



New Brunswick
Health Council | Conseil de la santé
du Nouveau-Brunswick



Annual Report

.....
2021-2022





New Brunswick Health Council
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July 29, 2022

The Honourable Dorothy Shephard
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 fourteenth fiscal year beginning April 1, 2021 and ending March 31, 2022.

Respectfully submitted,

Roger Léger
Chair

July 29, 2022

Mr. Roger Léger
Chair
New Brunswick Health Council
Moncton, New Brunswick

Dear Mr. Léger:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its fourteenth fiscal year, 2021-2022.

Respectfully submitted,

Stéphane Robichaud
Chief Executive Officer



Table of contents



Message from the Chair and the Chief Executive Officer	6
Mandate	7
Council.....	8
Team.....	9
Surveys	11
Health Service Quality	19
Population Health	22
Public Participation & Awareness.....	24
First Nations Access to Indicators Project.....	25
Recommendations to the Minister of Health.....	27
APPENDIX A: Annual Report Pursuant to the Public Interest Disclosure Act.....	28
APPENDIX B: Financial Statements 2021-2022.....	29



Message from the Chair and the Chief Executive Officer



We are pleased to present the 2021-2022 edition of the New Brunswick Health Council's Annual Report. As proposed in our Business Plan, Council members and employees have continued to be engaged in developing a new strategic plan for the NBHC. This rigorous exercise has provided a common appreciation pertaining to past NBHC accomplishments, an extensive examination of its mandate and the impact of its work. Four strategic priorities have been identified to build on past successes and progress towards higher achievement.

In addition, the public release of the provincial health plan helped identify opportunities for enhanced health system alignment in improving health service quality for New Brunswickers.

As part of our performance reporting work, we coordinate our efforts with health system stakeholders for the collection, validation, and interpretation of health service quality indicators.

The impact of Covid-19 on health system stakeholders' time and efforts continued throughout the year.

Consequently, several of our Business Plan deliverables were impacted. Nevertheless, our work did progress on many fronts and we are particularly proud of the latest version of our web-based tool for accessing community, zone, and provincial level indicators. Initial reactions have been very positive, and we look forward to future user feedback in our efforts toward continuous improvements.

The NBHC survey cycle represents a valuable opportunity to gather information regarding citizens' state of health and experience with health services. We are pleased to have been able to complete the administration of the latest edition of the Home Care Survey. In addition, working in close collaboration with both the anglophone and francophone education sectors, we were able to successfully move from paper to an online version of the Student Wellness Survey.

In closing, we are always grateful to New Brunswick citizens for their time and effort in responding to our surveys and other initiatives.

Roger Léger
Chair

Stéphane Robichaud
Chief Executive Officer



Mandate



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 NBHC will foster this transparency, engagement and accountability by:



Engaging citizens in a meaningful dialogue for the improvement of health service quality



Measuring, monitoring and evaluating population health and health service quality



Informing citizens on health system's performance



Recommending improvements to the Minister of Health





Council



→ Members

Roger Léger
Chair
Dieppe

Susan Harley
Vice-Chair
Rothesay

Harry Doyle
Secretary / Treasurer
Lower Coverdale

Gail Bremner
Saint John

Diane Carey
Tracadie-Sheila

Mike Doiron
Campbellton

Édouard Hendriks
Saint-Jacques

Cindy Howe
Burton

James Lamkey
Miramichi

Mathieu Picard
Dieppe

Anna Riordon
Dalhousie

Eva Sock
Elsipogtog

→ Executive Committee

Roger Léger
Chair

Susan Harley
Vice-Chair

Harry Doyle
Secretary-treasurer

Cindy Howe
Member

Mathieu Picard
Member

→ Working Group – Public Participation

Susan Harley
Chair

Gail Bremner

Diane Carey
Mike Doiron

Harry Doyle
James Lamkey

→ Working Group – Performance Measurement

Édouard Hendriks
Chair

Cindy Howe

Roger Léger
Mathieu Picard

Anna Riordon
Eva Sock

Team



Stéphane Robichaud
Chief Executive Officer

Reem Fayyad
Executive Director,
Performance Measurement

Candice Pollack
Executive Director,
Citizen Engagement
(from March 23, 2022)

Simon Potvin
Executive Director,
Planning & Operations
(from September 20, 2021)

Michel Arsenault
Senior Research Analyst

Mariane Cullen
Executive Administrative
Assistant

Monique Landry Hadley
Administrative Assistant

Steve Langen
Data Analyst

Monica Lavoie
Research Coordinator

**Karine
LeBlanc Gagnon**
Information Analyst

Véronique Manuel
Research and
Policy Analyst
(from October 19, 2021)

Angela Nash
Lead Analyst Indigenous
Research and Policy
(from February 14, 2022)

Nay O'Leary
Communications & Digital
Content Specialist

Patricia Rosselet
Research and Policy Analyst

Philippe Rousselet
Information Analyst

Michael Batchelor
Lead Analyst Indigenous
Research and Policy
(until November 5, 2021)

Jacques Lanteigne
Executive Director,
Planning & Operations
(until June 22, 2021)

Frank Vandenburg
Executive Director,
Citizen Engagement
(until July 15, 2021)





Surveys



Home Care Survey

Home care is a range of health and support services received at home that help citizens achieve and maintain optimal health, well-being and functional ability. In New Brunswick, there are two types of publicly funded home care services:

- The **Extra-Mural Program (EMP)** provides home health care services. Extra-Mural services are provided by health professionals such as nurses, physiotherapists, occupational therapists, and others to citizens who have a range of illnesses, injuries, chronic (long term) conditions or palliative (end of life) care needs.
- **Home support services (HSS)** provides support for activities of daily living for citizens who have a range of illnesses, injuries, chronic (long term) conditions or palliative (end of life) care needs. Home support services are provided by home support workers, who help with tasks such as housekeeping, meal preparation, bathing, laundry, and more.

Citizens should be given the opportunity to express their opinions about the home care services they receive in New Brunswick. The NBHC Home Care Survey is conducted on a three-year cycle with the purpose of obtaining information from home care recipients on the quality of the publicly funded home care and home support services they receive. Over 7,700 service recipients responded to the Survey in 2021, answering questions about their experiences with several key dimensions of health care quality such as accessibility, safety, provider/client communication, client and family-centered care, and overall satisfaction with services.

Deliverable

Status

Continuation of awareness campaign – 1st quarter

Communication efforts aimed at encouraging survey participation that began with the start of the survey in March 2021 are planned to continue until the end of June. As the response rates are monitored, targeted communications activities may be required along the way.

- **Comments:** For the 2021 survey cycle, the Home Care Survey had a 54.5% response rate. In 2018, the final response rate was 49%. As a result of the high initial response rate, less communications activities were needed to ensure sufficient participation in the survey.



Completed

Deliverable

Status

Administration and results analysis – 3rd quarter

Continuing from the 4th quarter of 2020-2021, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. The administration of the survey should be completed by the end of June and the results analysis should continue until December.

> **Comments:** Administration of the Home Care Survey was completed within expected timelines. We received more than 7,700 responses to the survey.

Although analysis of the Survey results required more validation work than originally anticipated, the analysis has been completed. In addition, debriefing exercises were scheduled with organizations responsible for home care service delivery. These sessions enable the Council to raise awareness of the most recent results, as well as obtain feedback from organizations that contributes to finalizing our key observations from the results analysis.



Completed



Standardization and documentation of indicators – 3rd quarter

With the goal of improving the accessibility of NBHC indicators, each edition of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to view indicators on our website, undertake comparisons between geographic locations and explore trends over time.

> **Comments:** This work was not completed and has been re-scheduled for the second quarter of the 2022-2023 fiscal year.



Rescheduled
for 2022-2023

Deliverable	Status
<p>Reporting material – 4th quarter Using key observations from the survey results, a communication plan will be developed in order to maximize public reporting opportunities. Materials may include infographics targeting key observations, maximizing use of new web visualization tools and associated data files.</p> <p>> Comments: The additional validation work required in the review of indicators for our website caused a delay in the preparation of the reporting material. The public release of the results and key observations is re-scheduled for the second quarter of 2022-2023.</p>	 Rescheduled for 2022-2023
<p>Targeted releases regarding home care indicators – 4th quarter Based on key observations from the analysis of the results, and the communications plan, targeted campaigns will be undertaken to highlight key findings from the Survey. These campaigns will also contribute to increasing awareness about the work of the NBHC and the information available on its website.</p> <p>> Comments: The additional validation work required in the review of indicators for our website caused a delay in the preparation of communications materials. Targeted releases of Home Care Survey results has been re-scheduled for the second quarter of 2022-2023.</p>	 Rescheduled for 2022-2023

Primary Health Survey

The Primary Health Survey is the most detailed health services survey in New Brunswick's history. The first survey was conducted in 2011, the second in 2014, the third in 2017, and the fourth in 2020. Each time, over 13,500 citizens responded to the survey by telephone, from all areas of the province. Its aim is to understand and report on New Brunswickers' experiences with primary health services.

In this Survey, New Brunswickers are asked about their access to and experiences with family doctors, emergency departments, specialists, after hours clinics, community health centres, nurse practitioners, and ambulance services. The information obtained through the Primary Health Survey can inform targeted health service quality improvement initiatives within every unique New Brunswick community.

Deliverable

Status

Result Analysis – 2nd quarter

In preparation for the public reporting of the survey results, extensive efforts were taken to correct bias of surveying during the pandemic. These efforts made it possible to determine how these latest survey results could be used.

> **Comments:** Analysis of the results is complete.



Completed

Key observations – 2nd and 3rd quarter

Using the key observations from the survey results, a communication plan will be developed in order to maximize public reporting opportunities. Materials may include a summary of the survey results, infographics and associated data files.

> **Comments:** An article on accessibility of primary health services, accompanied by data tables, was published on the NBHC website in November 2021. Additionally, we released an infographic summarizing the challenges with accessing primary health services in March 2022.



Completed

Deliverable

Status

Ongoing awareness campaign – 3rd and 4th quarter

Leveraging the key observations stemming from the survey analysis, a social media campaign will be developed to increase awareness about the survey results and to enhance traffic on the NBHC website.

- > **Comments:** A two-week digital ad campaign (Google Ads and Facebook) was put in place to promote the article on accessibility of primary health services. The campaign resulted in over 2,500 clicks on the NBHC website. Two additional social media campaigns were implemented to mobilize key messages about the results from the survey.



Completed

Standardization and documentation of indicators – 4th quarter

With the goal of improving the accessibility of NBHC indicators, each edition of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to view indicators on our website, undertake comparisons between geographic locations and explore trends over time.

- > **Comments:** A total of 270 indicators were made available on the NBHC website. These indicators include the results from all four cycles of the Primary Health Survey (2011, 2014, 2017, and 2020).



Completed

As reference material for knowledge users, each indicator includes a description, the method for its calculation, as well as its scientific name. All of this material is available in both official languages of New Brunswick.

Acute Care Survey

The NBHC conducts the New Brunswick Hospital Patient Care Experience Survey, also known as the Acute Care Survey, to evaluate the quality of hospital care provided to New Brunswick patients who have at least one overnight stay in an acute care setting in the province. The Survey is completed every three years by over 6,000 citizens in New Brunswick.

The purpose of this Survey is to inform citizens about the quality of hospital care in our province, and to help decision-makers plan for health system improvements in a hospital setting. The Acute Care Survey asks New Brunswickers about their overall experience during their hospital stay, as well as questions dealing with the quality of care they received based on the six dimensions of quality care outlined in the *New Brunswick Health Council Act*.

Deliverable

Status

Standardization and documentation of indicators – 2nd quarter

With the goal of improving the accessibility of NBHC indicators, each edition of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to view indicators on our website, undertake comparisons between geographic locations and explore trends over time.

- **Comments:** Standardization efforts for indicators in the Acute Care Survey were postponed as standardization of indicators from other NBHC surveys was prioritized. This work has been rescheduled for the first quarter of the 2022-2023 fiscal year.



Rescheduled
for 2022-2023

Review survey design and approach – 4th quarter

A key finding of the last Hospital Patient Care Experience Survey was the overall absence of significant improvement during the past decade. During discussions with Regional Health Authority (RHA) leadership at the end of 2020-2021, the NBHC became aware that RHA support for the survey has declined. A review of the Survey design and approach will be undertaken to ensure that citizen's efforts in responding to the survey and their perspectives receive proper recognition.

- **Comments:** After careful consideration, and in recognition of the impacts of the COVID-19 pandemic on the RHAs, NBHC has decided to delay the next cycle of the Acute Care Survey. Further discussions are required with both RHAs to explore mechanisms for ensuring that Survey results are contributing to health service quality improvement efforts.



Rescheduled
for 2022-2023

Student Wellness Survey

The New Brunswick Student Wellness Survey is a provincial survey that aims to understand and report on several aspects of students' wellness. Students are asked about their social and emotional development, mental health, physical health, substance use, and experiences at school and in the community.

The Student Wellness Survey is conducted in collaboration with the Government of New Brunswick Department of Health – Public Health, and the Department of Education and Early Childhood Development and the NBHC. It has two versions. One version is for children and youth in grades 6 to 12.

The other is for those in kindergarten to grade 5, this one has two questionnaires, one for parents of children in kindergarten to grade 5 and a second questionnaire is completed by children in grades 4 and 5. Initially, each Survey was conducted every three years, with over 50,000 respondents for the grades 6-12 version and 22,000 respondents for the kindergarten to grade 5 version. Moving forward, the Student Wellness Survey will be conducted annually to improve our understanding of the needs and experiences of children and youth in New Brunswick.

Deliverable

Status

Review of Student Wellness Survey approach – 1st quarter

The pandemic has pushed us to explore an online option for distributing the Student Wellness Survey. An Expression of Interest process was initiated in 2020-2021 to examine potential options among service providers. The objective is to proceed with a Request for Proposal and the selection of a survey service provider by June.

> **Comments:** CCI Research has been selected as the survey provider.



Completed


Standardization and documentation of indicators – 2nd quarter

With the goal of improving the accessibility of NBHC indicators, each edition of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to view indicators on our website, undertake comparisons between geographic locations and explore trends over time.

> **Comments:** The work on this deliverable is in progress and scheduled to be completed in the first quarter of 2022-2023.



In progress

Deliverable	Status
<p>Survey administration – 4th quarter Equipped with the new online option, we expect to work with school districts and schools on the administration of this edition of the Survey. The online option may provide opportunity for quicker reporting of results as schools complete the Survey.</p> <p>> Comments: Administration of the Student Wellness Survey is complete.</p> <p>There were a number of challenges in the survey administration process including school closures due to the pandemic and the strike. The adoption of an online survey process also produced an important challenge and necessitated different approaches for schools in Anglophone and Francophone districts. The results from the Student Wellness Survey will be publicly released in 2022-2023.</p>	 Completed

Health Service Quality



The New Brunswick Health System Report Card is an interactive tool prepared by the NBHC that contains indicators of performance organized by sectors of care/services in the province. Currently, the Report Card provides a grade score for the primary health sector, the acute care sector, and the supportive/specialty care sector.

Each sector of care is graded at a provincial and health zone level according to the NBHC dimensions of quality in health care services. These dimensions include:

- **Accessibility:** Health care is accessible when individuals can get the care they need in the right place, at the right time, and in the official language of their choice.
- **Appropriateness:** Health care is appropriate when the services that are provided are relevant to a person's needs and based on accepted standards of care.

- **Effectiveness:** Health care is effective when the services provided achieve the results desired by the individual and their care provider.
- **Efficiency:** Health care is efficient when the services provided achieve the results desired by the individual and their care provider in a cost-effective way
- **Safety:** Health care is safe when services are set up to avoid or minimize potential risks to the patient and their broader community.

At the provincial and zone levels, the Report Card framework has proven to be an effective tool for identifying priority areas for health service quality improvement. As the access to standardized local level indicators improve, either at the service organization or community level, so does the ability to appreciate variability in health service quality outcomes across the province.

Deliverable

Status

Improved Health Service Quality Report Card – 1st quarter

The NBHC developed an initial "Health System Report Card" in 2009 that provided a grade pertaining to the performance of the NB health system compared to the rest of Canada. The tool proved very beneficial in enabling health system leadership to identify priority areas of focus. An improved version of this tool is expected to be released by the end of the first quarter.

- **Comments:** A new interactive web tool was made available on the NBHC website in the summer of 2021.



Completed

Deliverable

Status

Standardization and documentation of indicators – 2nd quarter

With the goal of improving the accessibility of NBHC indicators, each edition of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to view indicators on our website, undertake comparisons between geographic locations and explore trends over time.

- > **Comments:** This work has been rescheduled for the 2022-2023 fiscal year. The new Provincial Health Plan provides an opportunity to prioritize efforts on some indicators but, mainly due to the pandemic, health system stakeholder discussions have not been initiated.



Rescheduled
for 2022-2023

Review methodology – 4th quarter

After the new version of the Report Card is released, the tool will be leveraged for a review exercise aimed at ensuring that it benefits from the best available indicators and that they are organized in a way that maximizes their use for health service quality improvement efforts.

- > **Comments:** The latest wave of COVID-19 monopolized our stakeholders' time, thereby limiting our ability to pursue health system level discussions on the indicators in the Report Card.



Rescheduled
for 2022-2023

Next year, work on the Report Card will be strongly influenced by the role that NBHC will play in health system accountability as outlined in the Provincial Health Plan.

Deliverable

Status

Trends in wait times – 4th quarter

This year, attention will be given to the quality dimension of accessibility, in particular, timely access to surgeries. The ability to have validated and generally accepted indicators has been a challenge over the years. The main objective of this deliverable is to have a solid baseline of measures that will be regularly updated and that will provide transparency on the issue of timely access to surgical procedures. Key observations will be highlighted and released to the public.

- > **Comments:** This work was impacted by the COVID-19 pandemic. It is anticipated that the importance placed on wait times for surgery in the Provincial Health Plan, combined with the emphasis on health system accountability, will influence this initiative in the next fiscal year.



Rescheduled
for 2022-2023

Resource levels in Primary Health Services – 4th quarter

There are many opinions regarding the current challenges in primary health services and there are also many solutions being proposed. Meanwhile, there is a generalized lack of understanding pertaining to actual resource levels, as well as their usage and variation across health zones and communities. All of this underlines a need for increased resources, despite the general recognition that all health professionals, other than family physicians, are not able to work to their full scope of practice capabilities. During the year, as it is confirmed, information pertaining to primary health resources will be updated on our website.

- > **Comments:** The work on health system resources indicators has been postponed until the next fiscal year. In 2022-2023, primary health services will be a key area of focus in the Provincial Health Plan.

The ability to have related data regarding resource levels available on the NBHC website will represent a positive contribution to public policy discussions.



Rescheduled
for 2022-2023

Population Health



When we think of health, we often think of an individual, possibly ourselves or someone we love. We may also think about the group health of our community, province or country. When we think of groups, we can measure the percentage of people in the group who have a particular disease, or who consume healthy foods. These health results are referred to as health outcomes, and factors that influence these outcomes as determinants of health.

The Population Health Framework at the New Brunswick Health Council groups determinants of health into four categories, each of which can be influenced by government programs and policies. The Framework also includes

citizens' involvement in their own health and well-being as well as external factors that can influence the health of the population. All of these categories contribute to New Brunswickers' health outcomes, the most basic of which are quality of life and length of life.

This Population Health Framework has facilitated the identification of provincial level priorities, as well as the identification of indicators at the "health zone" and community level. When it comes to informing positive change, initiatives based on local level indicators appear to have a much stronger influence on generating population health improvement.

Deliverable

Status

Standardization and documentation of indicators – 2nd quarter

With the goal of improving the accessibility of NBHC indicators, each edition of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to view indicators on our website, undertake comparisons between geographic locations and explore trends over time.

> **Comments:** This work is in progress and is scheduled to be completed in the first quarter of 2022-2023.



In progress

Population health snapshot – 3rd quarter

As part of broader efforts to improve the ability to visualize indicators on the NBHC website, we were inspired by what was originally PDF format pages comparing NB to Canadian averages as well as another version that compared NB across all health zones. The new web-based tools are expected to be completed by the end of the 3rd quarter.

> **Comments:** The new web-based Population Health Snapshot tool is complete and available on the NBHC website.



Completed

Deliverable

Status

Web version of the community profiles – 3rd quarter

The community profiles, also known as, “My community at a glance” were PDF based documents containing over 300 community indicators that were first published in 2014. Shortly after their publication, it became evident that an online application would prove more user-friendly. In 2017, not having identified an online substitute, the 2014 PDFs were updated. This year, we expect to have an online version of this community level information. The online version will also simplify the continual updating of indicators as they become available.



Completed

- **Comments:** The online version of the community profiles were published on the NBHC website in March 2022. Webinars with information on the available data and where to access it were delivered to key stakeholders in English and French.

Community highlights – 4th quarter

Our community level indicators are by far the most used of all NBHC information. In an effort to help users of this information, observations pertaining to the realities for each community will be added to the community profiles. The aim is to facilitate access to this information for all those who are working on improving population health in their communities.



In progress

- **Comments:** The work on preparing the highlights material is progressing well. All materials are expected to be finalized by the end of the first quarter of 2022-2023.

Public Participation & Awareness



The New Brunswick Health Council has a dual mandate – report publicly on the performance of the health care system and engage citizens in quality improvement of health services.

In order to effectively engage citizens in health services quality improvement initiatives, the Council aims to inform

New Brunswickers of the current quality of the services they receive, as well the population health outcomes in their communities, health zone, and province. An improved understanding of the health care needs and experiences at a community level will support citizens in NB to make informed decisions about their health and the care services they receive.

Deliverable

Status

Website general awareness campaign – 3rd quarter

Leveraging the addition of restructured indicator results, as well as enhanced search and visualization functionality, an awareness campaign highlighting the role and mandate of the NBHC will be undertaken. The campaign will also demonstrate the improved website features as well as the broad scope of indicators now available.

> **Comments:** Promotion of the NBHC website and its new functionalities have been undertaken through a promotional campaign on the results of the Primary Health Survey.

In addition, NBHC has developed a short video on our mandate, which is available on our website in both English and French.



Completed

First Nations Access to Indicators Project



Since 2017, the NBHC has been collaborating with First Nations health representatives and Indigenous Services Canada to improve access to health and health service quality data for First Nations communities. Along the way, health system stakeholders and First Nations representatives have been engaged in improving access to indicators on Indigenous People and capacity building within First

Nations communities. The project also includes developing an Indigenous-led governance framework to ensure alignment with OCAP principles. New Brunswick is lagging behind other Atlantic provinces in implementing effective collaborative approaches with First Nations communities. The project is perceived by many as a valuable enabler in identifying effective collaborative approaches.

Deliverable

Status

Improving access to data – ongoing

The project has helped to create a network of health services representatives from each First Nations community. There is a need to improve access for these communities to indicators pertaining to the health of their people and the quality of health services received. Year-end discussions have helped identify priority areas of focus for the coming year.

> **Comments:** Revisions to NBHC surveys are undertaken on an ongoing basis to maximize the ability to effectively reach Indigenous people. In consultation with Indigenous health representatives, priority areas of focus have been identified pertaining to health system indicators. In the fall of 2021, the project lead decided to leave the project. A recruitment process was implemented in collaboration with an Indigenous community representative. A new project lead was hired by fiscal year-end and has initiated interactions with stakeholders.



In progress

Deliverable

Status

Community engagement – ongoing

The Covid-19 pandemic has impacted the ability for interaction with communities. Nevertheless, participation in monthly calls has remained strong. In addition to continuing calls, we will monitor the pandemic guidelines and initiate in-person contact as it becomes possible.

- > **Comments:** The pandemic has affected the ability to have in-person meetings. Nevertheless, monthly calls were organized with stakeholders. These calls were temporarily postponed while a new lead was being recruited. At the end of the fiscal year, work was underway on a new periodical meeting structure.



In progress

Capacity Building – Ongoing

Those involved in First Nations communities' health services are aware of the challenges in not only accessing but also in the use of indicators for improving services. Several short- and long-term strategies are being explored in an effort to increase capacity in the use of First Nations health and health service quality indicators. For example, training opportunities have been identified and their delivery will contribute to strengthening capacity.

- > **Comments:** To help First Nations community representatives be better equipped to use the data that is shared, Microsoft Excel training sessions were offered. These were offered in the first half of the year, prior to the departure of the project lead. By year-end, the new project lead was exploring new opportunities in her discussions with stakeholders.



In progress

Recommendations to the Minister of Health



As part of its legislated mandate, the NBHC can provide recommendations to the Minister of Health with respect to lessons learned from its work on performance measurement of the health care system. There have been many lessons learned in association with the engagement mechanisms and evaluation work of the NBHC since 2008. These learnings have not only benefited Council members and staff, but also stakeholders throughout the province with either an influence or an interest in health service quality improvement. The learnings cover a broad number of topics and activities. Therefore,

to develop an annual focus, the NBHC will also look at the issues and priorities which are currently engaging the health system, and use the intersection of these two elements to choose a topic for the upcoming year's recommendations.

Where appropriate, the recommendations will focus on communities and be presented in a manner mindful of a Triple Aim approach (better care, health, and cost) while keeping in mind the Council's emphasis on health service quality and population health.

Deliverable

Status

Present recommendations to the Minister of Health – 4th quarter

A new Provincial Health Plan is expected in the first half of this upcoming fiscal year. The Minister of Health has clearly articulated her intentions regarding the use of the content of the plan beyond its initial release and a commitment for having effective community and stakeholder engagement in future decisions. This represents a significant shift from previous Provincial Health Plans and the NBHC will be closely following the related work along the way. In an effort to provide support in improving health system performance, the NBHC will make recommendations to the Minister related to the health system's response to the Provincial Health Plan.

> **Comments:** During the 2021-2022 fiscal year, the NBHC participated in over 70 public consultation sessions with the Minister of Health. It is expected that the implementation process for the Provincial Health Plan and the Council's role in health system accountability will provide opportunities for recommendations in 2022-2023.



Could not be completed

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 fourteenth fiscal year, 2021-2022.

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,

Handwritten signature of Stéphane Robichaud in blue ink.

Stéphane Robichaud
Chief Executive Officer

Financial Statements 2021-2022



NEW BRUNSWICK HEALTH COUNCIL

Financial Statements

March 31, 2022



TABLE OF CONTENTS

	Page
Independent Auditor's Report	31-32
Appendix to Independent Auditor's Report – Description of the Auditor's Responsibilities for the Audit of the Financial Statements	33
Statement of Revenues and Expenses	34
Balance Sheet	35
Notes to Financial Statements	36-37
Additional Information	
Schedule A - Other revenues	38

INDEPENDENT AUDITOR'S REPORT

To the Directors of
New Brunswick Health Council

Opinion

We have audited the financial statements of New Brunswick Health Council (the organization), which comprise the balance sheet as at March 31, 2022, and the statement of revenues and expenses for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The 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.

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Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is included in the appendix of this auditor's report. This description, which is located at page 4, forms part of our auditor's report.

Bourque Richard Boutot

**Bourque Richard Boutot P.C. Inc.
Chartered Professional Accountants**

Dieppe, New-Brunswick
June 14, 2022

APPENDIX TO INDEPENDENT AUDITOR'S REPORT

Description of the Auditor's Responsibilities for the Audit of the Financial Statements

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

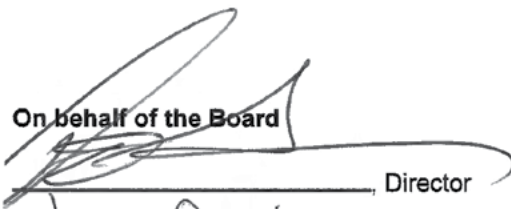
NEW BRUNSWICK HEALTH COUNCIL
Statement of Revenues and Expenses
Year Ended March 31, 2022

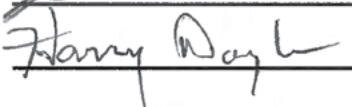
	Budget	2022	2021
Income			
Grants - New Brunswick Department of Health	\$ 2,080,570	\$ 1,809,684	\$ 1,956,493
Other revenues (Schedule A)	455,665	342,082	303,773
	<u>2,536,235</u>	<u>2,151,766</u>	<u>2,260,266</u>
Expenses			
Administrative expenses	57,235	45,270	39,883
Communication expenses	332,000	358,332	305,038
Research and Consulting	383,000	223,293	294,842
Board of Directors	193,000	142,114	118,170
Human Ressources	1,530,000	1,343,622	1,459,722
Operating expenses	41,000	39,135	42,611
	<u>2,536,235</u>	<u>2,151,766</u>	<u>2,260,266</u>
Excess of revenues over expenses	\$ -	\$ -	\$ -

NEW BRUNSWICK HEALTH COUNCIL
Balance Sheet
March 31, 2022

	2022	2021
Assets		
Current assets		
Cash	\$ 400	\$ 400
Accounts receivable	520,328	357,023
	<u>\$ 520,728</u>	<u>\$ 357,423</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 473,936	\$ 309,738
Deferred income	46,792	47,685
	<u>\$ 520,728</u>	<u>\$ 357,423</u>

On behalf of the Board


 _____, Director


 _____, Director

1. Statutes of incorporation and nature of activities

The New Brunswick Health Council (the Council) was established on 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

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.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the amounts recognized as revenues and expenses for the periods covered. Actual results may differ from these estimates.

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.

3. 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 \$123,104 (\$149,393 in 2021)

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

4. Cash flows

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

5. 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.

6. Economic dependence

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

NEW BRUNSWICK HEALTH COUNCIL
Additional Information
Year Ended March 31, 2022

	Budget		2022	2021
Schedule A - Other revenues				
Indigenous Service Canada	\$	172,685	\$ 125,893	\$ 144,776
Public Health		282,980	216,189	158,997
	\$	455,665	\$ 342,082	\$ 303,773





New Brunswick
Health Council | Conseil de la santé
du Nouveau-Brunswick

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