

# 2014-2015 Annual Report

New Brunswick Health Council  
Pavillon J.-Raymond-Frenette  
100 des Aboiteaux Street, Suite 2200  
Moncton, New Brunswick E1A 7R1

Telephone: 506 869 6870  
Fax: 506 869 6282  
Toll-Free: 1 877 225 2521

[www.nbhc.ca](http://www.nbhc.ca)

How to cite this document:

**New Brunswick Health Council, 2014-2015 Annual Report**

Cette publication est disponible en français sous le titre :

**Conseil de la santé du Nouveau-Brunswick, Rapport annuel 2014-2015**

July 29, 2015

The Honourable Victor Boudreau  
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 seventh fiscal year beginning April 1, 2014 and ending March 31, 2015.

Respectfully submitted,



Jean-Claude Pelletier  
Chair

---

July 29, 2015

Mr. Jean-Claude Pelletier  
Chair  
New Brunswick Health Council  
Moncton, New Brunswick

Dear Mr. Pelletier:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its seventh fiscal year, 2014-2015.

Respectfully submitted,



Stéphane Robichaud  
Chief Executive Officer



From the Chair and the Chief Executive Officer.....7

Executive summary.....9

Population health ..... 11

Care experience..... 15

Sustainability ..... 19

Citizen engagement ..... 21

Mandate..... 25

Council members..... 27

Staff ..... 29

APPENDIX A: Executive Committee and Working Groups Structure..... 31

APPENDIX B: 2014-2015 Business Plan ..... 33

APPENDIX C: 2014-2015 Annual Financial Report ..... 45

APPENDIX D: Annual Report Pursuant to the *Public Interest Disclosure Act*..... 57



# From the Chair and the Chief Executive Officer

The 2014-2015 fiscal year has been productive for the New Brunswick Health Council (NBHC). The Council's work is guided by an annual business plan. This report provides an overview of the business plan deliverables and related work for the past year. The NBHC has a dual mandate of public reporting on the performance of the provincial health system and of engaging citizens in the improvement of health services. Both elements require much collaboration with various stakeholders and the past year has proven, once again, to be very productive on these fronts.

As part of the work to improve our collective understanding of the population health picture in New Brunswick, efforts were once again targeted at updating available indicators where possible. This year's work included a report on avoidable mortality which offers an overview of the top causes of death before age 75. A video clip was also produced to help explain the content of this report. This information is proving quite valuable for discussions on improving health promotion and prevention of injuries and diseases.

The information pertaining to health service quality is also gradually finding its way in health system discussions. The latest primary health survey has proven to be a valuable source of information with its responses from 13,500 citizens. The latest edition of the Health System Report Card confirmed that primary health services are the weakest link of provincially

financed health services. As the ability to have community-level information is improved with each passing year, it is very important to have efforts aimed at improving how primary health services are planned and managed.

The initial work of the NBHC provided a sense of how New Brunswick compared to Canada and brought attention to areas where it performed below the national average. This was happening in spite of the fact that spending levels were well above the national average. In recent years, there has been an increasing ability to appreciate how health service quality can vary within New Brunswick. Many are surprised to learn how significant these variations can be. Often, the good news is that New Brunswick has pockets of high performing health services. However, given these cases are generally unknown, an opportunity is missed to recognize and learn from them.

The public reporting function of the NBHC is a valuable opportunity for improving the collective understanding of what is called the provincial health system. The NBHC has the opportunity to make public presentations where citizens are informed on the performance of the health system. Although these sessions are very much appreciated by the public and a valuable source of feedback for the NBHC, they alone cannot create better informed New Brunswick citizens. Members and employees of the NBHC are well aware of this challenge and have been putting a lot of efforts at improving how NBHC communications are planned and executed.

In closing, we wish to sincerely thank all those who have contributed to our work in the past year. We look forward to the year ahead.

Chair



Jean-Claude Pelletier

Chief Executive Officer



Stéphane Robichaud





## Executive summary

**During the 2014-2015 fiscal year, the New Brunswick Health Council (NBHC) continued its activities and reported on population health, health service quality, satisfaction with health services and the sustainability of our provincial health system. A greater focus was put on engagement, communications and on creating public awareness of the NBHC's messages.**

## Population health

Throughout the year, the NBHC has published various tools and updates about population health. An updated Population Health Snapshot was released, presenting updated information for the province and each of the seven zones. This year, the "Focus" section provided an analysis of the causes of New Brunswick's avoidable mortality. Measuring the rates of premature deaths (deaths before age 75) and the causes of premature death can provide insights into how healthy the population is, and what are the challenges it is facing that could shorten a person's life.

Work regarding New Brunswick youth has continued. To mark International Children Rights' Day, the NBHC published four fact sheets highlighting key areas touching the health of children and youth in the province: achieving healthy weights, improving mental health, preventing injuries and achieving tobacco-free living.

The NBHC also provided fact sheets to the Department of Healthy and Inclusive Communities regarding the 2013-2014 school survey of grades 6 to 12, accentuating the leadership role that the NBHC has taken on for the past two years 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.

Finally, the NBHC looked for ways to further raise awareness of its 33 community profiles; this was accomplished through a great number of presentations and the production of a video clip to explain the information found in the profiles.

## Care experience

The NBHC is continuing its work to measure, monitor and evaluate the level of population satisfaction with health services and health service quality. Results from the latest primary health survey were published; over 13,500 citizens responded to a telephone survey between May and September 2014. The goal of this survey was to understand and report on New Brunswickers' experiences with primary health services, more specifically at the community level. It allows citizens to observe if any improvements have been made to primary health services in the last three years. This was the first time that the NBHC had the opportunity to compare with the data from the 2011 primary health survey, allowing for deeper analysis. Work on the next survey, regarding the quality of home care provided to New Brunswickers, was completed. The survey will be underway in the spring of 2015.

An update to the Health System Report Card was published in the spring; it produces letter grades, very similar to how a school report card would, according to the six dimensions of quality the NBHC reports on: accessibility, appropriateness, effectiveness, efficiency, safety and equity. The report card also included a detailed analysis of the health system's performance, which reviews the costs, quality and outcomes of primary health services.

Finally, all year, the NBHC continued to disseminate the assessment of diabetes clinics in the province of New Brunswick. This assessment was completed last year; it evaluates and identifies effective practices designed to improve health service quality and outcomes in New Brunswick's diabetes clinics. This will

help inform the Department of Health's and the regional health authorities' efforts to improve the quality of diabetes-related health services as it relates to the Comprehensive Diabetes Strategy.

The NBHC's actions remain 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 services 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

## Sustainability

The NBHC has continued its ongoing collaboration with all health system organizations and the Office of Health System Renewal. Even after the end of the mandate of the Office of Health System Renewal, the NBHC has continued to work actively with all stakeholders, especially the two regional health authorities, Vitalité Health Network and Horizon Health Network, to share its information and make a collective assessment of the province's health system. New information was published online regarding the understanding of human resources levels, as well as their distribution and usage within the health care system, in the form of graphs.

The NBHC was also able to report publically on the status of the response to our first recommendations to the Minister of Health. This was addressed through the year, as presentations have provided an opportunity to inform the public on each recommendation. Furthermore, various health related groups were consulted to explore potential opportunities regarding the role of the NBHC pertaining to the sustainability challenge.

## Citizen engagement

This year, the NBHC had intended to do a provincial tour for the winter of 2015. However, the Minister of Health, also responsible for the Strategic Program Review, conducted a large-scale engagement initiative and as such, the NBHC has pushed back its initiative to a later date to prevent engagement fatigue in the population. This was the perfect opportunity for the NBHC to develop guidelines to ensure that key success factors are part of any future collaboration with a third party.

A major push was made to increase the number of individuals who are aware of the available information and to facilitate their understanding. As such, a communication plan was put in place to communicate more effectively and to identify target audiences, leading to various improvements throughout the year. The NBHC website was updated with new features, Perspectives (the NBHC's quarterly newsletter) saw a redesign, and two video clips were produced with the goal of simplifying our information for the general public.

# Population health

The objectives of the New Brunswick Health Council (NBHC) when it comes to population health are to measure, monitor and evaluate the level of population health in the province. To do so, the NBHC has developed tools that either compare the province to the rest of Canada or provides an appreciation of variations within the province. In addition, the NBHC manages a number of surveys that serve as sources of information and oversees two school surveys.

During the 2014-2015 fiscal year, the NBHC was able to fulfill the five deliverables related to population health included in its yearly business plan.

## Updating population and youth information

The first deliverable was for the NBHC to release an updated Population Health Snapshot in the winter of 2015. This tool was published in January and presented updated information for the province and each of the seven zones. It seeks to inform citizens, communities, and organizations about their health status with respect to the population in which they live. The Snapshot features summary tables of 43 indicators, with each indicator categorized under either Health Status or Health Determinants (itself subdivided into Health Care, Health Behaviours, Social and Economic Factors and Physical Environment). For each zone, the Snapshot highlights zone characteristics, provides a demographic profile, and lists the 10 most common chronic conditions and the 10 most frequent causes of hospital admissions.

The report featured a “Focus” section providing a detailed analysis of the causes of New Brunswick’s avoidable mortality. Measuring the rates of premature deaths (deaths before age 75) and the causes of premature death can provide insights about

how healthy the population is, and what are the challenges it is facing that could shorten a person’s life. A video clip was produced to explain this concept and is available on the NBHC’s website.

Overall, provincial trends may mask a wide variability across the zones with some zones exhibiting trends that are opposite to those of the province.

### 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%.
- **Social and Economic 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).

The NBHC’s 2014-2015 analysis highlights several key points, including:

- The focus on prevention has allowed some improvements when it comes to some health services such as an increase in access to a doctor, to pap tests and to mammograms.
- Some health behaviours or risk factors (known to be factors contributing to chronic diseases), such as healthy eating, obesity, and smoking, are starting to trend in the right direction. Other risk factors such as lack of physical activity, and alcohol consumption, remain a challenge.
- The sense of community belonging shows an improving trend.
- Physical environment factors related to air quality (second-hand smoke at home and in vehicles and public places, and self-rating of indoor air quality) are showing a slow trend in the right direction.

**The next deliverable under population health was to have updated information regarding youth population health indicators in the fall of 2014.** In November, to mark International Children Rights' Day, the NBHC published four fact sheets highlighting key areas related to the health of children and youth in the province: achieving healthy weights, improve mental health, preventing injuries and achieving tobacco-free living.

In these areas, this year's key findings are:

- New Brunswick has one of the highest percentages of children and youth who are overweight or obese, and the situation is not improving.
- Boys in New Brunswick suffer more injuries than girls. Injuries can lead to disability, hospitalization and death.
- In New Brunswick, mental health among children and youth is showing a negative trend, but protective factors are on the right track.
- Smoking is a major risk factor for key conditions such as lung cancer, heart disease and COPD. New Brunswick youth rank the worst in the country.

Additional information regarding the health of children and youth can be found in the *Children and Youth Rights and Well-being Snapshot 2014*, a document presenting available provincial indicators and measures which reflect determinants of health and well-being, and that have been disaggregated by children and youth with disability, immigrant status, aboriginal identity and gender.

## Raising awareness on the community profiles

**It was stated in the NBHC's business plan that throughout the year, the NBHC will be raising awareness regarding the availability of the 33 community profiles and will identify opportunities to help stakeholders in how to leverage this information.**

The community profiles were launched in the spring of 2014, and their main goal is to empower individuals with information about their region that will stimulate interest in building healthier communities. The information in each profile gives a comprehensive view about the people who live, learn, work, and take part in community life in the area. The community profiles have proven to be one of the most requested tools by community stakeholders, especially when it comes to printed copies of the profiles. Throughout the year, we distributed more than 2,100 printed copies to various organizations.

A number of community level presentations were requested by various stakeholders such as mayors, not for profit agencies, wellness networks, social inclusion networks, public health and regional health authorities, throughout the province. This showed that there is a need for the creation of tools to support the learning and spreading of the community profiles, and to that effect, a video clip was produced to better explain the information contained in the profiles.

## Surveying students

**In the spring of 2014, the NBHC also addressed its deliverable to provide fact sheets to the Department of Healthy and Inclusive Communities regarding the 2013-2014 school survey of grades 6 to 12.** This builds on the leadership that the NBHC has gained these past two years when working on 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. 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 has been forwarded to each participating school and district in the form of Feedback Reports, and to the Department of Healthy and Inclusive Communities in the form of fact sheets. These reports highlighted areas where schools could take action in partnership with students, parents and communities.

In the same vein, we were tasked with **surveying kindergarten to grade 5 students and with providing each school with school level reports**, which was completed in the fall of 2014.



# Care experience

**The objectives of the New Brunswick Health Council (NBHC) when it comes to care experience are to measure, monitor and evaluate the level of population satisfaction with health services and health service quality. To this effect, and to foster the improvement of the quality of health services in the province, the NBHC had four deliverables tied to Care Experience this year, including citizen satisfaction surveys and a Health System Report Card.**

## Primary health survey

**The first deliverable for 2014-2015 was for the NBHC to release its primary health survey results.** This was accomplished in the winter of 2015; over 13,500 citizens responded a telephone survey between May and September, in all areas of the province. The goal of this survey was to understand and report on New Brunswickers' experiences with primary health services, more specifically, at the community level. It also allows citizens to observe if any improvements have been made to primary health services in the last three years.

For the first time this year, the NBHC had the opportunity to compare the data from the 2011 primary health survey, allowing for deeper analysis, or secondary analysis, to respond to other parts of its mandate. Questions were added to the survey related to risk factors such as healthy eating, smoking, physical activity, and body mass index, as well as questions relating to dementia, memory loss and life stressors. Results disaggregated and reported for the population in New Brunswick with respect to disability and income characteristic were also added to the report.

### What is primary health?

Primary health is defined as the first place people go when they have health concerns, often to a family physician, a nurse practitioner or other health professional. It typically includes routine care, care for urgent but minor or common health problems, mental health care, maternity and child care, liaison with home care, health promotion and disease prevention, nutrition counseling, and end of life care. The survey looked closely at key elements of primary health services such as accessibility, use of service, satisfaction with the services, communication with the doctor, and barriers to health services, among others.

Here are the main observations that can be drawn from the comparisons between the 2011 and 2014 survey results:

- Large geographic variations continue to exist in the quality of services throughout the province which can lead to geographic inequities and affect health outcomes.
- From the citizens' perspective, lack of timely access to their primary care provider leads to an increased use of emergency services and after-hours clinics. After-hours clinics and hospital emergency departments continue to be places where some New Brunswickers go most often when sick or in need of care.
- Visits to the hospital emergency departments have remained at the same level over the last three years and there has been no improvement in access to family doctors. However, communication with family doctors and satisfaction with their services have improved.



## Health system report card

**Then, the NBHC was to publicly release an update to its health system report card;** it was published in the spring of 2015. The report card produces letter grades, very similar to how a school report card would, according to the six dimensions of quality the NBHC reports on: accessibility, appropriateness, effectiveness, efficiency, safety and equity. An overall grade is calculated for each dimension from a combination of relevant indicators. The New Brunswick health system's performance remains at an overall C grade, which continues to place us as an average-performing province, with some areas consistently showing below-average performance: coverage of prescription drugs, wait times, screening tests or appropriateness of tests and procedures, readmission rates to hospitals, use of emergency rooms and hospital beds for cases that could be taken care of in the community and communication and transitions across the continuum of care.

Also of note in this year's report card, safety has dropped from an A to a C grade. This drop in performance was driven by areas such as inappropriate drug prescribing to seniors, hospitalized hip fracture event rates, in-hospital hip fracture event rates, intentional self-harm or suicide death rates and lack of use of electronic medical records to enter and retrieve a patient's clinical notes.

Furthermore, the report card includes a detailed analysis of the health system's performance, which reviews the costs, quality and outcomes of primary health services. Program and service expenditures since 2010 were reviewed, which revealed that the proportion of money being allocated for primary health services has not changed over the past five years. The total health system expenditures have increased, but the manner in which we continue to allocate resources and deliver services has remained the same. The report concludes that when it comes to primary health, the lack of integration and coordination of policies, plans, programs and

initiatives to support transformational change have contributed to the status quo in the distribution of resources. In turn, this affects the quality of primary health services and the health outcomes being experienced by the citizens of New Brunswick. The improvement in health system performance goes beyond just measuring health services quality. It is important to pursue health system performance by simultaneously reviewing costs or resources together with the quality of health services and health outcomes in a planned and strategic manner.

## Home care experience survey

**The NBHC's next deliverable focused on the preparation of the second edition of our home care experience survey, starting in the fall.** Work on this second survey about the quality of home care provided to New Brunswickers was completed, and the survey will be underway in the spring of 2015. This survey will target citizens who have recently received home care services for which costs are entirely or partially covered by public funds. The survey will look at accessing and navigating services, meeting the needs of clients and their families, provider/client communication, safety, equity based on preferred language of service, and overall satisfaction with services.

The survey results will be released early in 2016 and will be available to the public, as well as to government departments, regional health authorities and home support agencies to help improve health services. Repeating this survey will allow for comparison with the results of the 2012 survey, and will allow the NBHC to observe if improvements have been made over the past three years when it comes to home care services in the province.



### What is home care?

Home care includes health services that can be provided by a nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, or rehabilitation assistant; they are most often provided by the Extra-Mural Program. Home care also includes personal care services provided by a home support worker to help with bathing, dressing, grooming, feeding, transferring, home cleaning, laundry, meal preparation, or respite/relief care; they are most often provided by home support agencies.

## Assessment of diabetes clinics

**Finally, throughout the year, the NBHC was to assist in the communication of the assessment of diabetes clinics in the province of New Brunswick.** This assessment was completed last year; the findings were published in a March 2014 report that evaluates and identifies effective practices designed to improve health service quality and outcomes in New Brunswick's diabetes clinics. This will help inform the Department of Health and the regional health authorities' efforts to improve the quality of diabetes-related health services as it relates to the Comprehensive Diabetes Strategy. The report details several key findings, like the fact that more human resources were not necessarily related to better outcomes, and that the most efficient and effective clinics were those that built the care around the patient, among others. This year, all clinic managers received their individual clinic data along with presentations on the results.



## Sustainability

As part of its mandate, the New Brunswick Health Council (NBHC) has to measure, monitor and evaluate the sustainability of health services in New Brunswick. The health system sustainability challenge is receiving more attention today than it ever has before, but creating and validating this information is time consuming. The NBHC has made an effort to incorporate resource-level or costing information, whenever possible, in its reports. By raising awareness, more citizens recognize that the health system should be delivering far better quality results with current resource levels, but more work is required to appropriately reflect the level, distribution and utilization of resources within the health system. The NBHC's 2014-2015 business plan outlined four deliverables touching on sustainability.

## An ongoing collaboration

This year, the NBHC has continued to collaborate with all health system organizations and the Office of Health System Renewal as one of its deliverables. The primary goal was to enhance the collective understanding of population health and health service quality in order to maximise the use of existing resources. The mandate of the Office of Health System Renewal ended in July 2014. However, the NBHC has continued to work actively with all stakeholders, especially the two regional health authorities, Vitalité Health Network and Horizon Health Network, to share its information and make a collective assessment of the province's health system.

## Enhancing understanding of human resources

The NBHC was also to have a particular focus on enhancing the understanding of human resources levels, as well as their distribution and usage within the health care system; as such, multiple graphs have been published online regarding spending and physical and human resources, including graphs representing the number of health professionals and the population with a regular doctor. Data on the Department of Health budget, which includes the budget allocated by sector of care, was also published.

## Reporting on recommendations

Another deliverable for the NBHC this year when it comes to sustainability was to provide a public status report regarding the response to our first recommendations to the Minister of Health.

During the year, in various presentations and publications, the NBHC addressed the three recommendations made to the Minister of Health in 2011:

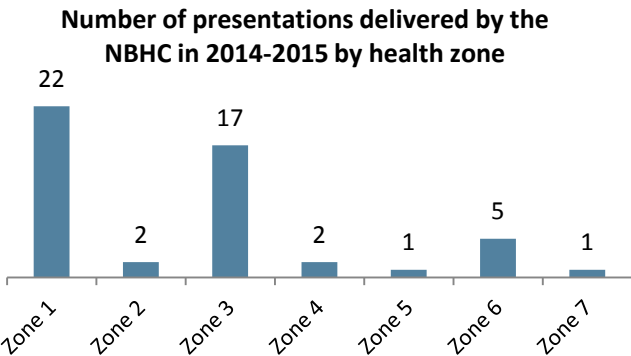
- **Recommendation # 1: Multi-year integrated planning;** presentations have provided an opportunity to inform the public on how the provincial health system has evolved; specifically, that it has evolved mostly by default, not by design. Areas for improvement in population health, wide variations in health service quality and above national average expenditures in the health system were highlighted.
- **Recommendation # 2: Primary health, maximizing utilization of resources;** with more than 13,500 respondents covering all 33 communities, the primary health survey report informs citizens on existing variations

on health service quality. Accessibility remains a key area for improvement, and so does the lack of proper management regarding existing resources.

- **Recommendation # 3: Disease prevention and health promotion;** the releases of youth health and general population health reports provided a platform to speak about the four key priorities, as well as the need to reduce the numbers of smokers in the province. A key part of the message focused on the current lack of provincial collective targets pertaining to the priorities.

A number of health related groups have been expressing their views on the sustainability of the health system. **The NBHC’s last deliverable for the year when it comes to sustainability was to consult with a number of these groups in order to explore potential opportunities regarding the role of the NBHC pertaining to the sustainability challenge.**

To this end, the NBHC met with members of professional groups (physicians, pharmacists, and other associations) in Fredericton in the spring of 2014. NBHC staff made several presentations all year long and discussed the challenge of health system sustainability. This year, the NBHC has made 50 presentations about sustainability and other topics, covering 13 communities and reaching over 2,100 people.



**New Brunswick Health Council Recommendations to the Minister of Health**

Recommendation # 1: 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.

Recommendation # 2: 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.

Recommendation # 3: 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 at the core of the New Brunswick Health Council's (NBHC) mandate, where it is explained as follows: "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".

Council members expressed the need to have more citizens and stakeholders aware of the availability of quality information from the NBHC regarding population health and health service quality and during fiscal year 2014-2015, this was addressed with three deliverables.

## A dialogue with citizens

The NBHC's first engagement deliverable for the year was **to hold dialogue sessions in all zones across the province**, with the primary goal of informing citizens of what has been learned so far, particularly of what progress has been made in relations to the recommendations made to the minister of Health by the NBHC in 2011. The NBHC had intended to do a provincial tour for the winter of 2015. However, the Minister of Health, who is also responsible for the Strategic Program Review, conducted the provincial tour "Engage NB," which constituted a large-scale engagement initiative. The NBHC has therefore pushed back its initiative to a later date to prevent engagement fatigue in the population.

With that said, the NBHC engaged in different ways all year long by producing:

- Surveys:
  - Schools: kindergarten to Grade 5 over 6,000 participants
  - Primary health over 13,500 participants

- A quarterly newsletter detailing the NBHC's activities and offering various information, like "Did you know?" messages to raise public awareness on basic facts.
- Fact sheets:
  - Four key topics about children and youth health
- The community profiles popularity required sending over 2,100 copies to various community organizations, associations, municipalities, etc. These profiles have generated a great number of activities in the communities to promote the information creating a profile of 33 New Brunswick communities.

## Improving communications

The NBHC was also tasked with **improving its communications to targeted audiences** in order to increase the number of individuals who are aware of the available information and to facilitate their understanding of the information. The approval of a communication plan by the Council in March 2014 has enabled the NBHC staff to communicate more effectively and to identify target audiences, leading to various improvements through the year. The NBHC's work in the field includes a great number of presentations about various topics that reached a large number of citizens.

Minor technical problems were fixed on the NBHC website and new features were added, like fact sheets on children and youth health, graphs on expenses and resources, and a publication calendar for upcoming reports.

Perspectives, the NBHC's quarterly newsletter, saw a redesign to broaden its appeal to readers.

Two video clips were produced on the topics of the community profiles and the concept of avoidable

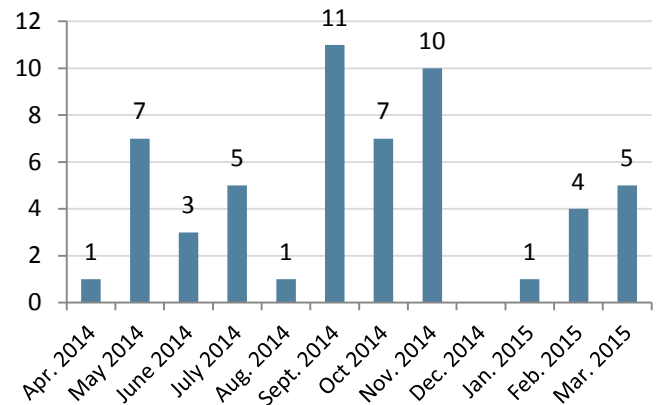
death, with the goal of simplifying our information to make it more accessible to the general public.

Members of the Legislative Assembly were sent an invitation to consult our website to see, among other things, the community profiles for their areas.

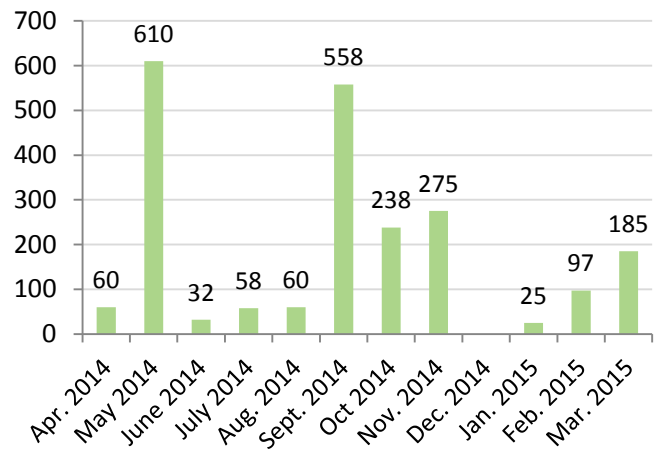
In addition, some tools were developed to better measure the return on our communication activities: a capture grid was developed to chronicle the NBHC's activities, and another to record interviews given by the Chief Executive Officer. To generate a greater accountability and to support continuous improvement efforts, work to measure the reach of our communications will continue throughout the coming year.

Lastly, the NBHC was to **develop guidelines to assist in ensuring that key success factors are part of any future collaboration with a third party on a public consultations that may be required by the Minister of Health.** A document titled *Rules of Engagement for Public Participation Initiatives mandated by the Minister of Health* was approved by NBHC members in December 2014 and will henceforth guide the interactions with other entities when reviewing requests to put forward engagement initiatives.

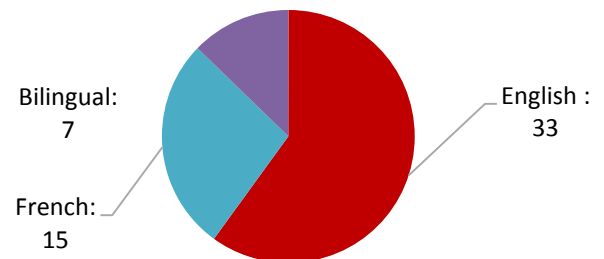
**Number of presentations delivered by the NBHC in 2014-2015 by month**

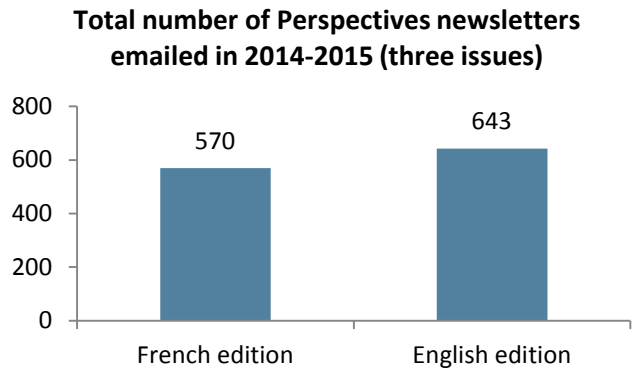
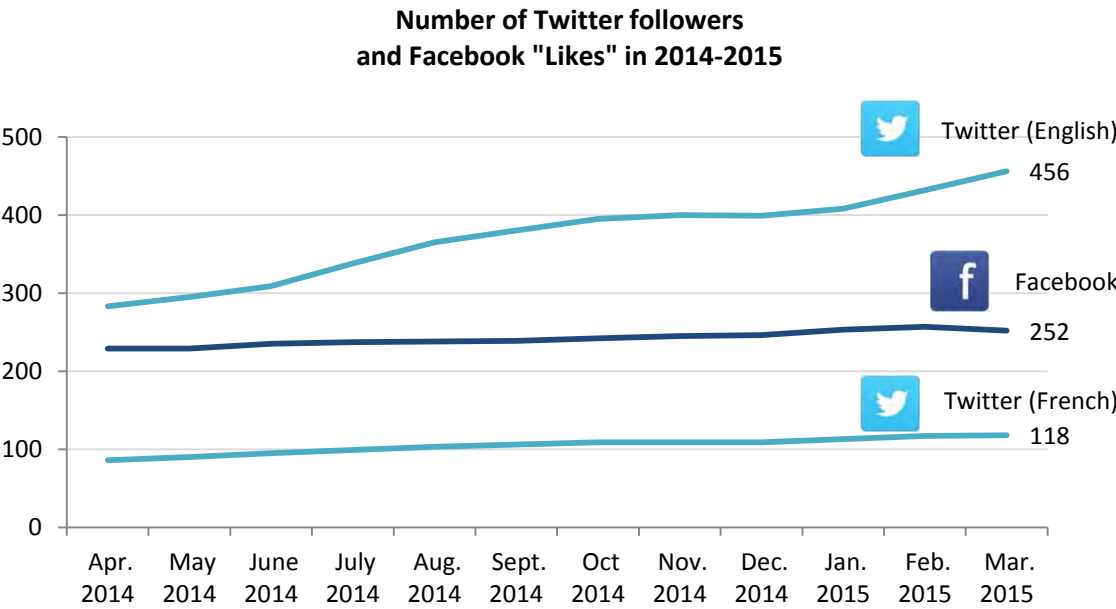


**Number of attendees at NBHC presentations in 2014-2015 by month**



**Number of presentations delivered by the NBHC in 2014-2015 by language**









# 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



## Council members

The members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and in the four Working Groups.

Mr. Jean-Claude <b>Pelletier</b> Chair of the Council	Saint Léonard
Ms. Barbara <b>Losier</b> Vice-Chair	Landry Office
Mr. Laurie <b>Boucher</b> Secretary / Treasurer	Bouctouche
Mr. Jeffrey J. <b>Beairsto</b>	Fredericton
Mr. Randy <b>Dickinson</b>	Fredericton
Mr. Harry <b>Doyle</b>	Lower Coverdale
Ms. Sharon E. <b>Eagan</b>	Perth-Andover
Mr. Floyd R. <b>Haley</b>	St. Stephen
Ms. Cindy <b>Howe</b>	Burton
Mr. Shawn <b>Jennings</b>	Rothsay
Mr. Georges R. <b>Savoie</b>	Neguac
Ms. Julie <b>Robichaud</b>	Dieppe
Mr. Wayne <b>Spires</b>	Moore's Mills
Mr. Roy <b>Therrien</b>	Saint-Basile
Mr. Frank B. <b>Trevors</b>	Miramichi
Mr. Christopher <b>Waldschutz</b>	Saint John



## Staff

Mr. Stéphane **Robichaud**

Chief Executive Officer

Mr. Benoit M. **Doucet**

Executive Director, Planning & Operations

Ms. Michelina **Mancuso**

Executive Director, Performance Management

Ms. Manon **Arsenault**

Executive Director, Citizen Engagement

Ms. Christine **Paré**

Director of Communications

Mr. Michel **Arsenault**

Research Analyst, Performance Management

Ms. Rim **Fayad**

Research and Information Analyst

Ms. Karine **LeBlanc Gagnon**

Information Analyst, Health Status

Mr. Simon **Potvin**

Research Communication Specialist

Mr. Steve **Langen**

Information Analyst (one year assignment)

Ms. Julie **Reyjal**

Information Analyst (one year assignment)

Ms. Mariane **Cullen**

Executive Administrative Assistant

Ms. Monique **Landry Hadley**

Administrative Assistant



# APPENDIX A: Executive Committee and Working Groups Structure

## Executive Committee

- **Mr. Jean-Claude Pelletier, Chair**
- **Ms. Barbara Losier, Vice-Chair**
- Mr. Laurie **Boucher**, Secretary / Treasurer
- Mr. Jeffrey J. **Beairsto**, member
- Mr. Randy **Dickinson**, member

## Working Groups

### Engagement Working Group

- **Ms. Barbara Losier, Chair**
- Mr. Georges R. **Savoie**, member
- Mr. Roy **Therrien**, member
- Mr. Jean-Claude **Pelletier**, member

### Care Experience Working Group

- **Mr. Frank B. Trevors, Chair**
- Ms. Sharon E. **Eagan**, member
- Mr. Floyd R. **Haley**, member
- Ms. Julie **Robichaud**, member

### Sustainability Working Group

- **Mr. Jeffrey J. Beairsto, Chair**
- Mr. Harry **Doyle**, member
- Mr. Laurie **Boucher**, member
- Mr. Christopher **Waldschutz**, member

### Population Health Working Group

- **Mr. Randy Dickinson, Chair**
- Mr. Shawn **Jennings**, member
- Ms. Cindy **Howe**, member
- Mr. Wayne **Spires**, member





# APPENDIX B: 2014-2015 Business Plan





**New Brunswick  
Health Council**

Engage. Evaluate. Inform. Recommend.

---

## **2014-2015 Business Plan**

---

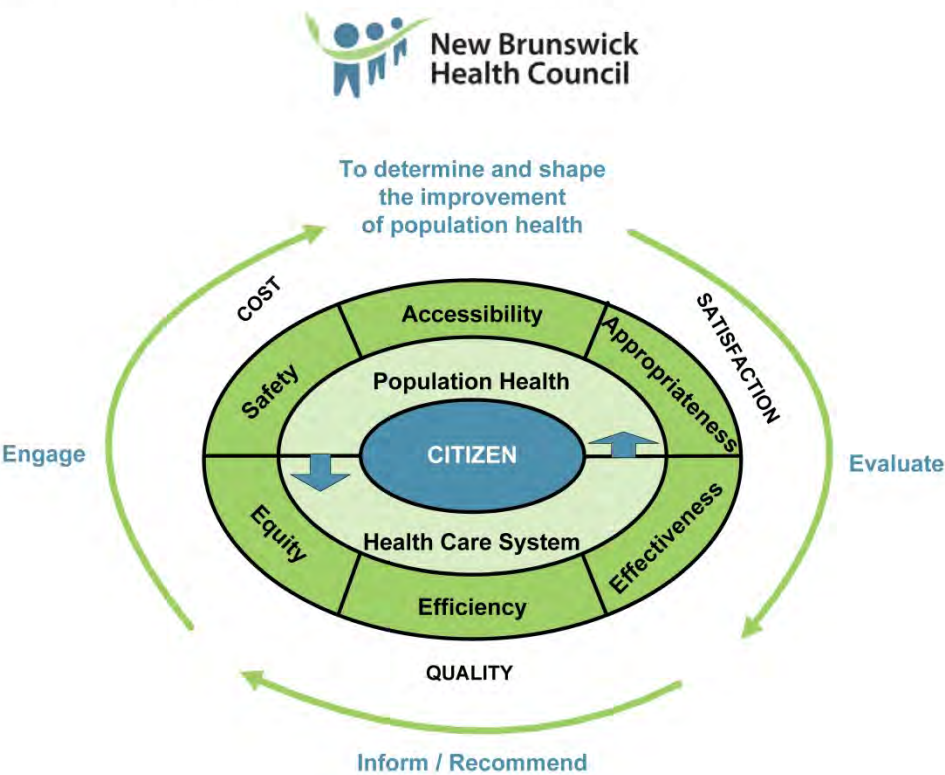
**March 24, 2014**

---

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 the Minister of Health.



30-12-09

## II. 2014-2015 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 (**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 care 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.

NBHC's reports on population health and health service quality continue to provide new information to those who have an influence on the quality of health services. The level of interest towards this information is very encouraging. Meanwhile, the demand for either support in communicating the information or for further sub-analysis does create a challenging volume of work for the NBHC team. We will need to prioritize and make choices. This challenge is a positive sign regarding the perceived value of NBHC information.

By leveraging our understanding of our mandate and our role, we have what we need to face these choices. Whether in working group discussions or at Council meetings, we will have discussions to guide us through these choices.

### **III. Objectives for 2014-2015**

Here are observations and proposed key deliverables for each area of our work for 2014-2015:

#### ***Population Health***

In order to inform New Brunswickers on the state of population health, the NBHC has developed a number of tools that either compares the province to the rest of Canada or provides an appreciation of variations within the province. In addition to leveraging indicators from provincial and national sources, the NBHC manages a number of surveys that also serve as sources of information. In addition to our care experience surveys, the NBHC also oversees two school surveys, kindergarten to grade 5 and grades 6 to 12, in collaboration with the Department of Healthy and Inclusive Communities and the Department of Education and Early Childhood Development.

This base of indicators has enabled the development of 33 community profiles that cover the whole province. Stakeholders are demonstrating a great interest in community level information. The NBHC will invest efforts in raising awareness of these profiles and helping stakeholders in how to use this information. One of these opportunities will be a workshop lead by the NBHC in July of 2014.

The 2011 Recommendations to the Minister of Health provided areas of focus for health promotion and disease prevention based on their prevalence in the population and impact on health service utilization. The target areas are achieving healthy weights, lowering high blood pressure rates, improving mental health and preventing injuries. These four areas will serve to focus our attention as we continue to enhance our understanding of the state of population health in New Brunswick.

During the following year:

- We will be releasing our updated Population Health Snapshot in the winter of 2015;
- We will also have updated information regarding our Youth Population Health indicators in the fall of 2014.
- Throughout the year, we will be raising awareness regarding the availability of the 33 community profiles and we will identify opportunities to help stakeholders in how to leverage this information.



- We will be providing fact sheets to the Department of Healthy and Inclusive Communities regarding the 2013-2014 school survey of grades 6 to 12 by the fall of 2014.
- We will be surveying kindergarten to grade 5 and we will have school level reports, for each school, by the fall of 2014.

### ***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 137 indicators in our 2013 report.

In 2013-2014, the NBHC explored the opportunity to have zone-level report cards. The more local are the results, the more relevant the information becomes for those who manage health services. These efforts will continue in the coming year. It is also important to recognize the increasing demand for further analysis of indicators, as health managers are attempting to better appreciate the causes behind the performance of their health services.

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 publicly funded health services: Acute Care (2010), Primary Care (2011), Home Care (2012). Now that the first survey cycle is completed, each survey will be repeated every three years.

The evaluation of diabetes clinics that was recently completed provided a strong case for identifying the key factors that influence how to effectively assist citizens in the management of chronic conditions. There will be opportunities to assist health service managers in understanding the results of this study in the year ahead.

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

- We will have a public release of our Primary Health Care Survey results in the winter of 2015;
- We will publicly release an update to our Health System Report Card in the spring of 2015;

- We will be working on the preparation for the second edition of our Home Care Experience Survey starting in the fall of 2014;
- Throughout 2014-2015, we will assist in the communication of the assessment of diabetes clinics in the province of New Brunswick.

### ***Sustainability***

The health care system sustainability challenge is receiving more attention today than it did five years ago. The NBHC has made an effort to incorporate resource-level or costing information, whenever possible, in its reports. By raising awareness regarding the level of resources in New Brunswick compared to other jurisdictions, more citizens recognize that the health care system should be delivering far better quality results with current resource levels.

Meanwhile, much more work is required in appropriately reflecting the level, distribution and utilisation of resources within the health care system. In particular, human resources represent the largest proportion of spending. Our most recent Health System Report Card emphasized; "above average resources per population, average performance and below average health status". Clearly, the current approach is not sustainable.

The transition towards a sustainable health care system requires far more than a control of expenditures. The approach must start with a strong understanding of population health needs. There must also be a recognition and understanding of the needed improvements in health service quality that is provided. The move towards a sustainable health care system requires an approach that combines population health trends and required health service quality improvements, while using existing resources more effectively and efficiently.

The document containing our 2011 Recommendations to the Minister of Health was titled "Moving towards a planned and citizen-centered publicly funded health care system". The text leading to the first recommendation outlines how the publicly financed health care system has evolved and underlines the need to shift to a planned approach rather than evolving by default. Recommendation #1 reads as follows:

*"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."*

Although no multi-year plan with the above-mentioned elements has been released since, these elements were part of the Office of Health System Renewal (OHSR) mandate and action plan. The action plan covered the period from July 2012 to June 2014. In the coming year, there will be an opportunity to assess what has been accomplished and potential lessons learned.

The NBHC will continue to contribute to efforts aimed at improving the performance of the health care system in the year ahead, whether within the context of the OHSR mandate or with the on-going interactions with health system organizations. In line with our reporting on health service quality, we will be pursuing our efforts at improving our understanding of the distribution and usage of human resources throughout the health care system. Therefore, here are the proposed deliverables for the coming year:

- We will continue to collaborate with all health system organizations and the Office of Health System Renewal during the coming year. Our primary goal is to enhance the collective understanding of population health and health service quality in order to maximise the use of existing resources;
- We will have a particular focus on enhancing our understanding of human resources levels, as well as their distribution and usage within the health care system;
- We will provide a public status report regarding the response to our first recommendations to the Minister of Health.
- A number of health related groups have been expressing their views on the sustainability of the health care system. We will be consulting with a number of these groups in order to explore potential opportunities regarding the role of the NBHC pertaining to the sustainability challenge.

### ***Citizen Engagement***

Section 3(b) of the New Brunswick Health Council Act serves as the basis for the "engagement" part of the NBHC mandate. It reads as follows: "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".

To guide our discussions and help plan our activities, the NBHC adopted the "Public Involvement Continuum" that is included with this document (Appendix 1). It outlines five levels of public participation and influence which can be leveraged to clarify the objective behind any planned public participation activity.

Considering the amount and quality of information within the NBHC regarding population health and health service quality, Council members have been expressing the need to have more citizens and stakeholders aware of the availability of this information. If this is the priority, then activities linked to the first, second and third levels of public participation, as illustrated in appendix 1, need to be considered. The community profiles released in 2014 will no doubt prove valuable in potential engagement initiatives (level 4) and partnerships (level 5).

In 2013-2014, efforts were targeted at developing a communication plan to ensure that current communications practices are maximized and strategic new efforts are identified. In addition, strategic dialogue sessions across New Brunswick will provide an opportunity for reporting publicly on the progress of our work, particularly on the progress pertaining to the areas citizens have helped us identify through our past various public participation initiatives.

In addition, the NBHC is recognized for delivering quality consultation sessions with citizens. This has lead to being mandated twice by the Minister of Health as collaborators in initiatives that are the responsibility of other government departments. Both initiatives were compatible with the mandate of the NBHC. Although we welcome the opportunity to be part of such initiatives, the Council has recognized the value of developing "rules of engagement" that can be used in initial discussions with potential future collaborators. The goal is to ensure that key ingredients that contribute to successful initiatives are discussed and approved at the initial stage of future initiatives.

Keeping that in mind, we will:

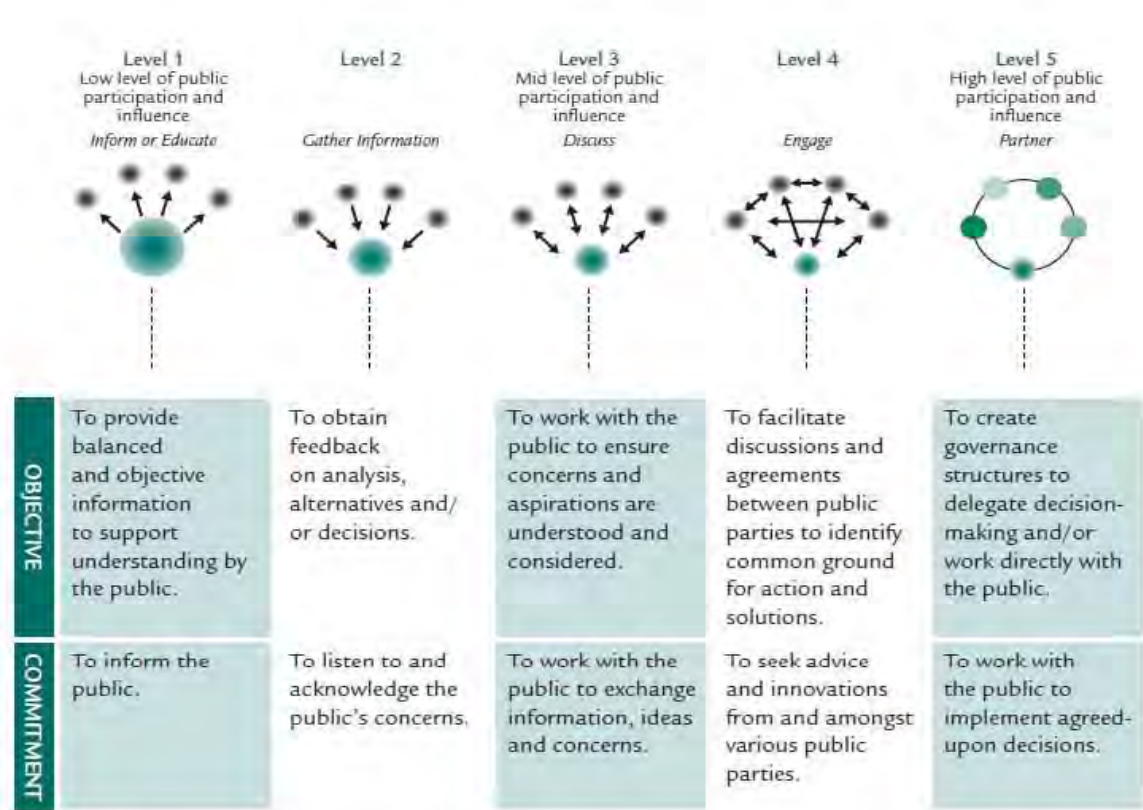
- Hold dialogue sessions in all zones across the province, with the primary goal of informing citizens of what we have learned through our work, particularly of what progress has been made in relations to our initial recommendations.
- Improve our communications to targeted audiences in order to increase the number of individuals who are aware of our information and facilitate their understanding of the information. This work will include an accountability framework in order to appreciate the evolution of our performance from a communication stand-point.

- Given the potential that the Minister of Health may require the NBHC to collaborate with a third party on a public consultations, we will be developing guidelines to assist in ensuring that key success factors are part of any future collaboration.

In conclusion, the members of the New Brunswick Health Council and its employees are proud of the work accomplished during the 2013-2014 fiscal year. We will continue our efforts to diversify, to analyse and to promote our information regarding population health and health service quality. The work of the NBHC provides a privileged perspective pertaining to the state of our provincial health system and its evolution. Council members are committed to providing quality reports pertaining to the work areas of the NBHC and to leveraging this information to inform and engage citizens in any future recommendations that are made to the Minister of Health.



Appendix 1  
Public Involvement Continuum



Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).

# APPENDIX C: 2014-2015 Annual Financial Report



## **NEW BRUNSWICK HEALTH COUNCIL**

Financial Statements

March 31, 2015

TABLE OF CONTENTS

	Page
<b>Independant Auditors' Report</b>	1 - 2
<b>Financial Statements</b>	
Statement of Operations	3
Balance Sheet	4
Notes to the Financial Statements	5 - 6
<b>Additional Information</b>	
Appendix A - Other Revenues	7





## INDEPENDENT AUDITORS' REPORT

To the Directors of the New-Brunswick Health Council

We have audited the accompanying financial statement of the New Brunswick Health Council, which comprise the balance sheet as at March 31 2015, 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 the Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatements, 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 the New Brunswick Health Council as at March 31 2015, and the results of its operations for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

**Other matters**

The comparative figures have been audited by another auditor. Also, 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.

*Paul L. Bourque & co.*

Chartered Professional Accountants

June 18, 2015

Dieppe, NB

**NEW BRUNSWICK HEALTH COUNCIL**

## Statement of Operations

	Budget (Unaudited) 2015	Actual 2015	Actual 2014
Year ended March 31,			
<b>Revenues</b>			
Grant - New Brunswick Department of Health	\$ 1,865,573	\$ 1,741,435	\$ 1,379,110
Other Revenues (Appendix A)	-	140,433	282,081
	<u>1,865,573</u>	<u>1,881,868</u>	<u>1,661,191</u>
<b>Expenses</b>			
Salaries and fringe benefits	988,128	1,035,084	906,472
Board of directors expenses	167,749	164,471	173,501
Administrative expenses	38,750	23,726	29,829
Operating expenses	670,946	633,901	551,259
Equipment and furniture purchases	-	24,686	130
	<u>1,865,573</u>	<u>1,881,868</u>	<u>1,661,191</u>
<b>Excess of revenues over expenses</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**NEW BRUNSWICK HEALTH COUNCIL**

Balance Sheet  
As at March 31,

2015

2014

**Assets**

**Current**

Cash

\$ 400 \$ 400

Accounts receivable (note 3)

83,490 395,658

\$ 83,890 \$ 396,058

**Liabilities**

**Current**

Accounts payable and accrued liabilities

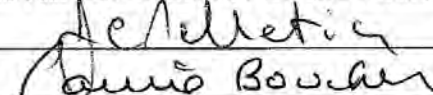
\$ 83,890 \$ 316,207

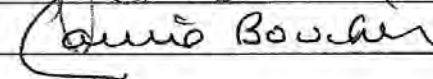
Deferred revenue

79,851

\$ 83,890 \$ 396,058

**APPROVED ON BEHALF OF THE BOARD**

 , Director

 , Director

**NEW BRUNSWICK HEALTH COUNCIL**

Notes to the financial statements

March 31, 2015

**1. 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 the Canadian public sector Accounting standards for government organizations of the CPA Canada Handbook and include the following significant accounting policies:

**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**

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

**Capital assets**

Capital assets 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 the estimated useful life.

<b>3. Accounts receivable</b>	<b>2015</b>	<b>2014</b>
Grant receivable - New Brunswick Department of Health	\$ 83,490	\$ 316,207
Other	-	79,451
	<b>\$ 83,490</b>	<b>\$ 395,658</b>

**4. 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 \$103,006 (\$72,357 in 2014).

The New Brunswick Investment Management Corporation is the investment manager for the pension assets of members of the Public Service.



---

**NEW BRUNSWICK HEALTH COUNCIL**

Notes to the financial statements

March 31, 2015

---

**5. Cash flows**

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

---

**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. Comparative figures**

Certain comparative figures for the previous year have been reclassified to conform with the presentation adopted in the financial statements of 2015.

---

**NEW BRUNSWICK HEALTH COUNCIL**

Additional Information  
Year ended March 31,

2015

2014

---

**Appendix A - Other Revenues**

Canadian Cancer Society	\$	-	\$	3,424
New Brunswick's Department of Health		-		79,451
Department of Healthy and Inclusive Communities		<b>140,433</b>		<b>199,206</b>
	<b>\$</b>	<b>140,433</b>	<b>\$</b>	<b>282,081</b>

---





## APPENDIX D: 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 seventh fiscal year, 2014-2015.

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
- (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