The New Brunswick Extra-Mural Program

Jean Bustard
Department of Health

April 17, 2015
Mandate

Provide an *alternative to hospital admissions; facilitate early discharge from hospitals;* and provide an *alternative to, or postponement of, admission to nursing homes.*

Services

- acute,
- palliative,
- supportive and maintenance care,
- rehabilitation services,
- coordination & provision of support services & home oxygen program.
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Mission

Provide a comprehensive range of coordinated health care services for individuals of all ages for the purpose of promoting, maintaining and/or restoring health & provide palliative services to support quality of life for individuals with progressive life threatening illnesses.
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RHA Extra - Mural Program Director

Secretarial Support

Clinical Coordinators/Unit Managers

Clinical Nutrition
Nursing
Respiratory Therapy
Social Work
Physiotherapy
Occupational Therapy
Speech Language

Registered Nurses
Licensed Practical Nurses
Rehabilitation Assistant

Liaison Nurse
Quick Response Nurse
Clinical Nurse Specialists

Physicians

Personal care aids

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EMP Liaison Nurses

- Educate hospital staff on appropriate home health care
- Facilitate continuity of care for clients requiring hospital care
- Seek out appropriate hospital patients
- Provide discharge planning between the hospital & home
- Arrange for services prior to hospital discharge

Facilitate early discharge from hospital & prevent hospitalizations
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Quick Response Home Care

- Experienced home health care nurses in EDs
- Educate ED staff & physicians on community services
- Identify seniors able to return home
- Facilitate & arrange formal &/or informal services
- Provide information to seniors & families

*Prevent unnecessary hospital admissions*
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Advanced Practice Nursing

- Clinical Nurse Specialists
- Enterostomal Therapy Nurses
- Individual client care
- Clinical policies, guidelines & protocols
- Staff development

*Expert support and consultation*
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Long Term Care Services

• *Single Entry Point*: Social Development, MH & EMP
• A range of personal support & physical/mental health services required by residents age 19+
• Long term functional limitations
• Need assistance to function as independently as possible coordination of & access to a range of services

*Reduce the premature institutionalization of seniors*
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Medical Care

- Client’s care team
- Medical care of client
- Medical coverage 24/7
- Home visits
- Communication
- FFS remuneration

- Liaise with physicians
- Consultation & support
- Mediate issues
- Clinical advice
- Strategic planning
- Provincial EMP MAC

Appropriate, timely & accessible home health care
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Care Coordination

• Client-focused process
  Appropriate care; right person; right time; right place; right provider
• Involvement of other team members & partners
• Case management
• System navigation
• “My Health Plan”

Timely & responsive care to meet the client’s goals
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“My Health Plan”

- Client’s goals & wishes
- Client choice in decision making
- Client self-care & family participation
- Open exchange of information within client’s circle of care

Care is coordinated, integrated & supports individuals to remain in their homes and communities
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Questions?
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Thank You