. The learning client programs and transversal sectors will work together to ensure that every patient receives personalized, high-quality care.

Enhanced employee commitment and satisfaction

By fostering a culture of co-leadership and collaboration, we aim to strengthen the commitment and satisfaction of our staff. A positive and inclusive work environment, where every team member feels valued and supported, will contribute to better talent retention and increased overall performance.

Optimized resources and operational efficiency

The learning approach and catalyst sectors will enable us to optimize the use of available resources, both human and financial. By adopting innovative technologies and processes, we can improve operational efficiency and reduce costs. This will result in a better allocation of resources and a greater capacity to meet the needs of the population.

Innovation and resilience in action

By integrating research and innovation into our practices, we expect to promote a culture of continuous innovation. This will enable us to remain at the cutting edge of medical and technological advances, while strengthening our resilience in the face of future challenges. Catalyst sectors will play a critical role in driving this innovation and enabling the adoption of new solutions.

Improved community health

Finally, the ultimate goal of our approach is to improve the overall health of our communities. By working closely with patients, families and community partners, we can develop programs and services that meet the specific needs of each group.

In short, the expected outcomes for the health care system are ambitious, but achievable thanks to our commitment to a learning, collaborative and innovative approach. By implementing these strategies, we can transform our Network and deliver high-quality care to our patients and communities.

APPENDICES



APPENDIX A

Points of Service (2024-2025)

Points of service	Beauséjour Zone	Northwest Zone	Restigouche Zone	Acadie-Bathurst Zone	Network
Number of hospitals	2	3	2	4	11
Number of veterans' units/centres	1	0	1	0	1
Number of community health centres	0	0	1	2	3
Number of health centres	1	1	1	3	6
Number of health clinics	3	2	1	0	6
Number of community mental health centres and points of service	2	3	2	4	11
Number of public health offices and points of service	4	3	3	4	14
Number of addiction services centres	0	1	1	2	4
Number of Extra-Mural Program offices	0	0	0	0	0
Total number of points of service	13	13	12	19	56

APPENDIX B-1

Activity Volume (2024-2025)

Volumes and activities	Beauséjour Zone	Northwest Zone	Restigouche Zone	Acadie-Bathurst Zone	Network
Number of admissions (excluding newborns)	8,362	6,036	3,248	6,904	24,550
Number of admissions – veterans	21	0	0	0	21
Number of admissions – Restigouche Hospital Centre	0	0	286	0	286
Number of newborns	826	356	0	470	1,652
Number of patient days (excluding newborns)	105,874	62,541	48,609	88,641	305,665
Number of patient days – veterans	13,815	0	0	0	13,815
Number of patient days – Restigouche Hospital Centre	0	0	31,006	0	31,006
Number of emergency room visits	56,185	55,779	21,126	57,882	190,972
Number of ambulatory care visits	137,824	65,282	22,699	98,356	324,161
Number of surgical cases	6,872	2,617	3,161	4,246	16,896
Number of dialysis treatments	39,856	4,310	2,929	15,802	62,897
Number of oncology clinic treatments (chemo – excluding bedside treatments)	5,097	1,835	1,121	3,333	11,386
Number of attendance days – radiation therapy	20,932	0	0	0	20,932
Number of laboratory procedures	6,207,551	1,121,750	1,042,419	2,651,214	11,022,934
Number of medical imaging procedures	153,773	75,833	54,684	117,931	402,221
Number of attendance days – respiratory therapy and pulmonary health clinic	19,394	10,421	10,239	14,167	54,221
Number of attendance days – rehabilitation services (audiology, occupational therapy, physiotherapy, speech-language pathology, recreation therapy)	73,961	43,091	38,655	52,355	208,062
Number of attendance days – therapeutic services	23,359	16,584	8,119	16,685	64,747
Number of consultations scheduled in community health centres	0	0	8,462	32,229	40,691
Percentage of children vaccinated in schools – Tdap	81 %	70 %	78 %	86 %	80%
Percentage of children vaccinated in schools – HPV	87 %	74 %	79 %	90 %	86%
Percentage of children vaccinated in schools – varicella	s.o.	s.o.	s.o.	s.o.	s.o.
Percentage of children vaccinated in schools – meningococcus	69 %	63 %	68 %	75 %	69%
Number of admissions to the Healthy Families, Healthy Babies Program	223	102	43	90	458
Number of healthy toddler assessments	1,227	232	155	335	1,949
Number of internal admissions to addiction services	0	439	180	299	918
Number of visits in health centres	48,150	7,890	3,274	19,807	79,121

APPENDIX B-2

Number of Beds

Facility	Beds open at April 1, 2023.	Acute care	Rehabilitation care	Chronic care
Dr. Georges- L.-Dumont University Hospital Centre (UHC)	302	227	25	50
Stella-Maris-de-Kent Hospital	20	20	0	0
Total Zone 1B	322	247	25	50
Hôtel-Dieu Saint-Joseph de Saint-Quentin	6	6	0	0
Grand Falls General Hospital	20	20	0	0
Edmundston Regional Hospital	169	113	0	56
Total Zone 4	195	139	0	56
Campbellton Regional Hospital	146	121	0	25
Total Zone 5	146	121	0	25
Lamèque Hospital and Community Health Centre	12	12	0	0
Tracadie Hospital	59	59	0	0
Enfant-Jésus RHSJ† Hospital (Caraquet)	12	12	0	0
Chaleur Regional Hospital	215	171	0	44
Total Zone 6	298	254	0	44
Total	961	761	25	175

APPENDIX C

Human Resources Profile

Network Profile	Beauséjour Zone	Northwest Zone	Restigouche Zone	Acadie-Bathurst Zone	Network
Number of male employees	650	273	371	404	1,698
Number of female employees	2,632	1,343	1,085	2,038	7,098
Number of X employees	1	0	0	1	2
Number of full-time employees 6,016	2,288	1,152	1,035	1,541	6,016
Number of part-time employees	312	215	139	458	1,124
Total number of employees (March 2025) (all statuses combined)	3,283	1,616	1,456	2,443	8,798
Number of family physicians	152	59	27	101	339
Number of medical specialists	148	37	30	63	278
Total number of physicians (March 2025)	300	96	57	164	617
Number of nurse practitioners	20	9	15	15	59
Number of volunteers (March 2025)	355	51	57	192	655
Number of vacant permanent positions	292	138	190	139	759
Number of vacant family/ER physician positions	9,5	15,5	11,5	18,5	55
Number of vacant medical specialist positions	26	9	13	24	72
Total number of vacant medical positions (March 2025)	35,5	24,5	24,5	42,5	127
Number of retirements	52	38	28	49	167
Number of physician retirements	5	1	1	1	8
Total number of retirements (March 2025)	57	39	29	50	175
Number of departures 2024-2025 (retirements + other) (all statuses combined)	341	150	172	184	847
Number of physician departures (retirements + other)	10	2	3	4	19
Total number of departures (retirements + other)	351	152	175	188	866
Number of hires	686	253	242	327	1,508
Number of physician hires	35	4	7	6	52
Average age of staff	39,8	40,1	42,3	42,0	40,8
Average age of medical staff	45	49	52	46	46

APPENDIX D-1

Operating Budget 2025-2028

Revenues	2025-2026	2026-2027	2027-2028
Products	907,298,930	927,719,153	950,939,816
Department of Health*	790,125,751	807,909,577	828,135,001
Recoveries and other	117,173,179	119,809,576	122,804,815
Salaried physician recoveries	95,011 319	96,436,489	97,738,381
Medical education	6,389,547	6,389,547	6,389,547
Other programs	6,829,315	6,829,315	6,829,315
Veterans	6,145,607	6,145,607	6,145,607
Health Canada	183,708	183,708	183,708
Donations	500,000	500,000	500,000
Total revenues	1,015,529,111	1,037,374,504	1,061,897,059
Expenses	2025-2026	2026-2027	2027-2028
Salaries	482,712,897	493,573,937	500,977,547
Benefits	73,855,143	75,516,884	76,649,637
Physician salaries	95,283,319	96,712,569	98,163,257
Medical and surgical supplies	48,032,768	48,753,260	49,484,558
Medications	71,636,625	73,069,358	74,530,745
Other expenses	244,008,359	249,748,497	262,091,315
Total expenses	1,015,529,111	1,037,374,504	1,061,897,059
Operating surplus/(deficit)	0	0	0
Capital revenues	15,210,640	15,000,000	15,000,000
Amortization of capital assets	(36,000,000)	(36,000,000)	(36,000,000)
Provision for sick leave obligation	(800,000)	(800,000)	(800,000)
Surplus/(Deficit)	(21,589,360)	(21,800,000)	(21,800,000)

* Includes patient revenue.

APPENDIX D-2

Expenses per Program for 2025-2028

Expenses per program	2025-2026	2026-2027	2027-2028
Clinical programs	547,541,044	559,727,68	573,509,634
Inpatient services	179,276,150	183,292,921	187,841,665
Ambulatory services	100,792,670	103,028,809	105,555,824
Diagnostic and therapeutic services	173,946,081	177,805,167	182,166,242
Tertiary services	90,254,718	92,257,067	94,519,881
Training	3,271,425	3,344,003	3,426,023
Administrative and support services	231 281 277	236 412 375	242 210 924
Support services	192,968,145	197,249,246	202,087,231
Administration and other services	38,313,132	39,163,129	40,123,694
Salaried physicians	100,771,319	102,282,889	103,817,132
Other Department of Health programs	100,953,430	103,193,136	105,724,181
Mental Health - Restigouche	14,648,556	14,973,542	15,340, 802
Mental Health - hospitals	18,353,305	18,760,483	19,220,627
Addiction Services	11,484,556	11,739,347	12,027,281
Public Health	15,253,506	15,591,913	15,974,340
Community Mental Health	41,213,507	42,127,850	43,161,131
Research	5,640,386	5,765,521	5,906,934
Medical education	8,825,784	9,021,589	9,242,864
Other	20,515,870	20,971,026	21,485,388
Primary Health Care - ISN	12,993,613	13,281,883	13,607,651
Miscellaneous	353,031	360,863	369,714
Donations/foundations	839,911	858,545	879,603
Veterans	6,145,607	6,281,951	6,436,030
Health Canada	183,708	187,784	192,390
Total expenses per program	\$1,015,529,111	\$1,037,374,504	\$1,061,897 ,059

APPENDIX E-1

Capital Budget Authorized for 2025-2026

Capital Budget		Subtotal	Total
Equipment budget	Under \$100,000 – Operating	\$4,000,000	\$19,810,640
	\$100,000 and over – Capital	\$15,210,640	
	Special - Equipment replacement - Food Services	\$600,000	
Chaleur Regional Hospital major project capital equipment budget			\$2,200,000
Total equipment budget			\$20,069,075

APPENDIX E-2

Major Projects Authorized for 2025-2026

Facility	Project description	Approved projects / Budget approved for 2024-2025
Chaleur Regional Hospital	Expansion + renovations (210,000 sq. ft.)– Total of 217 M\$	\$22,700,000
Dr. Georges-L.-Dumont UHC	Development of the New Brunswick Public Health Laboratory – Total of 20 M\$	\$9,600,000
Network – Zone 1B	Centre of Excellence for Youth Mental Health in Moncton – Total of 29,4 M\$	\$13,800,000
Network	Pharmacy upgrades – Upgrade of the Dr. Georges-L.-Dumont UHC central pharmacy in 2025-2026 and planning for the Caraquet and Campbellton pharmacies *The budget announced is for the two health networks.	*\$14,400,000
Total		\$60,500,000

APPENDIX E-2A

Special Projects Authorized for 2025-2026

Facility	Project description	Approved projects / Estimated costs
Centre for Hope and Harmony in Campbellton	Construction of garage, wood shed, sweat lodge shelter and footbridge repairs – ongoing	\$50,000
Enfant-Jésus RHSJ† Hospital (Caraquet)	Renovation of level 2 to add 10 patient rooms – ongoing	\$500,000
Restigouche Hospital Centre	Renovation of Unit B-1 for youth	\$3,000,000
Chaleur Regional Hospital	Relocation of parking lot and electrical transformers – ongoing	\$1,300,000
Campbellton Regional Hospital	Construction of an extension to house the fixed MRI machine – in progress	\$2,725,000
Total		\$7,575,000

APPENDIX E-3

Equipment of \$100,000 and Over Authorized for 2024-2025 (letter from the Department)

Zone	Prioritized and approved equipment for 2025-2026	Prix budgétaire
1B	Angiography room at the Dr. Georges-L.-Dumont UHC – ongoing	\$1,893,493
6	Gamma camera in Bathurst – ongoing	\$2,375,000
1B	Digital Radiography (DR) room at Stella-Maris-de-Kent Hospital	\$651,712
4	4K Camera – ongoing	\$18,020
1B	C-Arm Pro – ongoing	\$25,110
1B	Multipurpose device - Renovations / installation at the Dr. Georges-L.-Dumont UHC – ongoing	\$100,000
6	Carestream digital radiography (DR) in Bathurst – ongoing	\$142,233
1B	Deferred to 2025-2026 – Dishwasher at the Dr. Georges-L.-Dumont UHC	\$1,900,000
1B	CT simulation - ongoing	\$211,492
6	Cart washer (pass-through)	\$421,000
5	Vivid E95 ultrasound machine, Au11121 series (X1)	\$200,000
5	Pouch verifier (PACVision)	\$175,000
4	General radiography room (DR) (Room 1)	\$1,100,000
1B	DNA sequencer (Illumina)	\$220,000
5	Washer-disinfector (End of life)	\$290,480
4	General radiography room (DR) (Room 2 - Philips)	\$1,030,000
1B	Reverse osmosis water purification system	\$480,000
4	Digital X-ray (to replace Fluoroscope)	\$300,000
4	Navigator+ probe	\$109,884
4	Gamma camera for SPECT number 1 (Small room)	\$2,100,000
5	4K laparoscopic tower	\$120,000
5	Cart washer (End of life)	\$330,000
	Reserve - Emergency purchases	\$1,017,217
Total equipment prioritized and approved for 2025-2026		\$15,210,640

APPENDIX E-4

Equipment of \$100,000 and Over Planned for 2026-2030

Zone	Equipment planned for 2026-2027	Budget price
1B	CT scan (Room 1) **	\$2,360,101
5	Orthopedic surgical table	\$277,314
1B	Reverse osmosis water purification system	\$280,000
1B	Reverse osmosis water purification system	\$280,000
4	Voyager transfer isolette	\$100,000
1B	CO2 laser	\$225,000
1B	CO2 laser (Gynecology)	\$225,000
1B	OCT Angiogram (Ophthalmology)	\$110,000
5	Voluson E10 obstetrical ultrasound machine	\$160,000
1B	Veradius C-Arm	\$236,035
5	General radiography (DR) room (Room 3)	\$1,030,000
4	Gamma camera for SPECT number 2 (Large room)	\$2,100,000
6	General radiography room (DR)	\$1,100,000
1B	Gamma camera for SPECT-CT	\$1,650,000
1B	Anaerobic chamber – Includes service contract and installation	\$170,000
1B	Circulator / Tissue processor	\$125,000
4	BenchMark Ultra Plus – Ventana System (Immunostaining	\$165,000
1B	General radiography (DR) (Room F)	\$1,000,000
6	Obstetrical ultrasound machine	\$200,000
6	Architect analyzer for infectious disease diagnostics (Abbott)	\$130,000
6	CT scan	\$2,100,000
5	CT scan	\$2,100,000
6	Autostainer XL slide stainer/mounter	\$133,461
6	DR Room (Room 1)	\$500,000
4	Replacement of Novus Spectra laser	\$120,000
4	Replacement of Selecta Duet laser	\$120,000
1B	BD BACTEC FX Analyzer (Microbiology)	\$120,000

6	DR mobile	\$220,000
5	DR mobile	\$220,000
1B	C-Arm	\$240,000
1B	Optilite device	\$100,000
5	Autostainer XL slide stainer/mounter	\$133,461
4	Autostainer XL slide stainer/mounter	\$121,000
1B	Cardiac ultrasound machine	\$215,000
1B	Phadia 250 chemistry analyzer	\$150,000
5	Uroskop machine - Cystoradiography/fluoroscopy (Room 5)	\$550,000
0	Image processor for endoscopy	\$350,000
1B	Next Generation Sequencing – Platform update	\$900,000
1B	Cytogenomics platform	\$400,000
6	BenchMark Ultra - Ventana System (Immunostaining)	\$150,000
6	Liquid-based cytology equipment	\$110,000
1B	Vitros 4600 chemistry analyzer	\$400,000
1B	Vitros XT 7600 chemistry analyzer number 1	\$400,000
1B	Vitros XT 7600 chemistry analyzer number 2	\$400,000
1B	EnGen automation system (production line) - Linked to files – Vitros	\$1,100,000
4	WRO 101H reverse osmosis system (2008) (Laboratory)	\$210,000
5	General radiography room (DR) (Room1)	\$1,030,000
1,4,5,6	Code system for traceability	\$600,000
1B	Automated bacteriology equipment (BD Kiestra or WASP system)	\$6,300,000
Total equipment planned for 2026-2027		\$31,416,372

Zone	Equipment planned for 2027-2028	Budget price
5	General radiography (DR) room (Room 2)	\$1,100,000
5	Intellijoint system	\$192,500
4	OCT Angiogram (Ophthalmology) - Second of two required (end of support)	\$184,167
6	Autoembedding	\$300,000
4	WRO 102H(P) reverse osmosis system (2006)	\$210,000
5	Reverse osmosis system	\$255,000
4	WRO 102S reverse osmosis system (2008)	\$210,000
5	Reverse osmosis system	\$255,000
6	Reverse osmosis system	\$480,000
4	Reverse osmosis system (2006)	\$225,000
4	General radiography (DR) room (Room 2)	\$1,100,000
1B	Breast ultrasound machine	\$160,000
4	Pouch verifier (PACVision)	\$175,000
1B	PET/CT scanner	\$3,300,000
1B	General radiography room (DR) (Room A)	\$1,030,000
1B	General radiography room (DR) (Room B)	\$1,030,000
1B	General radiography (DR) room (room D)	\$1,030,000
6	DR Room (Room 3)	\$500,000
6	CT scan	\$2,100,000
4	4 CT scan	\$2,100,000
5	General radiography room (DR) (Room 7)	\$1,030,000
5	Bone densitometer	\$95,920
1B	C-Arm	\$240,000
5	Microscope – ENT	\$200,000
1B	DNA sequencer (Illumina) + SOPHiA	\$220,000
5	Mobile C-Arm - fluoroscopy	\$240,000
1B	General radiography room (DR) (Room 1)	\$1,030,000
1B	C-Arm	\$250,000
1B	BD Totalys multiprocessor	\$350,000
Total equipment planned for 2027-2028		\$19,592,587

Zone	Equipment planned for 2028-2029	Budget price
4	C-Arm	\$240,000
6	Obstetrical ultrasound machine	\$200,000
1B	Fixed MRI machine	\$1,850 000
1B	Replacement of Voluson S10 BT16 ultrasound machine	\$160,000
1B	C-Arm	\$240,000
1B	Safe cardiac monitor for MRI (MR400 replacement)	\$121,000
6	CO2 laser	\$400,000
6	pH recording device	\$100,000
6	Vitros chemistry analyzer number 1	\$125,000
6	Vitros chemistry analyzer number 2	\$125,000
5	Vitros 5600 chemistry analyzer number 1	\$125,000
5	Vitros 5600 chemistry analyzer number 2	\$125,000
1B	Fluid handling platform	\$180,000
1B	Autostainer XL slide stainer/mounter	\$133,461
1B	Vivid E95-4D machine (X1)	\$200,000
6	General radiography room (DR)	\$1,100,000
2	Surgical microscope	\$100,000
6	Mobile DR	\$220,000
6	Aplio i700 (Canon) general ultrasound machine	\$920,000
6	Aplio i700 (Canon) general ultrasound machine (number 1)	\$230,000
6	Aplio i700 (Canon) general ultrasound machine (number 2)	\$230,000
4	Mobile DR	\$220,000
1B	Reverse osmosis system – Lauer (2008)	\$480,000
1B	EVIS, EUS, EU-ME2 ultrasound machine	\$125,000
Total equipment planned for 2028-2029		\$7,949,461

Zone	Equipment planned for 2029-2030	Budget price
1B	Reverse osmosis system (Laboratory)	\$280,000
4	DRX-Revolution mobile system	\$160,000
1B	DRX-Revolution mobile system	\$160,000
1B	Ellex Eye Cubed V4 system	\$100,000
1B	100W thulium laser	\$100,000
1B	Uroskop Omnia Max machine – Urology room	\$452,610
1B	CO2 laser	\$230,000
1B	Veradius C-Arm	\$250,000
1B	O-arm imaging system	\$500,000
4	Integration room	\$413,832
1B	Optilite 864 chemistry analyzer	\$190,000
1B	Nucleic acid purification system	\$190,000
1B	Quantus Fluorometer (DNA quantification)	\$190,000
1B	Tissue-Tek SCA automated coverslip assembler	\$130,000
1B	GeneXpert RNA/DNA equipment	\$120,000
1B	MagNA Pure 96 nucleic acid purification system	\$100,000
6	GeneXpert analyzer (Molecular Diagnostic System)	\$110,000
5	Vivid E95 ultrasound machine – Diagnostics	\$200,000
4	Vivid E95 machine	\$175,000
5	Mobile digital radiography	\$100,000
6	DRX-Revolution mobile system	\$180,000
6	Voluson E10 ultrasound machine	\$160,000
6	Aplio I700 ultrasound machine	\$100,000
6	Aplio I700 ultrasound machine	\$100,000
6	Aplio I700 ultrasound machine	\$100,000
6	Aplio I700 ultrasound machine	\$100,000
6	Ergonomic stretcher for Echo-Flex 5002 ultrasound (CA-51)	\$180,000
1B	TP2 orthovoltage control console	\$100,000
1B	BK3000 ultrasound system	\$220,000
Total equipment planned for 2029-2030		\$5,391,442

APPENDIX E-5

Building Improvement Projects Authorized for 2025-2026

Order	Facility	Project description	Approved projects / Estimated costs
Building improvements planned for 2025-2026 – authorized by letter from the Department of Health			
1	Zones 4, 5 and 6	Addition of three construction project managers	\$360,000
2	Lamèque Hospital and Community Health Centre	Addition of ventilation system – postponed from 2024-2025	\$1,800,000
3	Campbellton Regional Hospital	Replacement of pneumatic control system with digital control system – phase 1 of 3 - postponed from 2024-2025	\$3,415,000
4	Stella-Maris-de-Kent Hospital	Renovation of kitchen and replacement of ventilation unit (laundry and kitchen) – project postponed from 2024-2025	\$1,500,000
5	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Generator replacement – postponed from 2024-2025	\$1,900,000
6	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Elevator replacement – postponed from 2024-2025	\$1,000,000
7	Tracadie Hospital	Replacement of fire alarm system controls system - postponed from 2024-2025	\$350,000
8	Chaleur Regional Hospital	Emergency – generator repair	\$250,000
9	Lamèque Hospital and Community Health Centre	Emergency – separation of sanitary and storm sewer lines to prevent further flooding	\$100,000
10	Tracadie Hospital	Emergency – DA and condensate tank replacement	\$750,000
11	Dr. Georges-L.-Dumont UHC	Upgrading of elevators 7, 8, 9 and 10	\$1,560,000
12	Dr. Georges-L.-Dumont UHC	Upgrading of elevators 4, 5 and 6	\$850,000
13	Miscellaneous (ERH, GFGH, HDSJSQ, Chaleur Regional Hospital)	Roof repair program	\$1,123,500
Total for 2025-2026			\$14,958,500

APPENDIX E-6

Building Improvement Projects Planned for 2026-2030

Order	Facility	Project description	Approved projects / Estimated costs
Building improvements requested but not approved for 2025-2026, to be postponed to 2026-2027			
1	Dr. Georges-L.-Dumont UHC	Replace standby converter	\$200,000
2	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of sewer lines	\$750,000
3	Edmundston Regional Hospital	Upgrading of equipment elevators 3 and 4	\$650,000
4	Chaleur Regional Hospital	Replacement of Emergency ventilation unit	\$1,000,000
5	Dr. Georges-L.-Dumont UHC	AHU1 and AHU2 upgrades	\$750,000
6	Edmundston Regional Hospital	Replacement of the MRI chiller	\$350,000
7	Chaleur Regional Hospital	Replacement of the MRI chiller	\$350,000
8	Grand Falls General Hospital	Cooling tower replacement	\$350,000
9	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Chimney repair	\$300,000
10	Campbellton Regional Hospital	Replacement of fire alarm panels	\$2,200,000
11	Edmundston Regional Hospital	Replacement of fire alarm panels	\$2,200,000
12	Dr. Georges-L.-Dumont UHC	Changes to electrical emergency system priorities	\$500,000
13	Edmundston Regional Hospital	Replacement of window lintel coverings	\$200,000
14	Dr. Georges-L.-Dumont UHC (Hôtel-Dieu)	Addition of a public announcement system	\$350,000
15	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of the nurse call system	\$700,000
16	Stella-Maris-de-Kent Hospital	Replacement of ventilation systems – phase 1 of 2	\$1,500,000
17	Dr. Georges-L.-Dumont UHC	Elevator upgrades 14	\$900,000
18	Chaleur Regional Hospital	Replacement of two ventilation systems	\$1,500,000
19	Edmundston Regional Hospital	Replacement of refrigeration and freezing rooms	\$2,200,000
20	Edmundston Regional Hospital	Replacement of four transfer switches	\$600,000
21	Edmundston Regional Hospital	Upgrading of two electrical substations	\$500,000
22	Dr. Georges-L.-Dumont UHC	Sanitary sewer line replacement	\$100,000
23	Edmundston Regional Hospital	Construction of a garage for facility maintenance	\$500,000
24	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of finishing sheet on roof numbers 2, 3, 5 and 6	\$250,000
25	Grand Falls General Hospital	Replacement of finishing sheet on roof numbers 1, 2, 3, 4, 6, 8, 9 and 18	\$500,000
26	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of a ventilation and air-conditioning unit	\$750,000
27	Dr. Georges-L.-Dumont UHC	of the scavenging system – Caesarean section room 3B	\$200,000
28	Dr. Georges-L.-Dumont UHC	Replace chilled water outlet	\$250,000

29	Stella-Maris-de-Kent Hospital	Replacement of roof number 1	\$400,000
30	Campbellton Regional Hospital	Replacement of footbridge roofs 12, 13, 14 and 15	\$150,000
31	Zone 1b – Beauséjour	Building and system condition surveys	\$500,000
32	Stella-Maris-de-Kent Hospital	Master plan	\$200,000
33	Grand Falls General Hospital	Master plan	\$200,000
34	Public Health and Mental Health services	Master plan	\$350,000
Total improvements not approved for 2025-2026			\$22,400,000
Building improvements planned for 2026-2027			
1	Campbellton Regional Hospital	Replacement of the pneumatic control system with a digital control system – phase 2 of 3	\$3,000,000
2	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Generator replacement – phase 2 – project postponed from 2024-2025	\$350,000
3	Stella-Maris-de-Kent Hospital	Replacement of ventilation systems – phase 2 of 2	\$2,000,000
4	Dr. Georges-L.-Dumont UHC	Upgrading of elevators 4, 5, 6, 9 and 10	\$450,000
5	Lamèque Hospital and Community Health Centre	Replacement of the generator and reservoir	\$1,500,000
6	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of a ventilation and air-conditioning unit	\$750,000
7	Chaleur Regional Hospital	Replacement of cooling tower and air conditioner	\$3,000,000
8	Edmundston Regional Hospital	Replacement of the control system in each room (phase 3)	\$1,000,000
9	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Replacement of windows	\$250,000
10	Chaleur Regional Hospital	Replacement of roof numbers 16 and 19	\$375,000
11	Campbellton Regional Hospital	Replacement of refrigeration and freezer rooms	\$2,200,000
12	Dr. Georges-L.-Dumont UHC (Oncology Centre)	Addition of emergency power to the elevator	\$200,000
13	Grand Falls General Hospital	Replacement of a transfer switch	\$125,000
14	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of a transfer switch	\$125,000
15	Edmundston Regional Hospital	Addition of a chiller air conditioning unit	\$1,000,000
16	Edmundston Regional Hospital	Replacement of the scavenging system	\$350,000
17	Dr. Georges-L.-Dumont UHC	Rectification of fire-rated partitions and smoke dampers	\$1,000,000
18	Edmundston Regional Hospital	Replacement of the underground oil reservoir	\$350,000
19	Dr. Georges-L.-Dumont UHC	Pipe and valve replacement	\$100,000
20	Lamèque Hospital and Community Health Centre	Chimney repair	\$100,000
21	Grand Falls General Hospital	Replacement of boiler controls	\$100,000
22	Edmundston Regional Hospital	Replacement of roof number 7	\$500,000
23	St-Joseph Community Health Centre (Dalhousie)	Replacement of the fire alarm system	\$500,000

24	Campbellton Regional Hospital	Replacement of outdoor signs	\$250,000
25	Zone 4 – Northwest	Building and system condition surveys	\$500,000
26	Campbellton Regional Hospital	Master plan	\$500,000
Total for 2026-2027			\$20,575,000
Building improvements planned for 2027-2028			
1	Campbellton Regional Hospital	Replacement of the pneumatic control system with a digital control system – phase 3 of 3	\$1,000,000
2	Edmundston Regional Hospital	Replacement of the control system in each room (phase 3 – part 2)	\$3,000,000
3	Campbellton Regional Hospital	Replacement of two air conditioners and cooling towers	\$2,500,000
4	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Replacement of a ventilation and air-conditioning system	\$900,000
5	Tracadie Hospital	Replacement of a ventilation and air-conditioning system	\$900,000
6	Grand Falls General Hospital	Upgrading of elevator number 2	\$400,000
7	Grand Falls General Hospital	Replacement of interior flooring – old section	\$300,000
8	Edmundston Regional Hospital	Asphalting of access road and visitor parking lot	\$1,000,000
9	Campbellton Regional Hospital	Asphalting of access road	\$650,000
10	Dr. Georges-L.-Dumont UHC	Roof replacement – phase 1: Replacement of roof numbers 29, 41, 42, 43 and 44 and the finishing membrane of roof numbers 58, 59, 74, 75, 76, 77 and 78	\$750,000
11	Edmundston Regional Hospital	Replacement of roof number 2	\$1,000,000
12	Tracadie Hospital	Replacement of tower and air-conditioning system (chiller)	\$2,000,000
13	Lamèque Hospital and Community Health Centre	Replacement of the boiler and oil reservoir	\$1,000,000
14	Zone 5 – Restigouche	Building and system condition surveys	\$500,000
15	Tracadie Hospital	Master plan	\$400,000
Total for 2027-2028			\$16,300,000
Building improvements planned for 2028-2029			
1	Edmundston Regional Hospital	Replacement of the control system in each room – phase 3	\$2,000,000
2	Edmundston Regional Hospital	Addition of a negative pressure isolation chamber in the Emergency Department	\$400,000
3	Campbellton Regional Hospital	Upgrading of isolation rooms to meet standard – phase 1	\$950,000
4	Edmundston Regional Hospital	Upgrading of isolation rooms to meet standard – phase 1	\$950,000
5	Grand Falls General Hospital	Replacement of underground oil reservoir	\$350,000
6	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of underground oil reservoir	\$350,000
7	Chaleur Regional Hospital	Replacement of ventilation unit number 5	\$950,000
8	Lamèque Hospital and Community Health Centre	Replacement of the central fire protection system	\$350,000
9	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Replacement of the central fire protection system	\$500,000

10	Dr. Georges-L.-Dumont UHC	Roof replacement – phase 2: Replacement of roof numbers 19, 20, 22, 24, 25, 26, 27, 28 and 30	\$750,000
11	Edmundston Regional Hospital	Replacement of roof number 16	\$1,000,000
12	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Roof replacement	\$1,500,000
13	Lamèque Hospital and Community Health Centre	Replacement of the boiler and oil reservoir – part 2	\$1,000,000
14	Zone 6 – Acadie-Bathurst	Building and system condition surveys	\$500,000
15	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Master plan	\$200,000
16	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Master plan	\$200,000
Total for 2028-2029			\$11,950,000
Building improvements planned for 2029-2030			
1	Tracadie Hospital	Boiler repair	\$2,500,000
2	Grand Falls General Hospital	Replacement of building control system	\$1,000,000
3	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of building control system	\$750,000
4	Campbellton Regional Hospital	Replacement of the boiler condensate tank	\$800,000
5	Tracadie Hospital	Addition of an emergency generator	\$1,200,000
6	Dr. Georges-L.-Dumont UHC	Roof replacement – phase 2: Replacement of roof number 23	\$750,000
7	Edmundston Regional Hospital	Replacement of roof number 13	\$500,000
8	Edmundston Regional Hospital	Replacement of roof number 4	\$400,000
9	Lamèque Hospital and Community Health Centre	Roof replacement	\$1,000,000
10	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Replacement of boilers	\$1,000,000
11	Lamèque Hospital and Community Health Centre	Replacement of the nurse call system	\$750,000
12	Chaleur Regional Hospital	Roof replacement	\$1,500,000
13	Stella-Maris-de-Kent Hospital	Roof replacement – phase 2: Replacement of roof numbers 1, 14, 15, 16 and 17	\$450,000
14	Grand Falls General Hospital	Replacement of roof number 14	\$400,000
15	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Replacement of roof number 1	\$350,000
16	Lamèque Hospital and Community Health Centre	Master plan	\$150,000
17	Dalhousie Health Centre	Master plan	\$150,000
Total for 2029-2030			\$13,650,000

NOTE : Other projects will be added to the 2027-2028 and 2028-2029 fiscal year lists during the year, in anticipation of the submission of the capital project request for the 2025-2026 fiscal year in September 2025. At present, our master list includes over 200 projects, totalling more than \$140 million.

APPENDIX E-7

Major Projects Requested for 2025-2026

Order	Facility	Project description	Total estimated project cost	Budget requested in 2025-2026 (master plan, or realization)
1	Dr. Georges-L.-Dumont UHC	Master plan – immediate projects – New endoscopy suite in the old surgical suite	\$24,000,000	\$6,000,000
2	Dr. Georges-L.-Dumont UHC	Redesign of the coronary care unit	\$10,000,000	\$0
3	Dr. Georges-L.-Dumont UHC	Master plan – Immediate projects – Installation of a goods receiving dock and store in the new surgical suite	\$5,000,000	\$1,000,000
4	Dr. Georges-L.-Dumont UHC	Master plan – Project A – Construction of a new emergency room, outpatient clinics, dialysis units and underground parking facilities	\$315,000,000	\$5,000,000
5	Edmundston Regional Hospital	Edmundston Regional Hospital Master Plan – Project A – Construction of a new critical care pavilion: Surgical suite, emergency, short stay, intensive care, MDRD, endoscopy	\$200,000,000	\$500,000
6	Stella-Maris-de-Kent Hospital	Master plan – Project A – Construction of a new community pavilion	\$46,000,000	\$50,000
7	Dr. Georges-L.-Dumont UHC	Master plan – Project B – Construction of a second oncology centre, a second lodging facility, redesign of the Laboratory, redesign of the of the 5th floor of the Hôtel-Dieu for the research sector	\$160,000,000	\$0
8	Dr. Georges-L.-Dumont UHC	Master Plan – Project C – Redesign of the mental health services unit (psychiatry and child psychiatry) and all other nursing units	\$275,000,000	\$0
9	Edmundston Regional Hospital	Edmundston Regional Hospital Master plan – Project B – Redesign of the outpatient clinics, laboratory, dialysis unit, all nursing units and other spaces in the existing building	\$200,000,000	\$0
10	Stella-Maris-de-Kent Hospital	Master plan – Project B – Construction of a new hospital	\$314,000,000	\$0
Total			\$1,549,000,000	\$12,700,000

