



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2012-2013

Annual Report



New Brunswick Health Council
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July 31, 2013

The Honourable John Hugh Flemming
Minister of Health
Province of New Brunswick

Dear Minister,

It is my privilege to submit the Annual Report on behalf of the New Brunswick Health Council for our fifth fiscal year beginning April 1, 2012 and ending March 31, 2013.

Respectfully Submitted,



Jean Claude Pelletier
Chair of the Council

July 31, 2013

Mr Jean Claude Pelletier
Chair of the Council
New Brunswick Health Council
Moncton, New Brunswick

Sir,

I am pleased to be able to present the Annual Report describing the operations of the New Brunswick Health Council for its fifth fiscal year, 2012-2013.

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair of the Council and the Chief Executive Officer

The fiscal year 2012-2013 represents the fifth year of operations of the New Brunswick Health Council (NBHC). The mandate of the NBHC, as described in legislation, is comprised of two parts: to have mechanisms that engage citizens in the improvement of health services and to publicly report on the performance of our provincial health system. From the start, this mandate represented several challenges. The main cause of these challenges was the absence of provincially standardized and recognized information for the areas that the NBHC was required to provide public reports.

Provincially, our health services have evolved over several decades in absence of information regarding the health of our citizens, how it compares to the rest of the country and what trends there may be across the province. From a provincial perspective, the same situation existed regarding the quality of our health services, citizen satisfaction with health services and the evolution of resources regarding our health services.

Consequently, the NBHC adopted a start-up strategy which focused its work in five areas called strategic axes and these are defined in our work plan that is included at the end of this report. Each year, we have equipped ourselves with objectives that have enabled us to identify and organize information pertaining to the health of our citizens, the quality of health services, citizen satisfaction and the evolution of resources. This work would not have been possible without the excellent collaboration of several health system partners. We were able to appreciate the extent to which our efforts provided health system managers and leaders, for the first time, pertinent information regarding the clients they serve and the health services that they are responsible to deliver.

Those who served as the initial Council members were able to recognize the importance of developing a strategy which, over a few years, would equip the NBHC with the necessary tools to fulfill its mandate. We are very grateful to those members who have completed their terms as members of the NBHC and who have made an incalculable contribution to our start-up efforts. We are also grateful for the many efforts of our current members, particularly in how they express their commitment to the success of the NBHC.

Our 2012-2013 report provides an overview of our activities in line with the objectives found in our work plan for the same year, along with a few projects that were added along the way. We wish to also recognize the exceptional contributions of the NBHC staff throughout the year. An organization's early years often require a combination of vigilance and flexibility. The staff of the NBHC demonstrated model behaviour in this regard.

We are proud of the work accomplished through the 2012-2013 fiscal year and we are confident that we will be able to build on this experience as we turn to our 2013-2014 objectives.

Chair of the Council



Jean-Claude Pelletier

Chief Executive Officer



Stéphane Robichaud

Executive Summary

During the 2012-2013 fiscal year, the New Brunswick Health Council (NBHC) maintained its focus on improving how we report on population health, health service quality, satisfaction with health service and the sustainability of our provincial health system.

The NBHC was able to update the information provided by its tools, to pursue further engagements initiatives and to expand its work in population health and care experience.

Population Health

This year, the NBHC was able to update the Population Health Snapshot with the most recent information available. The Snapshot includes a section for every zone based on the demographic profile, the prevalence rates of chronic diseases, and the top 10 reasons for hospital admissions by area of residence are included for each zone. A section of the Snapshot also focuses on explaining the concept of avoidable mortality and how it relates to the health system.

The NBHC also updated its tool regarding youth, the *2012 Child and Youth Rights and Well-being Framework*. The Framework, which contains regional and provincial data regarding health determinants for children and youth, served as a backdrop for the 5th annual State of the Child report released by the Office of the Child and Youth Advocate and entitled *Play On! Children Helping Children*. Like last year's report, *Play Matters!*, it focuses on Article 31 of the *United Nations Convention on the Rights of the Child* – the right to rest, leisure, play, recreation, arts and culture.

Surveying citizen satisfaction

The NBHC developed a survey to measure citizens' satisfaction pertaining to the home care services they receive from the Extra-Mural Program and from other home care providers. These results can help decision-makers and

planners improve how they manage health services and provide them with the needed benchmarks to flag gaps and highlight accomplishments.

In addition, the NBHC has updated its Health System Report Card in collaboration with the New Brunswick Department of Health and both regional health authorities. This report is used to measure, monitor, and evaluate the quality of health services and patients' satisfaction with them. Its objective is to inform provincial health administrators on the quality of health services and the areas of the health system that require special attention.

Ensuring the sustainability of the health system

In the fall of 2011, the NBHC had been asked to support the development of common health system indicators. Indicators were identified through the year, and the NBHC organized a joint session with members of the senior teams to help build a common understanding of these indicators.

The NBHC has been maintaining ongoing discussions with the Office of Health System Renewal (OHSR) since its creation, also participating in the Innovation and Innovation and Best Practices Council that has been created to support the efforts of the OHSR.

2012-2013 Annual Report

In addition, the NBHC had been approached by the Canadian Institute of Actuaries (CIA) in 2011 to explore the opportunity for collaboration. A report based on New Brunswick numbers aimed at assessing future health system needs and cost trends has been completed and is expected to be released in the summer of 2013.

Engaging citizens

A tour of several New Brunswick Community Colleges was organized, reaching seven out of the 11 campuses in the province, in either language. This allowed the NBHC to reach out to approximately 350 future health service providers through presentations and consultations within health-related classes.

Additionally, the tour of municipalities initiated last year continued; nine presentations were given to meetings of municipal elected officials as well as other related organizations.

Finally, the NBHC received an important mandate from the Minister of Health: to assist the Department of Health in the preparations and delivery of engagement sessions regarding health care in New Brunswick. The input from citizens gathered at these sessions was compiled in an extensive report, *What Was Said: Provincial Dialogue Sessions*, presented to the Minister of Health in December.

The NBHC's actions are guided by its strategic axes:

- To develop and implement mechanisms to engage the population as well as other interested parties.
- To measure, monitor, and evaluate the level of population health.
- To measure, monitor, and evaluate health service quality.
- To measure, monitor, and evaluate the level of population satisfaction with health services and health service quality.
- To measure, monitor, and evaluate the sustainability of health services in New Brunswick.

Population Health

During fiscal year 2012-2013, the New Brunswick Health Council (NBHC) was able to update its Population Health Snapshot and its Child and Youth Rights and Well-being Framework while laying the ground work for two new projects: community profiles and the Student Wellness Survey.

Population Health Snapshot

The 2012 *Population Health Snapshot* is the latest version of updated indicators published by the NBHC. Similar to our past reports, it seeks to inform individuals, communities and organizations about the health status (outcomes) of the population based on the area or zone in which they live. In addition to presenting the latest indicator data, the Snapshot includes a trending column with arrows that allow the reader to quickly see any change between this year and last year's Snapshots. The NBHC still follows its own "10-40-40-10" model used for the previous Snapshots which is based on the determinants of health and highlights various indicators that have an influence on population health. The Snapshot also includes the prevalence rates of chronic diseases and the top 10 hospital admissions by area of residence.

In this year's "Focus" section of the Snapshot, the concept of avoidable mortality is explained; it is defined as untimely deaths that should not occur in the presence of timely and effective health care or other public health practices, programs and policy interventions. This concept includes both treatable and preventable

mortality. Treatable refers to deaths that could have been avoided by proper treatment of the illness reducing the fatality of the condition. Preventable mortality means death that could have been avoided by preventing the condition from being developed at all, like injuries or chronic conditions, such as pulmonary diseases.

The overall observation for this year's provincial Snapshot is that there are improvements in the province when it comes to access to a regular doctor because of a higher number of doctors. Obesity, smoking and stress are also improving, even though obesity rates continue to be among the worst in Canada.

The health care factors are showing improvement when it comes to better access and more intervention care, but it is still too early to judge whether these factors are contributing to the observed slightly better population health outcomes.

An Update on Youth Health

This year, the NBHC has published an update on its 2011 *Child and Youth Rights and Well-being Framework*. The Framework, which

What determines the health of a population?

- ***Health services*** are responsible for **10%** of a person's general health.
- ***Health behaviours*** (diet, exercise, tobacco use) are responsible for **40%**.
- ***Socioeconomic factors*** (education and income) are responsible for another **40%**.
- ***The remaining 10%*** is related to **physical environments** (exposure to second-hand smoke and degree of individuals' attachment to their community).

contains regional and provincial data regarding health determinants for children and youth, served as a backdrop for the 5th annual State of the Child report released by the Office of the Child and Youth Advocate and entitled *Play On! Children Helping Children*. Like last year's report, *Play Matters!*, it focuses on Article 31 of the *United Nations Convention on the Rights of the Child* – the right to rest, leisure, play, recreation, arts and culture.

This year, the framework reports on 258 indicators of children's rights and well-being, of which more than 170 present new or updated information.

Data presented in the Framework shows some success, like the fact that 79.9 per cent of youth reported a strong or very strong sense of belonging to their community; the highest among the provinces. The number of youths aged 12 to 19 who reported participating in jogging or running increased to 70.4 per cent in 2011 from 52.8 per cent in 2010, again makes New Brunswick highest among the provinces. However, the report notes the prevalence of diabetes among male adolescents, which is well above the national average and the highest of all the provinces. It also finds that almost half of New Brunswick youth do not get the recommended eight hours of sleep per night.

New Endeavours in Population Health

The development of community level data for the 2011 Primary Care Survey has stimulated a number of discussions for the development of community profiles that would contain indicators on all determinants of health. A number of New Brunswick communities have approached the

NBHC to perform community health and needs assessments, which are often used for planning purposes or to engage citizens on discussions for community assets to strengthen communities. In the coming year, the NBHC will devote resources to the development of community profiles for each community of the province.

Also, as of this year, the NBHC will be assuming the lead role on the work related to the New Brunswick Student Wellness Survey, in collaboration with the Department of Healthy and Inclusive Communities and the Department of Education and Early Childhood Development. The New Brunswick Student Wellness Survey began in 2006-2007 for grades 6 to 12 students and was repeated in 2009-2010 as a project bringing together the Wellness Branch (Healthy and Inclusive Communities), the Department of Education and Early Childhood Development and the Health and Education Research Group (HERG) at the University of New Brunswick. This important survey gathers data on student attitudes and behaviours regarding healthy eating, mental fitness, physical activity and tobacco use. Student wellness is important to both wellness and education, as research has demonstrated the relationship between academic achievement and student wellness – healthy students are better learners. The data collected by this survey will contribute to the NBHC's work in leveraging data for the next update to the *Child and Youth Rights and Well-being Framework* and will be forwarded to each participating school for their own use, whether it be for planning or to apply for School Wellness Grants.

Care Experience

The New Brunswick Health Council (NBHC) must foster the improvement of the quality of health services in the province. For this reason, the work on care experience includes citizen satisfaction surveys and a Health System Report Card.

During fiscal year 2012-2013, the NBHC published the results of its first survey evaluating citizens' experiences with home care services and an updated Health System Report Card.

Surveying Citizen Satisfaction

In April 2012, the NBHC launched the third survey in a three-year survey cycle aiming to measure New Brunswickers' care experience by sector (acute care, primary care, and home care). This phone survey's primary goal was to evaluate the quality of home care provided to New Brunswickers; it was conducted with citizens across all communities in New Brunswick who have recently received home care services. The responses for the New Brunswick Home Care Survey amounted to 4,246 completed surveys.

This survey was a unique opportunity for citizens in all communities to share their views and help drive improvements in home care services, with the results providing baseline data that can help decision-makers with planning, funding and the establishing of benchmarks/targets for the improvement of services and related outcomes over time.

For of this survey, home care services were divided into two separate categories: clinical and medical services provided by health professionals under New Brunswick's two regional health authorities that are referred to as the Extra-Mural Program; and while home care services encompassing personal care services provided by home support workers that are referred to as Home Support Services. The Department of Social Development funds home support services, entirely or partially, based on eligibility.

The results of the survey were presented online in October, using the 28 New Brunswick "communities" created for last year's Primary Health Care survey. General observations stemming from the survey regarding the quality of service received from the Extra-Mural Program include:

- In terms of **overall rating of services** received, 97% of New Brunswickers gave the Extra-Mural Program a rating

What is Home Care?

Home care is a range of health and support services received at home that help individuals achieve and maintain optimal health, well-being and functional ability through a process of assessment, case coordination, and/or the provision of services. The New Brunswick Home Care Survey will evaluate home care services provided to clients whose costs are being entirely or partially covered by public funds. In New Brunswick, home care services are funded by the Department of Health and/or the Department of Social Development.

of 8, 9 or 10 on a scale of 0 to 10. In fact, 94% of survey respondents would recommend the Extra-Mural Program to their family or friends if they needed home care. Satisfaction with health care services is often reflected by the level of **communication** between providers and citizens, and a relationship that is focused on respecting the client's preferences and needs. This holds true for home care services, as citizens have reported a very strong appreciation for the communication/relationship they have experienced from the Extra-Mural Program.

- Overall, 62% of survey respondents reported that they have received care from more than one person in the last two months under the Extra-Mural Program. For these citizens, the **coordination of care** between different home care providers becomes an important area of focus. Of these survey respondents, 77% said that providers from the Extra-Mural Program “always” seemed informed and up-to-date about all the care and treatment received at home.
- In terms of **patient-centred care**, providing information to home care recipients and their family caregivers about setting goals/priorities, monitoring progress and managing health conditions is an important dimension of quality care. While only 49% of citizens receiving services from the Extra-Mural Program responded “strongly agree” to staff giving them the information needed to take care of themselves, not more than 43% “strongly agree” that family caregivers were given the information they wanted when they needed it.

When it comes to the quality of services received from home support services, the survey found that:

- In terms of **overall rating of services** received, 88% of New Brunswickers gave a rating of 8, 9 or 10 on a scale of 0 to 10 for services received from the home support agency or home support workers. However, only 74% of survey respondents would “definitely” recommend the agency or home support worker to their family or friends if they needed home care. The percentage of survey respondents who reported that home support workers “always” explained things in a way that was easy to understand was 84%, and 90% of respondents said that home support workers “always” treated them with courtesy and respect.
- Under **accessibility**, 80% of New Brunswickers reported that they received home support services as soon as they thought they needed it. While only 59% of survey respondents said it was “very easy” to contact the home care agency or home support worker to get help, merely one in five respondents reported that it was “very easy” to get information about home care in New Brunswick before they started receiving services.
- Family caregivers play an important role in ensuring a better quality of life for home care recipients and in helping them to continue living independently in their community. In terms of **patient-centred care**, only 27% of survey respondents receiving home support services “strongly agree” that family caregivers were given the information they wanted when they needed it.
- When asked about **barriers** in receiving home support services, 26% of survey respondents reported that they experienced difficulties with respect to the duration of services or the number of hours available.

Health System Report Card Update

As noted in its mandate, the NBHC must report on the quality of health services and assess citizen satisfaction with health services and health service quality in the province. For the third time this year, the NBHC published its *New Brunswick Health System Report Card*. Its goal is to inform the public and provincial health administrators about health sectors that require attention by looking at the six dimensions of quality found in the *New Brunswick Health Council Act* (accessibility, appropriateness, effectiveness, efficiency, equity, and safety), while showing, in a general way, how New Brunswick fares compared to other provinces.

This most recent *New Brunswick Health System Report Card* has been enhanced, increasing the number of indicators from 111 to 137.

The results of the three surveys from our first survey cycle and an increased collaboration with system stakeholders have allowed us to cover more areas, which will facilitate the prioritization when it comes to improving the quality of health services. This year, the report card attempts to show links between the performance of the health system in the province, the incurred costs, and the ultimate population health outcomes. The concept of “*Potentially avoidable mortality*” was introduced

as an ultimate population health outcome and it highlights the contribution of the health system to preventable and treatable mortality, linking health outcomes and health system performance to sustainability.

Again this year, New Brunswick received a “C” as an overall performance grade. Accessibility lost some of the gains achieved last year, and went back to a “C” grade. Further improvement was achieved in having regular medical doctors (among the highest rates in Canada), yet it does not translate into better access to doctor visits with more people reporting difficulties accessing routine or immediate care. Access to some surgeries got worse with more patients waiting longer for some orthopedic surgeries (hip fractures: “A+” to “C” and knee replacement from “D” to “E”). On the other hand, access to specialists, home care services, and long term care beds seem to be improving. This year’s grade of “C” for Appropriateness is better than the previous “D”. This was driven mainly by the improvement in the appropriateness of acute care with lower hysterectomy rates, and a slight improvement in hospitalization rate for mental illness.

Keeping people safe should be a priority in New Brunswick; accordingly it is a good sign to see that the Safety dimension scored a grade of “A”. This year, 20 indicators were reported for Safety (compared to 14 last year), which look at the hospital mortality rate, the reporting on in-

What is Potentially Avoidable Mortality?

The Canadian Institute of Health Information (CIHI) defines Potentially Avoidable Mortality as premature deaths (i.e. untimely deaths for people less than 75 years of age that should not occur in the presence of timely and effective healthcare, including prevention and treatment).

As per the definition, avoidable mortality is highly a function of access to (timely) and effective healthcare services; two dimensions of quality that vary based on different health care sectors and geographic regions.

When compared to the rest of Canada, New Brunswick seems to be worse in provincial ranking for the rate of preventable mortality (ranking 7th out of 10), while being better than the Canadian average in treatable mortality (ranking 2nd out of 10).

hospital hip fractures, as well as some major hospital acquired infections, all of which scored grades that ranged between “A” and “A+”.

Sustainability

One of the strategic axes of the New Brunswick Health Council (NBHC) is to “measure, monitor, and evaluate the sustainability of health care services” in New Brunswick. The NBHC also has the responsibility of informing citizens about the long-term sustainability of public health services.

Sustainability is the backdrop for all the elements of the NBHC’s work; whether for population health reports, engagement initiatives, or reports on health service quality.

Following the publication of its Recommendations to the Minister of Health in the fall of 2011, the NBHC has been able to witness some developments related to the three areas touched on by the Recommendations: planning, prevention and primary health.

In the fall of 2011, the NBHC was asked to support the development of common health system indicators. Throughout the year, about 20 common indicators were identified. The leadership of the health system organizations felt that discussions were required with members of the senior teams to help build a common understanding of the indicators and accordingly, the NBHC organized and facilitated a joint session last November.

The NBHC has been maintaining ongoing discussions with the Office of Health System Renewal (OHSR) since its creation. Given the

NBHC’s growing knowledge and use of health system information and the credibility developed within and outside the provincial health system, the NBHC is perceived as an important stakeholder. The NBHC also participates in the Innovation and Best Practices working group that has been created to support the efforts of the OHSR.

Finally, the NBHC had been approached by the Canadian Institute of Actuaries (CIA) in 2011 to explore the opportunity for collaboration. The CIA has invested resources in hiring an actuary to help demonstrate the value that an actuarial approach can bring to better understanding the sustainability challenges of our provincially financed health services. Their consultant completed a report based on New Brunswick numbers aimed assessing future health system needs and cost trends that is expected to be released in the summer of 2013.

NBHC's 2011 Recommendations to the Minister of Health

First Recommendation:

The Government of New Brunswick, through the Department of Health, take steps to develop, within the next twelve month period, a multi-year comprehensive and integrated health services plan for the province.

The plan should outline the following: measurable desired health outcomes; measurable service targets (range and volume of services); standards for the level and quality of services; financial and human resources (inputs) required to achieve service targets and the geographical and linguistic allocation of services and resources.

Second Recommendation:

The Government of New Brunswick, through the Department of Health, review the organization and delivery of primary health care in the province with a view to maximizing the utilization of existing human and financial resources.

This review should focus on ways to improve access to care and quality of care, as well as integration with other health services programs, namely hospital services.

Third Recommendation:

The Government of New Brunswick, through the Department of Health, ensure that a concerted strategy is developed to improve health promotion and disease prevention in the province. This strategy should consider the determinants of health, and focus first on four key areas: achieving healthy weights, lowering high blood pressure rates, improving mental health and preventing injuries.

The strategy must identify the organization responsible for the coordination of the work with related stakeholders for an integrated execution of the initiatives undertaken.

Citizen Engagement

Citizen Engagement is one of the cornerstones of the New Brunswick Health Council's double mandate, which is to measure, monitor, and evaluate the performance of the health system and to engage citizens in the improvement of the quality of health services.

During fiscal year 2012-2013, the New Brunswick Health Council (NBHC) followed-up its previous engagement initiative targeting university students with a tour of community colleges, reached out to municipalities with information regarding population health and was also mandated by the Minister of Health to host a series of public consultations entitled Rebuilding Health Care Together.

Engaging College Students

In the fall of 2011, the NBHC launched an initiative entitled *"Health, it's everybody's business"* aiming to engage students from New Brunswick's eight university campuses. The purpose of this tour was to gain a better understanding of the personal health behaviours and service utilization patterns of young adults. As a follow-up, a tour of several New Brunswick Community Colleges was organized, reaching seven out of the 11 campuses in the province, in either language. This allowed the NBHC to reach out to approximately 350 future health service providers through presentations and consultations within health-related classes.

Informing municipalities

Last year, the NBHC decided to present information from the document *Our Health. Our Perspectives. Our solutions.* (2010) and from the Primary Health Care Survey to local decision makers, starting with the Union of Municipalities of NB (UMNB) and the *Association francophone des municipalités du Nouveau-Brunswick* (AFMNB). Since the response was very positive, a decision was made to approach all municipalities and to

continue the tour. This year, a presentation called "A Population Health Approach to Local Decision Making" was brought to the attention of other municipal instances in the province; nine presentations were given to meetings of municipal elected officials as well as other related organizations. This presentation is the starting point of a discussion highlighting how local decisions can affect the health of citizens. Because the NBHC could include results from the three completed surveys, presentations were tailored to include community-specific data, a fact greatly appreciated by mayors and councillors.

An Important Mandate

Late in the spring, the provincial government decided to hold dialogue sessions with citizens across the province on the topic of health care. The tour, entitled *Rebuilding Health Care Together*, held in June, was devised to inform the next Provincial Health Plan. The Minister of Health mandated the NBHC to assist the Department of Health in the preparations and delivery of these sessions held in Edmundston, Campbellton, Fredericton, Tracadie-Sheila, Moncton, Miramichi, Bathurst, Saint John and Woodstock. Throughout this initiative, a total of 5,809 individual responses were provided by

over 600 New Brunswickers during the course of nine dialogue sessions; key findings have been identified around themes including accountability, citizen-centeredness, community, health system management, employer's role and environment. The input from citizens gathered at these sessions was compiled in an extensive report,

What Was Said: Provincial Dialogue Sessions, which was then presented to the Minister of Health in December. Additionally, a total of 13 online submissions were received and have been considered in the report.

Dialogue question #1: What small chances could citizens and communities make in order to reduce demand on the health system?

Dialogue question #2: Keeping its current fiscal reality in mind, how can the health system better integrate so it's more responsive to current demands?

Key Findings

ACCOUNTABILITY

- ✓ Greater accountability from citizens regarding their own personal health behaviours and those of their children
- ✓ Greater accountability from all decision-makers ranging from those within the Department of Health, Regional Health Authorities, health care providers (HCPs) including health care receptionists
- ✓ Reassess school curriculums and education opportunities in community as they relate to nutrition and physical activity
- ✓ Promote physical education throughout the entire academic year, in every school, from grades K-12

CITIZEN-CENTERED

- ✓ Enhance public awareness campaigns informing citizens when and where to go for their health needs/issues
- ✓ Greater system navigation tools, recognizing that not all populations have the same needs, i.e. the hearing Impaired
- ✓ Do whatever it takes to keep seniors out of hospitals and cared for in more appropriate settings, as close to home as possible
- ✓ Eliminate undue hardship caused by caring for a loved-one at home and provide tax incentives for doing so
- ✓ Greater citizen-centered collaboration and communication between all health care workers

COMMUNITY

- ✓ Multi-Departmental strategy/focus on community health investments-believing that health care happens in community while sick care happens in hospitals
- ✓ A belief that community networks are better positioned to address mental health, social determinants of health, etc.
- ✓ Strong endorsement for the Extra-Mural Program, calling for expansion of services
- ✓ Let's stop talking and start acting on Mental Health Services in community by emulating leading practices in other jurisdiction such as Capital Health's "Connections Clubhouse"

HEALTH SYSTEM MANAGEMENT

- ✓ Improve funding models, according to leading practices, to help keep physicians accountable
- ✓ Address the "1 issue per visit" practice often faced by citizens when they seek medical services
- ✓ Greater integration/collaboration between the Department of Health and the Department of Education & Early Childhood Development
- ✓ Immediate implementation of Electronic Medical Records (EMR's) leading to a well integrated One Patient One Record (OPOR) system
- ✓ Integrating all allied health care providers into the public health system as a way to free up physicians and nurse practitioners to do their jobs, holistically

EMPLOYER'S ROLE

- ✓ Incite employers to offer healthier work spaces for New Brunswickers by offering enticing tax incentives that are "too good to pass up"

ENVIRONMENT

- ✓ Proper health and ecological assessments when doing environmental exploration, spraying, etc., recognizing that environmental factors can seriously impact the health of New Brunswickers

New Brunswick Health Council Mandate

New Brunswickers have the right to be aware of the decisions being made, to be part of the decision-making process and to be aware of the outcomes delivered by the health system and its cost. The NBHC will foster this transparency, engagement and accountability by:

Engaging citizens in a meaningful dialogue.

Measuring, monitoring and **evaluating** population health and health service quality.

Informing citizens on health system's performance.

Recommending improvements to health system partners.

New Brunswick Health Council Members

The New Brunswick Health Council is made up of 16 Members from all walks of life and all parts of the province. The citizens of New Brunswick are well-served by the varied representation and talent on the NBHC.

The Council Members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and in the four Working Groups: Population Health, Sustainability, Care Experience and Engagement.

Mr. Jean-Claude **Pelletier** Saint Léonard
Chair of the Council

Mr. Laurie **Boucher** Bouctouche
Treasurer

Mr. Jeffrey **Beirsto** Fredericton

Mr. Randy **Dickinson** Fredericton

Mr. Harry **Doyle** Coverdale

Mrs. Sharon E. **Eagan** Perth-Andover

Mr. Floyd R. **Haley** St. Stephen

Mrs. Cindy **Howe** Burton

Mr. Shawn **Jennings** Rothesay

Mrs. Barbara **Losier** Landry Office

Mr. Georges R. **Savoie** Neguac

Mrs. Julie **Robichaud** Dieppe

Mr. Wayne **Spires** Moores Mills

Mr. Roy **Therrien** Saint-Basile

Mr. Frank B. **Trevors** Miramichi

Mr. Christopher **Waldshutz** Saint John

New Brunswick Health Council Staff

Mr. Stéphane **Robichaud**
Chief Executive Officer

Mr. Benoit M. **Doucet**
Executive Director, Planning & Operations

Mrs. Michelina **Mancuso**
Executive Director, Performance Management

Mrs. Manon **Arsenault**
Executive Director, Citizen Engagement

Mrs. Christine **Paré**
Director of Communications

Mr. Michel **Arsenault**
Research Analyst, Performance Management

Mrs. Rim **Fayad**
Research and Information Analyst

Mrs. Karine **LeBlanc Gagnon**
Information Analyst, Health Status

Mrs. Mariane **Cullen**
Executive Administrative Assistant

Mrs. Yollaine **Thériault**
Administrative Assistant

APPENDIX A: Executive Committee and Working Group Structure

Executive Committee

Mr. Jean-Claude Pelletier, president
Mrs. Barbara Losier, vice-president
Mr. Laurie **Boucher**, treasurer
Mr. Jeff **Beairsto**, member
Mr. Randy **Dickinson**, member

Engagement Working Group

Mrs. Barbara Losier, president
Mr. Georges **Savoie**, member
Mr. Roy **Therrien**, member
Mr. Jean-Claude **Pelletier**, member

Sustainability Working Group

Mr. Jeff Beairsto, member
Mr. Harry **Doyle**, member
Mr. Laurie **Boucher**, member
Mr. Christopher **Waldshutz**, member

Care Experience Working Group

Mr. Frank Trevors, president
Mrs. Sharon **Eagan**, member
Mr. Floyd **Haley**, member
Mrs. Julie **Robichaud**, member

Population Health Working Group

Mr. Randy Dickinson, president
Mr. Shawn **Jennings**, member
Mrs. Cindy **Howe**, member
Mr. Wayne **Spires**, member

APPENDIX B: NBHC 2012-2013 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2012-2013 Business Plan

Presented to the Minister of Health

April 2nd, 2012

I. Mandate of the NBHC

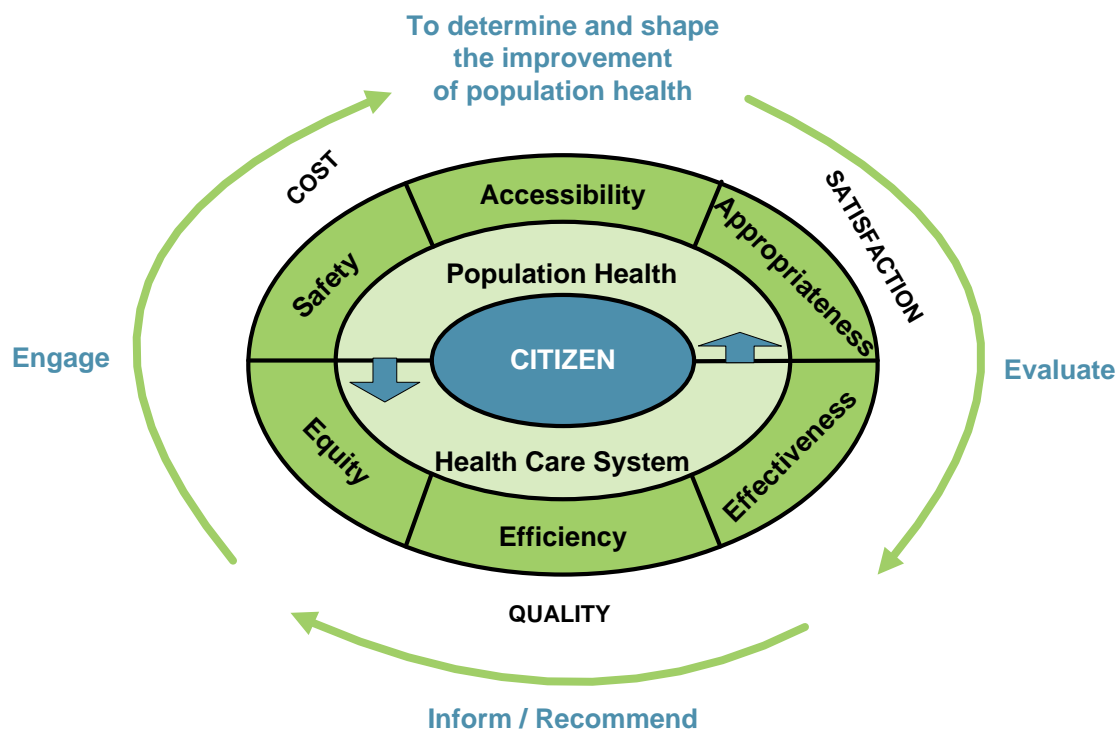
New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by:

Engaging citizens in a meaningful dialogue.

Measuring, monitoring, and evaluating population health and health service quality.

Informing citizens on health system's performance.

Recommending improvements to health system partners.



II. 2012-2013 Proposed Business Plan

The work of the New Brunswick Health Council continues to be guided by the five strategic axes listed below. Furthermore, our Council was structured in four working groups; Engagement, Population Health, Care Experience and Sustainability.

Following are our five strategic axes with the respective working group appearing in parenthesis:

1. Develop and implement mechanisms to engage the population as well as other interested parties (*Citizen Engagement*)
2. To measure, monitor and evaluate the level of population health (*Population Health*)
3. To measure, monitor and evaluate health service quality (*Care Experience*)
4. To measure, monitor and evaluate the level of population satisfaction with health services and health service quality (*Care Experience*)
5. To measure, monitor and evaluate the sustainability of health services in New Brunswick (*Sustainability*)

While respecting our mandate and role in the health system, the nature of our work continues to evolve. We have built a constructive network of collaborators to feed the evolution and updating of our reporting tools.

Increasing the number of people who are aware of the information prepared by the NBHC remains a key challenge moving forward. Our work is perceived as essential to having healthier and engaged New Brunswickers, improved health services and a more sustainable health system. Meanwhile, we must also recognize that, for the most part, we are not equipping our managers to effectively implement the required change management initiatives. For example, citizens are not always informed of how to maintain their health when leaving the hospital or don't have access to prevention services in order to avoid being hospitalized. When they finally leave the hospital, there are important variations between health zones in the proportion of patients who know what to do when they return home.

We have communicated our observations and recommendations regarding required steps for effective change in our first recommendations to the Minister of Health in the summer of 2011. In January 2012, we also submitted to the Minister of Health a status report on sustainability. We will have the opportunity to monitor the response to these recommendations during the 2012-2013 fiscal year and report accordingly.

III. **Objectives for 2012-2013**

Here are observations and proposed key deliverables for each area of our work for 2012-2013:

Population Health

The NBHC is mandated to measure, monitor and evaluate the level of population health and to report publicly regarding this work. Our first task was to design a framework to measure population health followed by achieving agreement among various stakeholders regarding the frame work and best available indicators.

Our first report brought attention to the provincial obesity challenge; the second report brought attention to the importance of addressing mental health issues. The recent addition to the population health snap shot helped establish links between health status, health determinants, the prevalence of chronic illnesses and the top hospital admissions.

As our base tool continues to serve the purpose of monitoring the level of population health in order to inform citizens, other needs are being identified to help communities and related stakeholders understand where they can focus their efforts.

During the following year:

- We will be releasing our updated Population Health Snapshot in the winter of 2013;
- We will also have updated information regarding our Youth Population Health indicators in the fall of 2012.

Care Experience

The NBHC is required to report on the quality of our health services and on population satisfaction with health services and health service quality. Our Health System Report Card has helped highlight the need to focus on primary care and has also served as a reference tool for identifying performance indicators regarding our health services. In fact, the perceived value of the tool within the system helped increase the number of commonly agreed upon indicators from 48 for the first report card to 111 for the second.

In addition to the Health System Report Card, the NBHC is also developing annual care experience surveys in order to cover the full scope of services: Acute Care (2010), Primary Care (2011), Home Care (2012) and long term care (2013). Once the cycle completed, each survey will be repeated every four years.

In the coming year, we will be doing the following work:

- We will have a public release of our Home Care Experience Survey results in the fall of 2012;
- We will publicly release an update to our Health System Report Card in the winter of 2012-2013;
- We will be working on the preparation for our long term care experience survey starting in the fall of 2012.

Sustainability

As a province we compare favourably to the rest of the country when it comes to how much we spend on health care and the level of resources at our disposal. Meanwhile, we don't compare as well when it comes to the health of our population and on many quality standards regarding our health services.

The NBHC has contributed to raising awareness regarding our health system sustainability challenge, but much work is still needed by all stakeholders. There has been an increase of interest in the sustainability information prepared by the NBHC and our work continues in this area.

Although we have built base information for informing citizens and stakeholders of the sustainability challenge, our ability to report on performance is limited by what has been identified as clear system objectives. The Government Renewal initiative represents an opportunity to improve this situation. The NBHC is contributing to the health system efforts of providing the provincial government with clear targets and measures.

In 2011, the Canadian Institute of Actuaries approached the NBHC to discuss the potential for a collaboration regarding the issue of health system sustainability. As a profession, they believe that health systems would be better equipped to deal with the sustainability challenge by having an actuarial perspective. After discussions with national stakeholders, they identified the NBHC as a potential partner. This represents a valuable contribution in light of the various provincial demographic trends that can affect the distribution of health services in the future.

Therefore, here are the proposed deliverables for the coming year:

- We will be contributing to the development of common health system targets and measures in support of the current Government Renewal initiative. Work has already been initiated.
- During 2012, we will be reporting on the result of the collaboration with the Canadian Institute of Actuaries.
- We will provide a public status report regarding the response to our first recommendations to the Minister of Health in the winter of 2012.

Citizen Engagement

The NBHC is mandated “to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the province”.

Building on our 2010 provincial citizen engagement initiative, we have held dialogue sessions with university students and local governments in 2011. We will continue reaching out to local governments in 2012 and our focus will also turn to students in our provincial community colleges. In addition to initiatives targeted towards the public, there is a growing recognition of the need to better inform those who work in our health services. We will be pursuing opportunities aimed at raising awareness regarding the information produced by the NBHC.

Healthier and engaged citizens, improved health service quality and a sustainable health system are the key drivers of NBHC’s work. Based on the results of our tools, we now have a better appreciation of areas requiring attention regarding the quality of our health services. The NBHC will be exploring how to combine the proposal of mechanism to engage citizens with the identified areas of health services that require improvements.

Keeping that in mind, we will:

- Complete presentations to local municipal networks and to the sub-groups of municipalities across New Brunswick.
- As a follow-up to the dialogue sessions held on all provincial university campuses in 2011, we will complete a tour of NBCC campuses by winter 2013.
- We will also develop mechanisms targeting health system stakeholders, including front line workers and community groups, with the goal of increasing awareness of the information prepared by the NBHC and build capacity in using this information.

In Conclusion, the members of the New Brunswick Health Council and its employees are proud of the work accomplished during the 2011-2012 fiscal year. We will continue our efforts to diversify, to analyse and to promote our information regarding the health of our citizens and the performance of the New Brunswick Health System. These efforts will guide our discussions as we prepare our next recommendations for the Minister of Health.

APPENDIX C: 2012-2013 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

ANNUAL FINANCIAL REPORT

MARCH 31, 2013

ALLAIN & ASSOCIATES



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ALLAIN & ASSOCIATES





CERTIFIED GENERAL ACCOUNTANTS /
COMPTABLES GÉNÉRAUX ACCRÉDITÉS

84 Brandon Street, Moncton, N.B. E1C 7E9 (506) 382-3795 Fax : (506) 382-1438

INDEPENDENT AUDITORS' REPORT

To the Directors of the NEW BRUNSWICK HEALTH COUNCIL

We have audited the accompanying financial statements of NEW BRUNSWICK HEALTH COUNCIL, which comprise the balance sheet as at March 31, 2013 and the statement of operations for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards excluding the PS 4200 series, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of NEW BRUNSWICK HEALTH COUNCIL as at March 31, 2013 and the results of its operations for the years then ended in accordance with Canadian Public Sector Accounting Standards excluding the PS 4200 series.

Other matter

Budget figures are provided for comparative purposes and have not been subject to audit or review procedures. Accordingly, we do not express any opinion regarding budget figures.

Moncton, NB

June 10, 2013

ALLAIN & ASSOCIATES
CERTIFIED GENERAL ACCOUNTANTS

An Independent Member Firm of EPR Canada Group Inc. / Un cabinet indépendant membre du groupe EPR Canada Inc.

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NEW BRUNSWICK HEALTH COUNCIL

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2013

	<u>Budget</u> <u>2013</u> (Unaudited)	<u>Actual</u> <u>2013</u>	<u>Actual</u> <u>2012</u>
REVENUES			
Grant - New Brunswick Department of Health	\$ 1,865,570	\$ 1,231,255	\$ 1,361,948
Other revenues (note 3)	-	278,762	-
	<u>1,865,570</u>	<u>1,510,017</u>	<u>1,361,948</u>
EXPENSES			
Salaries and fringe benefits	881,969	836,419	858,230
Board of directors expenses	152,000	127,864	135,874
Administrative expenses	52,000	32,662	32,656
Operating expenses	<u>779,601</u>	<u>513,072</u>	<u>335,188</u>
	<u>1,865,570</u>	<u>1,510,017</u>	<u>1,361,948</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

ALLAIN & ASSOCIATES




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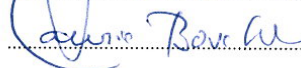
NEW BRUNSWICK HEALTH COUNCILBALANCE SHEETAS AT MARCH 31, 2013

	<u>March 31,</u> <u>2013</u>	<u>March 31,</u> <u>2012</u>	<u>April 1,</u> <u>2011</u>
ASSETS			
CURRENT ASSETS			
Cash	\$ 400	\$ 400	\$ 400
Accounts receivable (note 4)	180,581	111,429	526,923
Prepaid expenses	144	1,044	24,502
	<u>\$ 181,125</u>	<u>\$ 112,873</u>	<u>\$ 551,825</u>
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable	\$ 153,956	\$ 111,429	\$ 526,923
Deferred revenue	27,169	1,444	24,902
	<u>\$ 181,125</u>	<u>\$ 112,873</u>	<u>\$ 551,825</u>

CONTINGENCY (note 6)

APPROVED ON BEHALF OF THE BOARD

 Director

 Director

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

ALLAIN & ASSOCIATES



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NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2013

1. STATUTES OF INCORPORATION AND NATURE OF ACTIVITIES

The New Brunswick Health Council (the Council) was established September 1, 2008 under the New Brunswick Health Council Act and is considered a government organization. Its goals are to promote and improve the performance of the health system in New Brunswick.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements are prepared by management in accordance with Canadian public sector accounting standards for government organizations, as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants (CICA).

Use of estimates

The presentation of financial statements requires management to make some estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

Revenue are recorded on the accrual basis of accounting as the funded expenditures are incurred. Any grant amount received in excess of recorded expenditures is accounted for as deferred revenue.

Capital assets

Capital asset purchased with government funding and under a \$100,000 threshold are fully amortized in the year of acquisition in accordance with government guidelines. Capital assets over the \$100,000 threshold are capitalized and amortized based on their estimated useful life.

Adoption of Public Sector Accounting Standards

Effective April 1, 2012, the Organization adopted the Public Sector Accounting Standards. Previously, the financial statements were presented in accordance with Canadian generally accepted accounting principles (GAAP) as issued in the Handbook — Accounting Part V Pre-changeover standards. On adoption of PSA, an organization is permitted to selectively elect certain exemptions and choose accounting policies that may differ from the previously presented financial statement information. This can result in adjustments to the opening net assets at the transition date, which is the first day of the period for which comparative information is presented. Although the Organization made no changes to the previously presented financial statements, an opening statement of financial position at the date of transition has been presented, as required.

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NEW BRUNSWICK HEALTH COUNCILNOTES TO FINANCIAL STATEMENTSMARCH 31, 2012

3. OTHER REVENUES	<u>2013</u>	<u>2012</u>
Canadian Cancer Society	\$ 30,820	\$ -
Faculty of Education, University of New Brunswick	50,300	-
New Brunswick's Department of Health	76,255	-
Department of Healthy and Inclusive Communities	121,387	-
	<u>\$ 278,762</u>	<u>\$ -</u>

4. ACCOUNTS RECEIVABLE	<u>March 31,</u> <u>2013</u>	<u>March 31,</u> <u>2012</u>	<u>April 1,</u> <u>2011</u>
Grant receivable - New Brunswick Department of Health	153,956	111,429	525,708
Other	26,625	-	1,215
	<u>\$ 180,581</u>	<u>\$ 111,429</u>	<u>\$ 526,923</u>

5. DEFINED BENEFIT PENSION PLAN

The Council, through a multi-employer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$49,524 (\$69,677 in 2012).

The New Brunswick Investment Management Corporation acts as trustee and investment manager for the pension assets of members of the Public Service.

6. CONTINGENCY

The Council does not have any insurance coverage. Her Majesty the Queen in right of the Province has assumed responsibility for interests and risks of the Council in lieu of such insurance as permitted in the New Brunswick Health Council Act.

7. ECONOMIC DEPENDENCE

The Council is financed almost solely by the New Brunswick Department of Health.

8. CASH FLOWS

No statement of cash flows was prepared since the information on cash flows is available from other financial statements and related notes.

ALLAIN & ASSOCIATES

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APPENDIX D: Annual Report Pursuant to the *Public Interest Disclosure Act*



New Brunswick
Health Council

Engage. Evaluate. Inform. Recommend.

Annual Report Pursuant to the *Public Interest Disclosure Act*

March 31, 2013

Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the *Public Interest Disclosure Act* with regards to the activities of the New Brunswick Health Council during its fifth fiscal year, 2012-2013.

Section 3 of the *Act* applies to the following wrongdoings in or relating to the public service:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an *Act*
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- (c) gross mismanagement, including of public funds or a public asset; and
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c).

In accordance with Section 18, Report about Disclosures, *Public Interest Disclosure Act*, I confirm that the New Brunswick Health Council did not receive any disclosures regarding any wrongdoings. Hence no investigations were required.

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer