

2021-22 EM/ANB ANNUAL REPORT



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Message from the Chair and CEO

We are pleased to present this year's annual report for EM/ANB, which outlines the organization's key initiatives and performance measures during the 2021-22 fiscal period. It was another very challenging year for our organization and the entire health care system, not only here in New Brunswick but around the globe. The past year brought many challenges, and we are so very proud of the incredible contributions EM/ANB employees have continued to make.

At the beginning of 2021-22, the world was experiencing another year into the global pandemic and EM/ANB was continuing to play an important role in the province's COVID-19 response efforts. During this year, EM/ANB continued to offer influenza and COVID-19 vaccinations to all of New Brunswick's adult residential facilities (ARFs) and all of our Extra-Mural patients. The scope of work for our Provincial Rapid Outbreak Management Teams (PROMT) expanded as the pandemic reached more of New Brunswick's most vulnerable settings. In addition to the work PROMT staff began in 2020-21 responding to outbreaks in adult residential facilities and nursing homes, our teams began responding to outbreaks in a wide range of other vulnerable settings, from First Nations communities, to homeless shelters, to correctional facilities – dealing again with our province's largest outbreak sites.

Our Mobile Swab Teams continued to work hard supporting the efforts of our PROMT teams, providing much-needed mass testing support for PROMT outbreak sites, as well as individual testing when required for patients identified by Public Health. Together, so many members of Ambulance NB, the Extra-Mural Program and other health and government agencies came together to achieve very important work throughout our province. We are also pleased to share that in early 2022, we were immensely proud to learn that our PROMT teams had been recognized as a Leading Practice by Accreditation Canada.

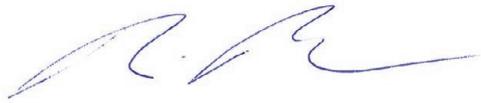
Even with our expanded scope of work during the pandemic, EM/ANB successfully moved forward on several other projects in support of our strategic plan, which are outlined in more detail in this report. Thanks to the hard work and dedication of our staff at all levels of our organization, we were able to end another fiscal year on a proud and positive note, having delivered our services within budget once again.

We'd also like to take this opportunity to thank our outgoing Board members – Janet Flowers and Heidi Liston – for their contributions and dedication to our organization, and we are pleased to welcome our new Board members, Elizabeth Dubee and Sonia Mabie.

We are also proud to be a key partner in the new Provincial Health Plan, Stabilizing Health Care: An Urgent Call to Action, which was launched in November 2021. This forward-looking plan will be a transformative roadmap for health care in New Brunswick, and we are excited to begin work on several important projects, which we look forward to reporting on in next year's annual report.

Everything we've accomplished this year, and in years previous, would not be possible without the hard work and dedication of our teams. We'd like to also take this opportunity to thank our health care partners and all health care professionals who have given so much of themselves to care for their fellow citizens during their time of need - thank you.

Respectfully submitted,



René Boudreau
Chair, EM/ANB Board of Directors



Richard Losier
CEO, EM/ANB



Overview of EM/ANB

Mandate & Governance Structure

As of January 1, 2018, New Brunswick's Extra-Mural Program (EMP) and Ambulance New Brunswick (ANB) services have been delivered by a Part III entity EM/ANB Inc., governed by a Board of Directors.

The Board is responsible to contract and govern the EM/ANB administration for the provision of Extra-Mural and Ambulance New Brunswick services through the management of key performance indicators and adherence to provincial policies, legislative acts and associated regulation, which support the direction for the delivery of programs and services.

The EM/ANB Board has a contract with Medavie Health Services New Brunswick (MHSNB) to manage operations of the services.

The primary purpose of EM/ANB is:

Plan and manage EMP and ANB services while ensuring that home health care and emergency medical services are delivered according to established policies and standards.

EMP provides provincial home health care services to individuals in their homes and/or communities. The program provides acute, support maintenance, palliative and care coordination services that:

- Reduce/prevent unnecessary hospital/nursing home admissions;
- Facilitate appropriate discharge of patients from hospitals; and,
- Assist individuals to live as independently as possible.

ANB provides comprehensive, province-wide emergency medical services to the citizens, residents and visitors of New Brunswick.

These services include:

- Air and land ambulance services, all in accordance with applicable provincial legislation and policy direction; and,
- Providing the communication and dispatch systems necessary to meet the standards developed for ANB.

EM/ANB is tasked with:

- Entering into performance-based contracts with third-party service providers for the management and delivery of ANB and EMP services, at the discretion of the Board of Directors;
- Being accountable to the Minister of Health through a Board with an accountability framework that includes performance metrics; and,
- Doing such things that, in the opinion of the Board of Directors, are or may be necessary to develop, foster, enhance, assist or otherwise contribute to the provision of ANB and EMP services.

BOARD OF DIRECTORS

In order to fulfill its mandate, EM/ANB entered into performance-based contracts with Medavie Health Services New Brunswick to manage the province’s Extra-Mural Program and Ambulance New Brunswick services for 10-year periods respectively. As a result of those contracts, the President of MHSNB is also the CEO of EM/ANB. The CEO reports to the Board of Directors, whose members are appointed by the Department of Health and are employees of the Government of New Brunswick (GNB).

EM/ANB’s Board members as of March 31, 2022, included:

René Boudreau *Chair*
Assistant Deputy Minister
Corporate Services and Francophone
Affairs, Department of Health

John Estey *Vice Chair*
Director
Ambulance and Transport Services,
Department of Health

Dan Coulombe
Executive Director
Acute Care and NB Cancer Network,
Department of Health

Jean Daigle
Vice President Community,
Horizon Health Network

Jennifer Elliott
Director
Home Care Unit, Department of Health

Sonia Mabie
Executive Director, Financial Services,
Department of Health

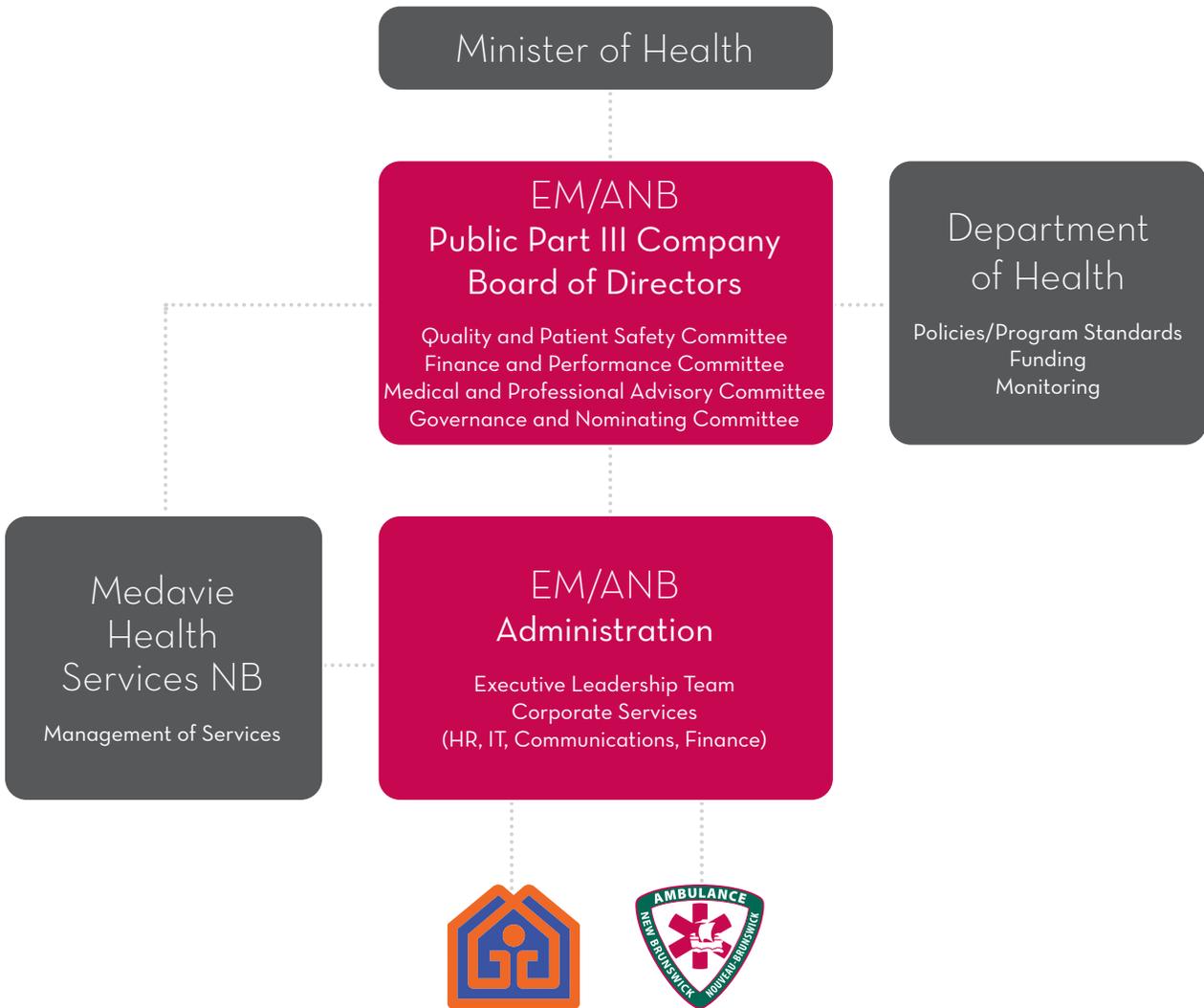
Stéphane Legacy
Vice President, Outpatient and
Professional Services,
Vitalité Health Network

Elizabeth Dubee
Assistant Deputy Minister,
Long-Term Care and Disability Programs,
Department of Social Development

Mark Thompson
Executive Director
Corporate Support and Infrastructure,
Department of Health

Mark Wies
Assistant Deputy Minister,
Health Services and Programs,
Department of Health

GOVERNANCE STRUCTURE CHART



Ambulance New Brunswick Overview

Any time someone in New Brunswick dials 911 because a patient needs medical help, it is ANB's dedicated staff who provide care, compassion and safe transport to hospital.

ANB is responsible for providing land and air ambulance services for all of New Brunswick. Our team consists of more than 1,000 health care professionals, including primary care paramedics, advanced care paramedics, emergency medical dispatchers and critical care flight nurses.

Ambulance New Brunswick's paramedics practice at the primary care paramedic (PCP) and advanced care paramedic (ACP) scopes. Our primary care paramedics are some of the most skilled in the country. In delivering medical care, our paramedics follow national guidelines called the National Occupational Competency Profile, and they practice at the highest level of the PCP guidelines. Their scope of practice includes advanced airway techniques, intravenous (IV) therapy and other interventions, as well as the administration of various medications.

Our advanced care paramedics complement the excellent care provided by our PCPs by responding alongside them to our highest acuity calls in Fredericton, Saint John, Moncton and Bathurst. Through their education and certification, ACPs are able to provide a host of additional interventions including advanced

airway management, additional options for vascular access, needle thoracotomy, and advanced electrical therapy. ACPs are equipped with an additional 15 medications crucial for treating conditions such as seizures, cardiac arrhythmias, post-partum hemorrhage, trauma and pain. ACPs have been practicing in New Brunswick since April of 2017.

As of March 31, 2022, there were 1,015 paramedics working as PCPs and 53 paramedics working as ACPs at Ambulance New Brunswick (including full-time, part-time and casual employees; as well as active and non-active employees).

ANB's clinical care guidelines, protocols, policies and procedures are under the purview of the Department of Health and its Provincial Medical Director (PMD), and continue to be created, maintained and updated through ongoing collaborative work between the PMD and the Clinical Oversight Committee as well as the Training and Quality Assurance Department.

In the following sections, we provide a closer look at our Medical Communications Management Centre, Air Ambulance, Land Ambulance, Advanced Care Paramedic and Fleet operations, as well as updates on our Rapid Response Unit Project, billing and facilities.



MEDICAL COMMUNICATIONS MANAGEMENT CENTRE

ANB's centralized ambulance dispatch centre is called the Medical Communications Management Centre (MCMC). Working in the centre are our dedicated emergency medical dispatchers (EMDs) – all of whom are fluently bilingual. Our EMDs respond to emergency medical calls, coordinate inter-facility transfers, dispatch our emergency medical services (EMS) land and air crews, and provide moral support and life-saving advice and instruction to 911 callers and patients in medical distress.

Using high-tech dispatching technology and triaging software, greater than 90 per cent of all 911 calls are processed and dispatched within 90 seconds. Our automatic vehicle locations system pinpoints where a caller is calling from and identifies the closest available ambulance.

With a complement of up to 12 employees per shift, ANB employs 57 professionals as EMDs, EMD Coordinators and Critical Care Transport Coordinators (CCTCs) (including full-time, part-time and casual employees, as well as active and non-active employees, as of March 31, 2022). Additionally, we have an operations manager on duty around the clock, overseeing this key aspect of our operations and supporting the EMDs and field operations who do their part to provide care and support to our patients, co-responders and the public at large.

AIR AMBULANCE OPERATIONS

During the 2021-22 fiscal year, our Air Ambulance operation transferred 545 patients.

Of those patients, approximately 57 per cent were urgent/critical. The remaining 43 per cent were non-urgent where the patient required

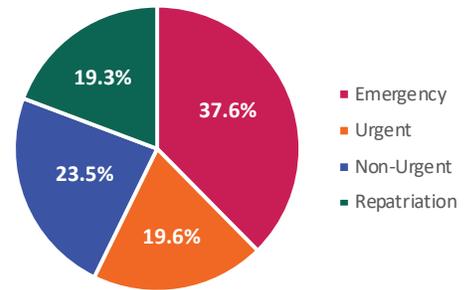
care beyond the scope of a Primary Care Paramedic as staffed in a land ambulance or needed to be transported long distances.

As of March 31, 2022, our Air Ambulance operation employed 19 flight nurses (including full-time, part-time and casual employees, as well as active and non-active employees).

Our nurses receive initial and ongoing training to maintain a high degree of clinical competence. They hold current certifications in Basic Cardiac Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, and the Trauma Nursing Core Course. They also receive additional training including aircraft safety, advanced airway management (which includes mechanical ventilation and endotracheal intubation), flight physiology/barophysiology, as well as land and water survival.

We also maintain a complement of casual Advanced Care Paramedics within our Air Ambulance operations.

2021-22 Call Types

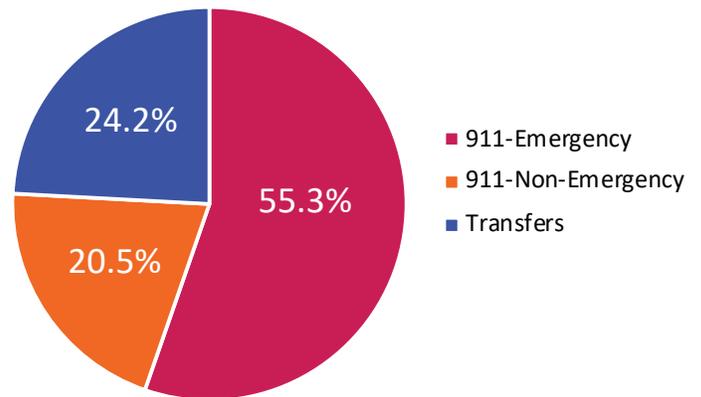


LAND AMBULANCE SYSTEM

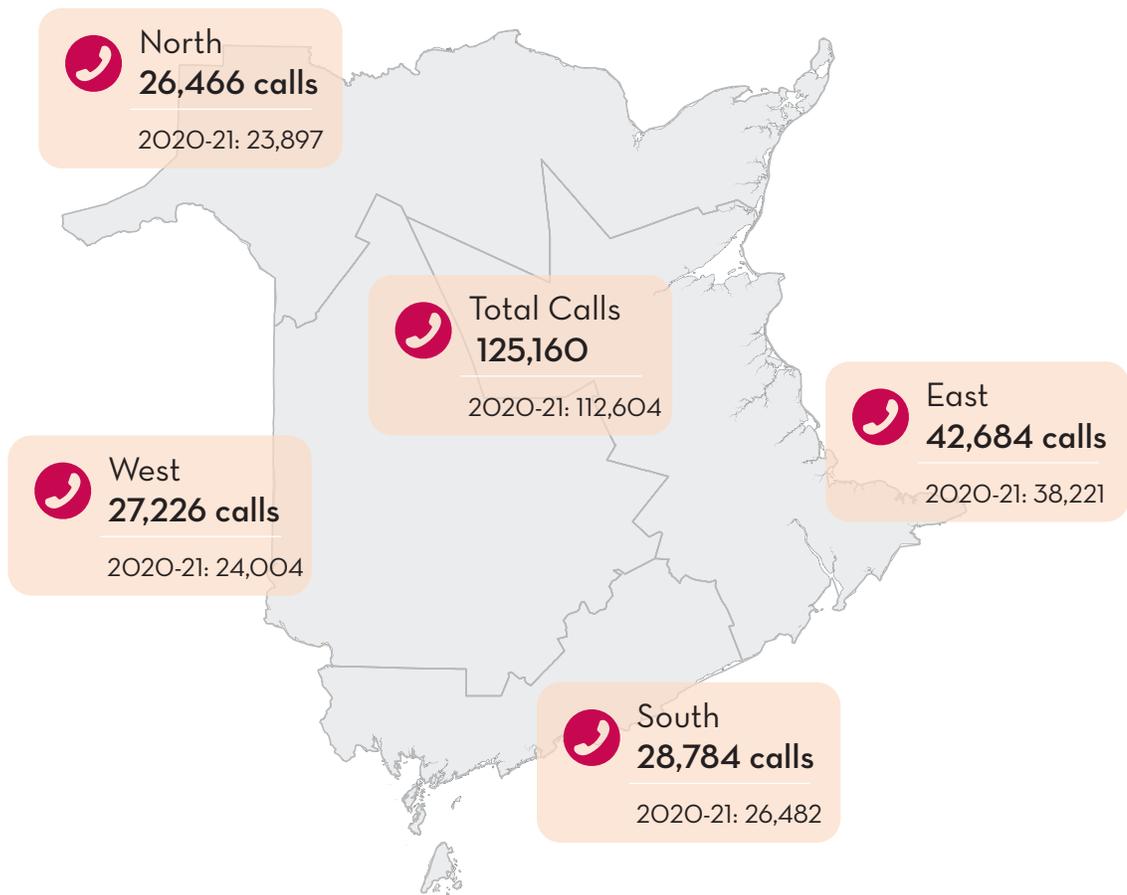
In 2021-22, 911 emergency calls accounted for more than half (55.3 per cent) of our overall call volume. 911 non-emergency calls - where there is no perceived threat to life or limb - accounted for another 20.5 per cent of calls, for a total 911 volume of 75.8 per cent. Approximately one-quarter (24.2 per cent) of remaining calls were patient transfers between hospitals and other facilities.

The total land call volume for both 911 calls and transfers for the 2021-22 fiscal year was 125,160. This represents an increase of 12,556 calls from the previous fiscal year.

2021-22 Call Types



ANNUAL VOLUME OF CALLS



ADVANCED CARE PARAMEDICS

Advanced Care Paramedics (ACPs) are operating on Clinical Support Units (CSUs) in Saint John, Moncton, Bathurst and Fredericton by providing advanced care interventions as co-responders to ambulances on the most critical of 911 activations. In addition to advanced airway management, electrical therapy for cardiac arrhythmia and other interventions, ACPs are able to administer a number of extra medications such as opiates, sedatives, antiarrhythmics and vasopressors.

On August 19, 2021, in collaboration with the Department of Health and the Paramedic Association of New Brunswick (PANB), it was announced that all Advanced Care Paramedics employed with Ambulance New Brunswick would be able to practice at that scope whether on a Clinical Support Unit or working on an ambulance.

Prior to the official launch of the ACP expansion, 23 Advanced Care Paramedics attended an orientation in June of 2021 in preparation for this change. Following these sessions, mentorship shifts were completed, and as of August 19, 2021, all employed Advanced Care Paramedics within Ambulance New Brunswick were able to work at that scope.

Regardless of the expansion, ACP CSUs continue as a separate program. They remain busy in the four sites, responding to and assisting with 6,049 scene calls.

Area	2021-22 ACP Scene Responses
Bathurst	848
Saint John	1,688
Moncton	2,494
Fredericton	1,019

RAPID RESPONSE UNIT PROJECT

Rapid Response Units (RRUs) were introduced to five rural communities in New Brunswick as a pilot project in November of 2018. Since that time, the pilot project has been extended and has just completed its fourth year during the 2021-22 fiscal period.

Rapid Response Units do not replace ambulances. Rather, the smaller vehicle staffed with one paramedic is intended to strengthen emergency response capability by providing an immediate response to calls and commencement of patient treatment until a transporting ambulance unit arrives. Once the transporting ambulance arrives and takes over care, the RRU is available to respond to the next call in that area.

In a traditional model, the transport of patients can take the ambulance away from their local areas. Because RRUs will not be involved in the transport of patients, they are on deck to respond to the next call, provide paramedic level care and begin treatment of patients prior to the arrival of the transporting ambulance. Not transporting patients ensures the unit becomes available sooner and remains in that geographic area.

The Rapid Response Unit (RRU) pilot project has allowed ANB paramedics to be deployed and assist with coverage in Grand Bay-Westfield, St. Quentin, Shippagan, Blackville and Minto. These areas were selected due to not always having a primary resource available, which caused periods of increased response times.

The program has strengthened and complemented the pre-hospital services already provided by Ambulance New Brunswick. Currently these units are available for duty 12 hours per day, 7 days per week.

Unit	2021-22 RRU Responses
St. Quentin Unit	112
Shippagan Unit	376
Blackville Unit	193
Minto Unit	242
Grand Bay-Westfield Unit	170

BILLING

Transportation by ambulance is not a publicly insured service. As a result, fees are charged to partially offset the cost of delivering this service. New Brunswick residents are charged a fee of \$130.60 to assist in offsetting the cost of ambulance service.

During the 2021-22 fiscal year, 32,000 bills were issued to both residents and non-residents, resulting in collections of \$3,462,613.

FACILITIES

Currently ANB has 67 stations and 13 posts in the province.

A station is a building that houses paramedics in various communities across New Brunswick and usually consists of garage(s), storage room for medical supplies, locker room section, living room, kitchen, office(s), and parking. A post is a location that replaces a roadside post for paramedics. Our posts are a much smaller version of our stations and are usually only comprised of a small living area, kitchenette and bathroom, and a



place to park the ambulance outside. Instead of paramedics sitting for hours between communities, they can use one of our 13 posts located across the province.

Since inception in 2007, ANB has established 55 new stations. Some were older buildings renovated to suit our needs, while others were new construction.

There are no new ANB station constructions to report from the 2021-22 period.

FLEET REPORT

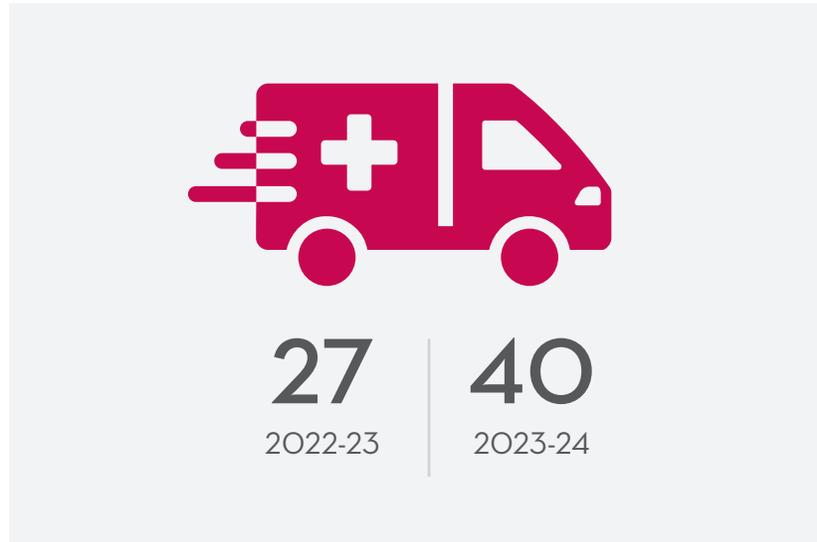
ANB operates a fleet of 134 ambulances in New Brunswick. The ambulances are built in New Brunswick by Malley Industries and obtained through a four-year lease program. We also have four Clinical Support Units (CSUs) for the Provincial ACP program and seven Rapid Response Units (RRUs). Additionally, Fleet Services operates two Fleet Support Units (FSUs), each of which are located at the fleet centres in Fredericton and Moncton.

The 2021-22 fiscal year was another busy year for fleet operations. Fleet manages the deep cleaning, servicing and maintenance of the ANB fleet of ambulances and support units. During the year, the ANB fleet accumulated 11.8 million kilometres and completed 125,160 calls. Each ambulance travelled, on average, 7,200 kilometres per month.

Approximately 6,700 work orders were opened to support and maintain the fleet. Ambulances were brought in for service approximately 1,960 times as part of the Preventative Maintenance Program (at 10,000 km intervals). This included scheduled maintenance and deep cleaning / decontamination service. Other work orders opened were related to repairs and maintenance of the Toughbook computers, safe driving monitoring devices, cell phones, defibrillators, stretchers, winter and summer tire installs, new wiper blade installs, and other equipment or mechanical issues that required prompt Fleet attention.

Over the course of this fiscal year, 36 units were removed from service, and 35 new units entered service.

All newly signed leases have a standard four-year term. Vehicles will continue to be replaced with new ambulances as the leases expire, scheduled as follows:



Extra-Mural Program Overview

The New Brunswick Extra-Mural Program (EMP) provides inclusive home health care services to New Brunswickers in their homes (personal residence, special care home, nursing home) and/or communities for the purpose of promoting, maintaining and restoring health and supporting quality of life for individuals with progressive life-threatening illnesses.

Since 1981, the Extra-Mural Program has evolved into a publicly funded program providing comprehensive home health care services to New Brunswickers of all ages. The program has a mandate to: provide an alternative to hospital admissions; facilitate early discharge from hospitals; and provide an alternative to, or postponement of, admissions to long-term care facilities. The program anticipates and responds to changes in home health care needs, and consistently provides services in the best possible way to achieve the desired outcomes for patients with the most cost-effective use of resources. EMP also promotes the integration of health care services in order to ensure the sustainability of the New Brunswick health care system.

EMP nursing services are provided 24 hours per day, 7 days per week. Other EMP professional services are available seven days a week as required to meet the patient's home health care needs.

Short-term personal support services are provided by EMP on a limited, purchased-service basis.

As of March 31, 2022, there were 1,094 health care professionals working within the Extra-Mural Program (including full-time, part-time and casual employees; as well as active and non-active employees).

EMP interdisciplinary health care professionals are specialists in the delivery of home health care services. The interdisciplinary team includes:

- Licensed Practical Nurses;
- Nurse Practitioners;
- Occupational Therapists;
- Physiotherapists;
- Registered Dietitians;
- Registered Nurses;
- Rehabilitation Assistants;
- Respiratory Therapists;
- Speech-Language Pathologists; and,
- Social Workers.

The New Brunswick Department of Health is responsible to set the provincial EMP policies in consultation with the Regional Health Authorities, the New Brunswick EMP Medical Advisory Committee and other stakeholders.



FACILITIES

The Service Delivery Unit (SDU) is the principle location from which service is provided to a defined geographical territory. Units are established to facilitate efficient coverage of the geographical territory. EMP management staff, administrative support staff and professional staff are assigned to SDUs.

A satellite unit is staffed by a group of nurses who remain directly responsible to the unit management staff of an SDU. Satellites serve smaller aggregations of population and geographical territories.

Zone	Unit
1A	Driscoll (Moncton), Tantramar
1B	Shediac, Kent, Blanche-Bourgeois (Dieppe)
2	Sussex, Kennebecasis Valley, Saint John, St. Stephen, Campobello/Deer Island*, Eastern Charlotte-Saint George, Grand Manan*
3	Oromocto, Minto*, Fredericton, Boiestown*, Woodstock, Perth
4	Grand Falls, Edmundston, Kedgwick
5	Restigouche
6	Bathurst, Tracadie, Caraquet, Lamèque
7	Miramichi, Neguac*, Blackville*

*Satellite Unit

Currently EMP has 23 units and 6 satellite units in New Brunswick. All facilities are jointly managed by Medavie Health Services New Brunswick and the Department of Transportation and Infrastructure (DTI); and all leases are currently signed by DTI.

FLEET REPORT

We recognize that patients in urban and rural New Brunswick rely on Extra-Mural staff to travel to their homes for care in all types of weather - which can be unpredictable in the Maritimes - resulting in road conditions that are often unfavourable or even treacherous.

Provision of care in the Extra-Mural setting requires a vehicle with safe, secure storage for equipment, medical supplies and bags - allowing for easy stowing and retrieval. The EMP fleet specifications have been updated to include safety features such as all-wheel drive, hatchback, and a higher ground clearance.

EMP operates a fleet of 544 vehicles. Every 48 months, the entire fleet is replaced, with a certain amount of vehicles replaced on an annual basis. As part of this ongoing replacement cycle, 150 vehicles were replaced during the 2021-22 fiscal period.



EM/ANB Human Resources

In 2021-22, our Human Resources team continued their important work supporting EM/ANB's pandemic response efforts, working closely with internal and external stakeholders to ensure that our EM/ANB staff could continue to provide essential health services safely and effectively.

During this timeframe, the HR team continued to develop and implement guidelines to monitor, track and support employees impacted by COVID-19. These guidelines provided staff with helpful information and directions on what to do if they tested positive for the virus, if they were a close contact of a positive case or if there was an exposure at the workplace - along with various other scenarios that could arise during the pandemic.

The Human Resources Department also continued to assist our operational teams with workforce planning in support of EM/ANB's response efforts during COVID-19 outbreaks in a variety of vulnerable settings throughout the province. We worked extremely closely with our union and Regional Health Authority partners on a daily basis to ensure consistent messaging to all staff in all Part III entities regarding any COVID-related updates to staff.

During this fiscal period, our Human Resources team also worked with our stakeholders to transition paramedics from the Canadian Union of Public Employees (CUPE) to the New Brunswick Union (NBU) following a reclassification process. The transfer of Licensed Practical Nurses with our Air Ambulance and Extra-Mural programs from CUPE into the New Brunswick Nurses Union (NBNU) Collective Agreement was also completed.

The fiscal year also saw the collective agreement with CUPE ratified in December 2021 following a period of negotiations.

The Human Resources team was also pleased to support the expansion of EM/ANB's Advanced Care Paramedics (ACP) program. Much work was done behind the scenes to ensure that our paramedics were ready to go on the project launch date on August 19, 2021.

In 2021-22, we continued work on the EM/ANB Strategic Recruitment & Retention Program, which focuses on recruiting and retaining staff with both ANB and EMP. Although some recruitment efforts had to be modified during the pandemic, our team continued to participate in various virtual career fairs earlier in the fiscal period, and were excited to be able to join some career fairs in person again as Public Health measures allowed for later in the fiscal year. Most importantly, the organization continued to successfully recruit and onboard new employees throughout the year - welcoming 82 new employees to Ambulance New Brunswick and 179 to the Extra-Mural Program.



EM/ANB Quality, Patient Safety and Education

ANB CLINICAL CARE AUDITING

Continuous quality improvement is ongoing and evolves with the various processes in the delivery of pre-hospital care. Clinical care auditing is completed on a daily basis and reporting is done on a monthly basis. Any “Clinical Issues” – matters identified by management that need some improvement but can be resolved through direct and immediate communication with care providers – are identified through the auditing process and reviewed/remediated as necessary. As well, “Clinical Occurrences” (i.e., matters that will require some escalation in the investigation to resolve) can be identified from concerns received from paramedics, other health care or emergency providers, patients and families, or members of the public. The classification of “Clinical Service Inquiries” is reserved for the most significant occurrences involving a more in-depth review and collaboration with the Office of the Provincial Medical Director.

During the 2021-22 fiscal period, the Clinical Quality Coordinators have reviewed 135 clinical occurrences; none of which were classified as a Clinical Service Inquiry.

Outcomes from Clinical Service Inquiries and other clinical occurrences may include remedial training, changes to policies or protocols, and systemic process improvements as deemed appropriate. In applicable cases, closure with the complainant is a final step.

CONTROLLED DRUG REPORT

EM/ANB takes a number of steps to protect controlled medications from loss or theft, implementing processes and safeguards to meet the requirements of the *Controlled Drugs and Substances Act*; and more specifically, the *Benzodiazepines and Other Targeted Substances Regulations*. In addition, EM/ANB informs the Department of Health without delay of any loss or theft of controlled medications.

Land Ambulance

Advanced Care Paramedics have been utilizing controlled pharmaceuticals since the program began in April 2017. There have been zero reported incidents for this fiscal year.

Currently – and similarly to the Air Ambulance program – the ACP program uses the services of an approved pharmaceutical supplier to supply medications and monitor usage and accountability for the controlled medications that require a prescription from the Provincial Medical Director. The medications are ordered by Operations Managers and delivered to each site by the approved pharmaceutical supplier where they are secured in a controlled-access alarmed box. All controlled medications are counted at least once per shift and each administration, breakage, loss or transfer to another location is documented, collected/stored and reconciled monthly.

Air Ambulance

The Air Ambulance program uses a greater variety of controlled pharmaceuticals, reflecting the need for more advanced treatments during flights. These medications are primarily directed at easing the pain and anxiety patients are experiencing, as well as maintaining sedation during transport. The Air Ambulance program works with an approved pharmaceutical supplier to monitor usage and accountability for these controlled medications.

Just as with the Land Ambulance program, all controlled medications are counted at least once per shift and each administration, breakage, loss or transfer to another location is documented, collected/stored and reconciled monthly.

There have been zero reported incidents of loss or theft of controlled medications this fiscal year.

ANB SAFETY PROGRAM

The ANB Safety Program continues to ensure that we put the safety of our employees,

patients, hospital care teams, and the general public first. The program's team of 14 safety coaches, who are also paramedics, promote vehicle safety and take part in orientation sessions for new employees, educational initiatives, and mentoring programs.

The ANB Safety Program launched the Safe Vehicle Operation Program in April 2019. The goal of this program is to use safety coaches to meet with individual paramedics during their shift in order to review the various policies related to vehicle safety, provide vehicle safety tips and conduct driving assessments. Although COVID-19 has continued to slow the Program's progress, to date, over 600 paramedics have completed the Safe Vehicle Operation Program.

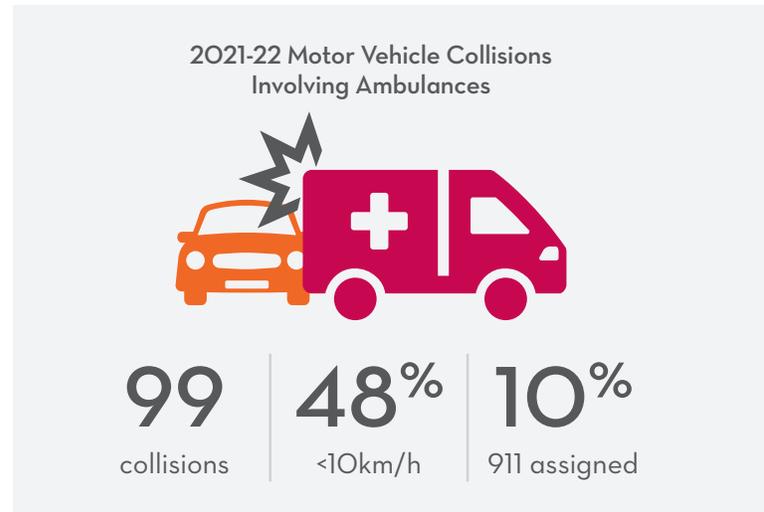
Safe Vehicle Operations

Our paramedics spend a lot of time on New Brunswick roads, which is why safe driving is central to our operations. In 2021-22, our ambulances traveled 11.8 million kilometres on the province's roads, in all kinds of conditions. Ambulance New Brunswick uses advanced technology to monitor fleet operations. Each ambulance is equipped with a Ferno ACETECH system that provides paramedics with real-time feedback on their driving. The system alerts drivers when they go over the speed limit, take turns too tightly, or back up unsafely. The system also provides the management team with data on paramedics' driving and idling time, fuel consumption, speed, and trips - for each ambulance in the province.

Motor Vehicle Collisions Involving Ambulances

During the 2021-22 fiscal year, 99 collisions caused minor or major damage to the ambulance fleet. Forty-eight per cent of the collisions involving our ambulances occurred while the vehicles were stopped or moving at 10 km/h or less. Ten per cent of the collisions occurred when the vehicles had been assigned to a 911 call and 25 per cent of the collisions involved wildlife. Patients were aboard the ambulances in 23 of these collisions, four of

whom were injured during these incidents. Following a collision, various elements such as collision and incident reports, photos of the accident site and damage, and telemetry data are analyzed.



Once an investigation has been completed, a detailed report is prepared by the Safety Program Coordinator and shared with Operations Managers. The collision report includes findings and recommendations to mitigate future risk of further collisions. As part of EM/ANB's ongoing safety practices, several safety communications were sent during 2021-22 to share vehicle safety best practices with paramedics.

ANB CLINICAL EDUCATION REPORT

One of the ways we work to ensure ANB provides the highest standard of service and care to our patients and their loved ones is through continuous learning. Employees complete several required education sessions each year, both in classroom settings and electronically via our e-Learning platform. These sessions are led by dedicated clinical education coordinators in our Training and Quality Assurance Department, who are paramedics themselves.

ANB paramedics attended face-to-face in-service educational sessions and a number of e-Learning courses during this fiscal period as part of their continuing medical education. The education for this fiscal year included the following components.

Spring 2021:

With the government's decision to allow all Advanced Care Paramedics to practice at that scope while working, there was a week-long orientation held for all the registered Advanced Care Paramedics within ANB from June 14th to 18th. There were 23 ACPs in attendance who began work shortly thereafter, following a period of mentorship.

Fall 2021:

- Annual Cardiopulmonary Resuscitation (CPR) Recertification
- Annual Endorsed-Skills (E-Skills) Recertification (i.e., skills endorsed by the Provincial Medical Director)
- Review of ACP Pharmacology and Skills
- Maintaining Patient Safety While on Offload Delay
- Situation Awareness

Spring 2022:

- Annual Cardiopulmonary Resuscitation (CPR) Recertification
- Introduction of the Zoll Monitor
- Pre-Hospital Pain Management
- Clinical Updates

- Pre-Hospital Alternative Low-Risk Triage (Pre-ALRT) Update and Review of System
- Patient Care Report Updates
- Driving Safety
- Palliative Care Update and Review

E-Learning:

As part of the launch of the new Zoll X-Series Cardiac Monitors. All paramedics completed 13 modules of online learning following completion of the spring 2022 in-service and before the Zoll X-Series cardiac monitors were put into place. Additionally, paramedics had a number of other e-learning initiatives including:

- ANB Operations Policy Review 2022.01
- ANB Safe Work Procedures: Zoll X Series
- Defibrillator/Safety Arm System
- ANB: Acknowledgement of Understanding - Secure Procedure for Mailing PCR's
- ANB: ACP Expansion Project
- ANB: Annual Must Read Policies 2022
- ANB: HAZMAT (hazardous materials)
- ANB: Lone Medic Response
- ANB: Policy 4426 Pre-Hospital Alternative Low-Risk Triage
- EMP/ANB Palliative Surveys

EMP CLINICAL EDUCATION REPORT

During 2021-22, the focus for EMP learning and development has been a combination of providing educational support in response to continuous pandemic needs and a return to regular learning and development.

In the summer of 2021, at the direction of the COVID-19 Pandemic Task Force, the Extra-Mural Program and its Care Coordination Centre (CCC) partnered with Public Health and the Department of Health to develop the COVID-19 Home Oximetry Care Pathway. The

COVID-19 Home Oximetry Care Pathway set out principles to support remote monitoring using pulse oximetry for patients with confirmed COVID-19. The ultimate objective of the pathway was supporting patients who presented with mild or moderate symptoms related to COVID-19 who are at risk for severe disease, providing early clinical interventions to avoid hospitalization/intensive care unit admission, and preventing severe disease and poor clinical outcomes. Key process indicators were identified and reported to the Department of Health on a monthly basis.

During late summer and early fall of 2021, we were in a better position to initiate additional safety-focused education and implemented the Annual Must-Read Policy review. We developed and implemented a new Hand Hygiene e-Learning module that rolled out as education for all EM/ANB employees prior to the bi-annual Hand Hygiene survey that launched in October 2021.

During the winter of 2022, we worked on improvements with utilizing our Learning Management System to support our needs and made improvements for new onboarding. We also assigned the annual Workplace Violence Intervention, Respectful Workplace and Prevention of Workplace Violence eLearning modules; First Nations Cultural Competency; Safe Lifting Module 2; Wound Care Module 1: Wound Care Basics, Wound Care Module 2: Wound Assessment and Wound Bed Preparation, and Wound Care Module 3: Types of Wounds and Dressing Selection.

In addition, we worked collaboratively to support the educational needs for special projects such as Point-of-Care Testing (POCT) project and annual Basic Life Support Re-Certification Training Plan for all EMP units.

EM/ANB QUALITY IMPROVEMENT PLAN REPORT

EM/ANB's Quality Improvement Plan is a summary document that outlines the different plans, frameworks and initiatives within the organization that guide and support continuous quality improvement within EM/ANB. The plan provides a consolidated account of all EM/ANB's existing quality improvement activities, including:

- EM/ANB Strategic Plan
- EM/ANB Risk Management Plan
- ANB Patient Safety Plan
- EMP Patient Safety Plan
- EM/ANB Quality and Safety Framework
- EM/ANB Ethics Code and Framework
- Emergency and Disaster Management Plan

The Quality Improvement Plan commits to annual reporting that provides a progress summary for each component of the plan (listed above). The report is completed by the Vice President of Quality, Patient Safety and Education at the end of each fiscal year and is available in the Accountability section of our EMP and ANB websites.

The report is an important part of EM/ANB's commitment to continuous quality improvement - all of which is focussed on improving the quality of health care services we provide to our patients and their families, and helping to ensure our mission of providing excellence in emergency and community care for New Brunswickers.

COVID-19 Pandemic Response

Like many across the health care sector and beyond, the COVID-19 pandemic forced many organizations to change and adapt to a rapidly evolving environment, and EM/ANB was no exception. In addition to our ongoing commitments providing ambulance and community care services to New Brunswickers, EM/ANB also rose to the occasion to help during the province's COVID-19 State of Emergency. Ambulance New Brunswick and the Extra-Mural Program played vital roles in several key initiatives that were developed during the pandemic, expanding our scope of work to assist with outbreak responses amongst vulnerable populations, swab testing across the province, and vaccination efforts.

The following provides an overview of these initiatives led and managed by EM/ANB, which played significant roles within the Province's overall response to the COVID-19 pandemic.

Influenza Vaccinations

In 2021-22, the Extra-Mural Program (EMP) continued to provide flu vaccinations for all EMP patients throughout the province, as well as for residents of all the province's adult residential facilities (ARFs). This work included the administration of close to 7,000 flu vaccinations from October through to December of 2021. This initiative helped to reduce the rate of influenza in the province, and in turn, reduce pressure on the health care system.

Provincial Rapid Outbreak Management Team (PROMT)

The Provincial Rapid Outbreak Management Team (PROMT), led and managed by staff from the Extra-Mural Program and Ambulance New Brunswick, were established to respond to outbreaks identified by the Regional Medical Officers of Health (RMOH) in a variety of vulnerable population settings, including First Nation communities, nursing homes, adult residential facilities, homeless shelters, and correctional facilities. In addition to frontline and management staff from EMP and ANB, the teams were comprised of staff from government departments, both regional health authorities, and volunteers from regulated health professions. The team composition varied depending on the setting, size and severity of the outbreak, but can include:

- Incident Commander
- Operational Lead
- Facility Lead
- Infection Prevention and Control Lead
- Regional Social Development Lead
- Physician
- Care Manager
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Personal Support Worker
- Social Worker
- Respiratory Therapist
- Paramedics
- Administrative Support

The goal of PROMT is to work with facilities and First Nation communities as they enact their pandemic plans to ensure rapid isolation and containment at the time of the first identified case, while ensuring quality onsite resident-centred care and support to the staff.

During the 2021-22 fiscal year, PROMT teams were deployed to 248 outbreaks throughout the province in various vulnerable sectors, including adult residential facilities, nursing

homes, First Nation communities, homeless shelters and correctional facilities.

Early in 2022, the PROMT model was recognized by Accreditation Canada as a Leading Practice.

Mobile Swab Teams

The pandemic created a huge demand in testing in order to quickly identify and curb the spread and impact of COVID-19. Although the majority of COVID-19 testing in New Brunswick has been accomplished in the province's assessment centres, the need was also identified to test individuals in a variety of other locations, such as long-term care facilities, hotels, and private residences. In answer to this need, EM/ANB was asked to develop Mobile Swab Teams comprised of ANB paramedics and EMP health care professionals, with the purpose of COVID-19 specimen collection in a variety of settings, primarily using nasopharyngeal ("throat-nose") swab testing along with oropharyngeal and swish gargle procedures as needed.

In addition to conducting mass testing during outbreaks in vulnerable settings such as nursing homes, EM/ANB's Mobile Swab Teams have provided testing for individuals who are either unable to travel to the province's assessment centres (such as people living at

home with mobility issues), or individuals who are part of a group that has been identified for sentinel testing (such as international students and temporary foreign workers during their respective quarantine periods, and long-haul truck drivers travelling through New Brunswick). Team members have also assisted in mass testing events organized by the Regional Health Authorities.

During the 2021-22 fiscal period, the Mobile Swab Teams were able to collect swab specimens for close to 40,000 COVID-19 tests in locations throughout the province.

Adult Residential Facility (ARF) Vaccinations

In 2021-22, EM/ANB continued with its COVID-19 vaccination efforts for all of New Brunswick's ARFs, as well as several nursing homes.

These vaccination clinics were led by teams of registered nurses (RNs) from our Extra-Mural Program, with support from our Ambulance New Brunswick and Medavie Health Services New Brunswick teams as well.

In total, our teams helped to administer and oversee more than 32,000 doses of COVID-19 vaccine to some of our province's most vulnerable populations.



Strategic Plan Update



Following the integration of Ambulance New Brunswick and the provincial Extra-Mural Program in 2018, the newly formed EM/ANB embarked on the development of its inaugural three-year strategic plan, which was completed in 2019.

Through a collaborative and inclusive strategic planning process involving our internal and external stakeholders, EM/ANB gathered the critical information and input necessary to develop the foundation of the plan, including: an integrated mission, vision and core values; strategic directions; and supporting strategic objectives.

This plan has formed the roadmap for EM/ANB from 2019-2022. Any new project or initiative should be in alignment with the strategic plan and contribute towards achieving our mission, vision and values.

Overview of Mission, Vision & Values

Together, EM/ANB's mission, vision and values are at the heart of everything we do. They guide the development of our strategy, help communicate our organization's purpose, and inform what goals and objectives will be used to determine whether our strategy is on track.

Overview of Strategic Directions

Through our collaborative planning approach we developed the following four strategic directions, which act as the pillars of our three-year Strategic Plan:

- **Strategic Direction #1: Ensure Operational Excellence by Delivering Quality Patient- and Family-Centred Care**
- **Strategic Direction #2: Strengthen Community Partnerships and Public Engagement**
- **Strategic Direction #3: Improve Employee Engagement, Retention & Recruitment**
- **Strategic Direction #4: Use Technology to Enhance Service Delivery and Promote Innovation**

These overarching strategic directions remind us of where we need to go as an organization. In the following pages of this report, we outline and define each of these four strategic directions, and provide updates on key initiatives in support of each strategic direction.



Providing excellence in emergency and community care.

Mission



Improving the quality of life of New Brunswickers within their communities.

Vision



- ✓ Patient-centred
- ✓ Safety-focused
- ✓ Accountable
- ✓ Accessible
- ✓ Innovative
- ✓ Caring
- ✓ Responsive
- ✓ Community-minded

Values

Strategic Direction #1: Ensure Operational Excellence by Delivering Quality Patient- and Family-Centred Care

EM/ANB is strongly committed to the delivery of quality services to the patients we serve. This Strategic direction aligns with EM/ANB's primary purpose and its core activities. The following strategic initiatives are in alignment with this strategic direction and contribute to ensuring that EM/ANB is delivering its services in a safe, seamless and innovative way for both practitioners and patients.

CULTURAL COMPETENCY ACTION PLAN

The Diversity Equity and Inclusion (DEI) Committee recommended the provision of educational resources on how to work respectfully and effectively with patients and families with diverse cultural backgrounds, religious beliefs and care needs. As a result, new educational modules are now available to our employees to establish a basic understanding of diversity, equity and inclusion.

This past year, we have continued to offer learning opportunities including those focused on First Nations, with the Virtual Kairos Blanket Exercises. Participants truly appreciate this program, have found it extremely educational and it has generated great interest amongst employees on how each individual can be an ally.

ADVANCED CARE PARAMEDIC (ACP) EXPANSION

With the launch of the expansion project, ACPs in New Brunswick are now able to practice within their scope whenever they work a shift with ANB. Our PCPs practice at one of the highest scopes in the country, and, as the majority of our workforce, they continue to be the backbone of our operations. By

increasing the number of ACPs in our teams to complement the diligent efforts undertaken by PCPs for New Brunswickers, ANB delivers an even more robust service that is ready to answer the call of duty.

PRE-HOSPITAL ALTERNATIVE LOW-RISK TRIAGE (PRE-ALRT)

In January 2022, ANB in collaboration with the Department of Health and the Paramedic Association of New Brunswick launched the Pre-Hospital Alternative Low-Risk Triage (Pre-ALRT) protocol - a new initiative that has helped to ensure lower-acuity patients avoid unnecessary visits to the Emergency Department, and instead are advised about the most appropriate health care resources for their specific needs.

Now, when responding to 911 calls, the new protocol enables ANB paramedics to use their clinical judgement during patient assessments and treatments to determine whether transport to hospital is required. If transport to hospital is not required, paramedics will advise patients on other health care options that are better suited for their needs - whether that's an appointment with their family physician or nurse practitioner, an after-hours or walk-in clinic, calling Tele-Care 811 to speak with a Registered Nurse, or consulting with a pharmacist.

This initiative is based on clinical guidelines developed by Ambulance New Brunswick in consultation with its Provincial Medical Director, the Paramedic Association of New Brunswick (PANB) and the Department of Health to ensure transport decisions are rooted strongly in sound clinical judgment. If needed, paramedics also have the option of consulting with a Clinical Support Practitioner (i.e., a paramedic clinical educator); or in the event that further support is required, paramedics are also able to consult with a Physician through the existing Online Medical Consultation (OLMC) resource.

PALLIATIVE CARE PROJECT

2021-22 marks the final year of the initial four-year project for the Paramedics Providing Palliative Care at Home project, which is part of a national collaborative with other jurisdictions across Canada. The project has been funded by a partnership between the Canadian Partnership Against Cancer (CPAC) and Health care Excellence Canada (a merger of Canadian Foundation for Health care Improvement and the Canadian Patient Safety Institute) and sponsored by New Brunswick's Department of Health.

Since March 2020, Ambulance New Brunswick (ANB) paramedics and Extra-Mural Program (EMP) health care professionals have been working together to improve care for palliative patients in their homes. A comprehensive 'Model-of-Care' was implemented with the goal to shift paramedic services for palliative patients from the traditional focus of transporting patients to the local emergency department and moving towards providing supportive care at home when the situation allows. This includes clinical guidelines, an education program, communication/change management, a palliative registry and evaluation strategies. Ninety-four per cent of ANB's active paramedics were provided with education and medications were added to the formulary.

During this fiscal period, there were 340 identified 911 calls for patients with palliative needs, of which 274 (81 per cent) were enrolled in the Registry for 2021-22. The project is showing a significant change in how paramedics are spending their time on calls with palliative patients. In support of patients remaining at home as desired and appropriate, transport rates to emergency departments decreased from 89 per cent to 70 per cent, with average "time-on-task" of 1 hour and 25 minutes when transporting a patient and 48 minutes when not transporting.

EM/ANB INTEGRATION PLAN

A new integrated leadership model for EM/ANB leaders was launched in March 2021, and fully implemented in 2021-22. The purpose of this integrated leadership network is to provide a forum that will help to facilitate the delivery of effective and efficient, high quality integrated services of EM/ANB. The membership meets quarterly and includes the Vice Presidents of EMP, ANB and Quality and Patient Safety and Education, the General Manager of Integration and Organizational Performance, EMP and ANB Regional Directors and Managers (including Fleet, Emergency Preparedness and Air Ambulance), and the Director of Medical Communication Management Centre (MCMC).

PERMANENT IMPLEMENTATION OF THE CARE COORDINATION CENTRE

2021-22 saw the permanent implementation of the Extra-Mural Program's Care Coordination Centre (CCC). In alignment with our objective to continuously improve, stakeholder input was gathered and various recommendations were implemented to support the CCC in continuing to provide timely, accessible, patient-centred care. This included a new referral form, a new central email address, a new toll-free fax number and office hours that better reflected the service's utilization.

During this same fiscal year, the CCC received and processed close to 30,000 referrals for services. A key focus of this work was to help provide a central intake for requests from special care homes and shelters for COVID-19-related supports.

VULNERABLE PATIENTS WITH COMPLEX NEEDS

In 2021-22, we launched the Model of Care for Vulnerable Patients with Complex Needs - a pilot project in Northumberland County. This new delivery model aims to strengthen the Primary Health Care system for complex-

needs patients in the community by using a technologically-enabled, integrated case-management approach to care.

In this most recent fiscal period, all key project milestones were met, including employee training in relation to community paramedicine, case management and point-of-care testing (POCT), as well as the implementation of the project’s evaluation and monitoring framework.

PERFORMANCE ON OBJECTIVES

ANB 2021-22 Performance Overview

As part of its contract, Medavie Health Services New Brunswick (MHSNB), the private-sector company charged with managing

the delivery of the provincial ambulance service on behalf of the Government of New Brunswick, has specific performance objectives it must meet. Those objectives relate to our core business of dispatching and ambulance response, as well as to aspects such as customer service and data entry. All of these metrics as well as historical data are shared publicly in the Accountability section of our website: ambulancenb.ca.

MHSNB met all the ambulance response time requirements set out in its contract for the year ending March 31, 2022. These results along with all other ANB performance metrics and results are outlined in the following section.

ANB Performance - Response Times, Data Entry and Reporting

	Region	Apr-May-Jun	Jul-Aug-Sep	Oct-Nov-Dec	Jan-Feb-Mar	Year-End	
		Performance	Performance	Performance	Performance	Obligation	Performance
Emergency*	North	94.25%	92.86%	94.62%	92.54%	90%	93.57%
	South	94.05%	93.58%	94.34%	94.24%	90%	94.05%
	East	94.38%	91.14%	93.30%	91.65%	90%	92.59%
	West	94.28%	91.99%	93.39%	91.37%	90%	92.75%
911 Non-Emergency*	Province	96.69%	93.99%	96.67%	96.16%	90%	95.83%
Scheduled Transfers*	Province	94.27%	93.08%	94.36%	93.07%	90%	93.71%
Non-Scheduled Transfers*	Province	97.31%	96.11%	96.51%	95.62%	90%	96.42%
Call Processing Time	Province	95.01%	94.58%	94.92%	95.32%	90%	94.96%
Data Entry**	Province	95.31%	90.95%	0.94%	76.39%	90%	65.94%
Documentation	Province	98.82%	98.35%	98.28%	98.21%	90%	98.41%
Reporting	Province	100%	100%	100%	100%	100%	100%

* Response time performance results reflect exemptions such as delays attributed to resource depletion, adverse weather and road closures, which are reviewed and approved by the Department of Health.

** The COVID-19 pandemic had an impact on data processing capacity for Patient Care Records throughout 2020-21 and 2021-22. Delays incurred were communicated to the Department of Health, and an exemption was granted based on circumstances beyond the control of EM/ANB.

ANB Performance - Patient Satisfaction

The following patient satisfaction survey results are compiled on a semi-annual basis by an independent, third-party research organization.

	Region	Mid-Year Performance	Obligation	Year-End Performance
Customer Service	Province	94.5%	90%	95.1%
Official Languages* Paramedics	Province	97.9%	95%	98.2%

* Measures incidence of ANB personnel speaking in the official language of the patients' choice.

ANB Performance - Official Languages

The following metric is tracked by EM/ANB's Human Resources Department and reported on annually.

	Obligation	Year-End Performance
Unfilled Full-Time Permanent Bilingual PCP Positions within ANB	<40	29

EMP 2021-22 Performance Overview

Results for all five of these key performance indicators as well as historical data are also shared publicly in the Accountability section of our Extra-Mural Program website: extramuralnb.ca.

Performance on the 5 Key Indicators

During the 2021-22 fiscal year, the COVID-19 pandemic continued to have a significant impact on EM/ANB – both in terms of its mandate, as well as its performance results. In 2021-22, the Extra-Mural Program continued to play a substantial role in New Brunswick's pandemic response efforts – leading and managing influenza and COVID-19 vaccinations for some of our province's most vulnerable populations. During the province's lockdown period and in alignment with initial Public Health guidelines, the Extra-Mural Program moved from regular to essential services only. All of these factors had a significant effect on EMP performance indicators, such as referral to care time as

well as the number of visits by EMP staff to patients.

The following provides a closer look at each of EMP's key performance indicators for the 2021-22 fiscal year, as well as in recent years.

1. Referral to care – This indicator measures the length of time (in days) from when referrals are received to the first visit by an EMP professional. We measure both the median and the 90th percentile. The median gives us a good idea of what most patients would experience, and the 90th percentile allows us to monitor cases that may take longer.

Our baseline for the median is three days, and our target is one day. For 90th percentile, our baseline is 33 days, and our target is 10 days. In 2021-22, our referral to care median increased to 3 days (from 2 days the previous fiscal year), while our 90th percentile increased from 24 days to 28 days, which resulted from multiple factors related to the COVID-19 pandemic.

Year	Median (days)	90 th percentile (days)
2017-18	3	34
2018-19	2	29
2019-20	2	23
2020-21	2*	24
2021-22	3*	28

*Note: Recognizing the impact of the COVID-19 pandemic on services and the leading role that EM/ANB played during outbreak responses, for the 2020-21 and 2021-22 fiscal years, the Department of Health has replaced the median referral to care with Provincial Rapid Outbreak Management Team (PROMT) response times. The target for this new measure is a response onsite within 24 hours 90 per cent or more of the time. In 2020-21, the target was met 100 per cent of the time; and in 2021-22, it was met 95 per cent of the time.

2. Emergency Department visits – We look at this particular measure to determine whether patients are receiving appropriate home health care services, under the assumption that regular and appropriate care at home will reduce ED visits. This has a positive impact on the health system by ensuring appropriate care in the right setting. Our two measures for this are (i) the ratio of ED visits by EMP patients to the total EMP patients served, and

(ii) the overall number of ED visits for EMP patients. The baseline for the ratio is 0.60 visits per EMP patient and the target is 0.51. During the 2021-22 fiscal year, the ratio was 0.46, and the overall number of ED visits for EMP patients was 12,856.

Year	Ratio	ED Visits
2017-18	0.59	17,787
2018-19	0.54	15,454
2019-20	0.52	15,122
2020-21	0.45	12,742
2021-22	0.46	12,856

3. Maintain high patient satisfaction survey results

- The 'Patient Experience' indicator looks at the overall level of satisfaction that patients have with EMP services. We are measuring this as a way of making sure that the care provided is patient-centred and meets the needs of patients. The baseline has been taken from the 2015 New Brunswick Health Council (NBHC) Survey where 95 per cent of patients reported that they were satisfied with EMP services. The NBHC Survey is conducted every three years, and during the interim years in between the health council's three-year survey cycle, EM/ANB tracks patient satisfaction rates using survey data collected by an independent, third-party research organization. In 2021, the NBHC Survey found that patients indicated an overall satisfaction rate with EMP services of 95.6 per cent.

4. Number of referrals from primary care

- During the 2021-22 fiscal year, the number of referrals from primary care was 7,120, which marks a decrease of 273 patient referrals compared to the previous fiscal year. Our baseline for this indicator is 7,426 primary care referrals and our target is 8,911.

Year	Primary Care Referrals
2017-18	6,895
2018-19	7,280
2019-20	7,733
2020-21	7,393
2021-22	7,120

5. Increase visits by EMP staff to patients

- Our baseline for this indicator is 497,771 EMP visits and our target is 572,437. In recent years, this metric has been trending in the right direction, with the number of visits growing from 486,330 in 2017-18, to 487,409 in 2018-19, and to 503,269 in 2019-20. During the last two fiscal years, however, the number of EMP visits have decreased due to various factors related to COVID-19, including times of reduced patient visits during the province's lockdown periods. Although it should be noted that EMP did experience an increase of 10,182 patient visits since 2020-21, bringing its 2021-22 annual total closer to its pre-pandemic figures.

Year	EMP Visits
2017-18	486,330
2018-19	487,409
2019-20	503,269
2020-21	492,568
2021-22	502,750

Practice Area	Patient Visits	Telephone Contacts
Nursing	366,662	122,861
Occupational Therapy	28,938	17,882
Speech Language	6,392	2,677
Clinical Nutrition	15,361	10,188
Physiotherapy	29,792	14,236
Respiratory Therapy	29,390	14,528
Social Work	10,558	9,761
Rehab Assistance	15,657	6,038
Total	502,750	198,171

Strategic Direction #2: Strengthen Community Partnerships and Community Engagement

Ensuring that the public and community partners are aware of the services offered is key to ensuring seamless care delivery. EM/ANB wants to do its part in educating the public and its partners so that patients receive the right care, at the right time, and the right place.

PATIENT AND FAMILY ADVISORS

In addition to their own council meetings, EM/ANB's Patient and Family Advisors continue to be active and involved in various committees within EM/ANB. EM/ANB now has seven advisors that continue to provide valuable insight in how we design new or review existing programs, policies and procedures.

PUBLIC COMMUNICATION

During 2021-22, EM/ANB's public communication efforts continued to largely focus on the COVID-19 pandemic, sharing important information from Public Health and promoting various initiatives such as mobile vaccination clinics.

In December, we celebrated the 40th anniversary of the Extra-Mural Program. During the month, we shared many staff memories and photos from the past on our social media feeds, including a special celebratory video marking this important milestone. With our Air Ambulance Program celebrating its 25th anniversary earlier this year, 2021 had no shortage of big moments for our operations.

During this final quarter, we also continued to promote several days of recognition in support of the important work EM/ANB employees do throughout our province. These included World Stroke Day, and Canadian Patient Safety Week, as well as Giving Tuesday in December, in honour of the charity work and

community involvement our frontline staff is known for year-round, but especially during the holiday season.

COMMUNITY PARTNERS GROUP

In 2021-22, EM/ANB launched its joint Community Partners Group. The group meets to share and promote an effective flow of information between EM/ANB and our partners within the health care community through ongoing consultation and dialogue on topics relevant to programs offered by EM/ANB - all with the larger goal of facilitating a more integrated response to better meet the needs of our patients and their families.

During the group's most recent meeting in 2021-22, the following ongoing projects were discussed: enhanced care coordination in adult residential facilities (ARFs), EM/ANB's Palliative Care Project, bariatric and high acuity units, and pandemic response efforts, including PROMT responses.

Strategic Direction #3: Improve Employee Engagement, Retention & Recruitment

At EM/ANB, we believe that our employees are our number one asset. We have confidence in the fact that satisfied and engaged employees have a positive affect on patient care. In an environment where health care resources are scarce, it is important to not only recruit skilled professionals, but to create an environment where they can thrive in their profession.

OFFICIAL LANGUAGES

English and French are the Official languages of New Brunswick and they have equal status, rights, and privileges. The New Brunswick Official Languages Act gives you the right to be served in the official language of your choice. Adhering to the Language of Service and Language of Work policies ensures communication between the caregiver and the

patient results in providing the best possible care to the citizens of New Brunswick.

To help staff navigate our linguistic requirements, we provide mandatory training and education on the use of the active offer in order to provide services in the patient's official language of choice at the first point of contact.



We continue to offer EM/ANB employees linguistic learning opportunities with various approved institutions that offer standardized language training in both official languages. At the end of the 2021-22 fiscal year, 39.51 per cent of all ANB Primary Care Paramedics qualified as bilingual by the Province of New Brunswick through Service New Brunswick. As a result, this has increased our bilingual workforce at ANB by 1.03 per cent compared to the previous fiscal year. In order to be considered a bilingual employee, ANB staff are required to do an oral proficiency evaluation, which assesses their level of communication in their second official language. Employees must meet the minimum of a 2+ rating in French or English to qualify as bilingual.

As a priority to increase our bilingual workforce, we continuously strive in our efforts to recruit and retain bilingual

paramedics through various recruitment initiatives to ensure the best patient care is provided to New Brunswick citizens. At the end of 2021-22, we had 29 unfilled full-time permanent bilingual paramedic positions and 27 unfilled part-time permanent bilingual positions.

Ambulance New Brunswick received no official language complaints during the 2021-22 fiscal year.

Based on survey results provided by an independent third-party company that conducts semi-annual patient satisfaction surveys for EM/ANB – as of December 2021, when asked if active offer of service in the official language of their choice was provided, 65.8 per cent of respondents said yes. A total of 5.6 per cent of respondents said they were not offered the choice, and 28.6 per cent reported they either did not know or were not sure.

The same independent, third-party survey also measures the incidence of ANB personnel speaking in the official language of the patient's choice and virtually all respondents (98.2 per cent) who indicated a language preference said their paramedics had spoken to them in the patient's official language of choice.

LEADERSHIP TRAINING

Following the launch of our new leadership training program in 2020-21, EM/ANB was able to celebrate the program's first round of graduates towards the end of 2021-22. The program was provided through Harvard ManageMentor™ (HMM), and offered to EM/ANB's current and aspiring leaders.

Strategic Direction #4:

Use Technology to Enhance Service Delivery and Promote Innovation

We believe in using technology as a key enabler to improve efficiency and enhance care for our patients. It is important that the appropriate technology is used to facilitate our practitioners' and employees' daily navigation of the health system. We want to encourage and promote innovative thinking within the organization.

ATTENDANCE SUPPORT PROGRAM

Following the implementation of the GNB Attendance Support Program in 2020-21, EM/ANB moved forward with the development of an evaluation and monitoring framework in alignment with the program in 2021-22. The goal of the program is to reduce preventable absences, support employees experiencing difficulty with regular attendance, and strive to have a healthy and productive workforce.

LAUNCH OF TELESTAFF FOR EXTRA-MURAL

Workforce TeleStaff was officially launched for the Extra-Mural Program in April 2021, which means that all EM/ANB employees are now using a central scheduling software. This new scheduling tool will replace multiple existing tools that were used for the EMP program, allowing for further standardization across the program. This update has also meant that EMP staff now have access to their scheduling tool from any of their mobile devices.



EM/ANB Inc.

Financial Statements

March 31, 2022

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Independent auditor's report

**To the Board of Directors of
EM/ANB Inc.**

Opinion

We have audited the financial statements of EM/ANB Inc. ("the Entity"), which comprise the statement of financial position as at March 31, 2022, and the statements of operations, change in net debt and cash flow 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 EM/ANB Inc. as at March 31, 2022, and its results of operations, its changes in its net debt, and its cash flows for the year then ended in accordance with 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 Entity 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.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, 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 Entity's ability to continue as a going concern, disclosing, as applicable, matters related to a going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity'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.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional scepticism 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 Entity'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 Entity'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 Entity 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.

Moncton, Canada

July 14, 2022

Grant Thornton LLP

Chartered Professional Accountants

EM/ANB Inc.

Statement of Operations and Surplus

Year Ended March 31	Budget	2022	2021
Revenue			
Province of New Brunswick Funding Grant	\$ 195,973,583	\$ 229,523,338	\$ 209,225,798
Billing ambulance/EM services (Note 4)	3,300,000	3,462,613	2,887,938
Capital asset funding (Note 2)	831,000	2,604,424	1,550,095
	<u>200,104,583</u>	<u>235,590,375</u>	<u>213,663,831</u>
Expenditures			
Administration and other support services	17,604,231	23,118,675	21,468,649
Fleet	9,009,620	10,861,728	9,113,409
Facilities	8,826,971	12,406,612	11,602,985
Amortization expense	4,500,000	6,333,777	5,768,331
Interest expense	-	171,912	211,545
Communication, Air and Land ambulance	93,113,228	102,602,958	91,297,138
Clinical Care Services	61,519,533	71,070,099	66,467,042
Incentives fees	1,400,000	4,459,903	4,356,031
	<u>195,973,583</u>	<u>231,025,664</u>	<u>210,285,130</u>
Annual operating surplus	<u>4,131,000</u>	<u>4,564,711</u>	<u>3,378,701</u>
Sick leave benefits (Note 7)	-	(36,300)	(289,600)
Annual surplus	<u>\$ 4,131,000</u>	<u>\$ 4,528,411</u>	<u>\$ 3,089,101</u>
Deficit, beginning of year			
		\$ (3,773,398)	\$ (3,066,180)
Appropriation of surplus, billing revenue			
		(3,462,613)	(2,887,938)
Appropriation of surplus			
		(830,321)	(908,381)
Annual surplus			
		<u>4,528,411</u>	<u>3,089,101</u>
Deficit, end of year			
		<u>\$ (3,537,921)</u>	<u>\$ (3,773,398)</u>

See accompanying notes to the financial statements.

EM/ANB Inc.

Statement of Financial Position

March 31

2022

2021

Assets

Cash and cash equivalents	\$ 6,235,408	\$ 12,149,729
Accounts receivable	2,963,710	2,485,465
Due from Province of New Brunswick	38,133,074	11,343,237
Receivable from Asset Replacement and System Enhancement Fund (Note 2)	<u>2,376,389</u>	<u>3,889,627</u>
	<u>49,708,581</u>	<u>29,868,058</u>

Liabilities

Payables and accruals (Note 6)	45,592,198	23,764,727
Sick pay liability (Note 7)	6,482,100	6,445,800
Due to Medavie Health Services NB Inc.	1,847,908	1,965,117
Due to Province of New Brunswick	4,475,006	3,074,911
Unearned revenue (Note 2)	2,635,302	5,984,423
Capital lease obligation (Note 8)	<u>8,032,486</u>	<u>7,875,413</u>
	<u>69,065,000</u>	<u>49,110,391</u>

Net debt	<u>19,356,419</u>	<u>19,242,333</u>
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Non-financial assets

Tangible capital assets (Note 5)	15,075,021	14,646,173
Prepaid expenses	<u>743,477</u>	<u>822,762</u>
	<u>15,818,498</u>	<u>15,468,935</u>

Accumulated Deficit	\$ (3,537,921)	\$ (3,773,398)
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Commitments (Note 9)

On behalf of the Board



Director



Director

See accompanying notes to the financial statements.

EM/ANB Inc.
Statement of Changes in Net Debt

Year Ended March 31	2022	2021
Annual surplus	\$ 4,528,411	\$ 3,089,101
Appropriation of surplus, billing revenue	(3,462,613)	(2,887,938)
Appropriation of surplus	(830,321)	(908,381)
Acquisition of tangible capital assets	(6,762,625)	(5,060,972)
Amortization of tangible capital assets	<u>6,333,777</u>	<u>5,768,332</u>
	(193,371)	142
Decrease (Increase) in prepaid expense	<u>79,285</u>	<u>(745,062)</u>
Decrease (Increase) in net debt	(114,086)	(744,920)
Net debt at beginning of year	<u>(19,242,333)</u>	<u>(18,497,413)</u>
Net debt at end of year	<u>\$ (19,356,419)</u>	<u>\$ (19,242,333)</u>

See accompanying notes to the financial statements.

EM/ANB Inc.

Statement of Cash Flows

Year Ended March 31

2022

2021

Increase (decrease) in cash and cash equivalents

Operating		
Annual surplus	\$ 4,528,411	\$ 3,089,101
Appropriation of surplus, billing revenue	(3,462,613)	(2,887,938)
Appropriation of surplus	(830,321)	(908,381)
Amortization expense net of gain/loss	6,333,777	5,768,331
Change in sick pay liability	<u>36,300</u>	<u>289,600</u>
	6,605,554	5,350,713
Change in non-cash operating working capital		
Accounts receivable	(478,244)	(326,930)
Receivable from Asset Replacement and System Enhancement Fund	1,513,238	(687,768)
Due from Province of New Brunswick	(26,789,837)	2,474,714
Due to Medavie Health Services NB Inc.	(117,209)	(683,816)
Due to Province of New Brunswick	1,400,095	(8,719,324)
Prepaid expenses	79,285	(745,062)
Payables and accruals	21,827,471	3,439,968
Unearned revenue	<u>(3,349,121)</u>	<u>(16,838,097)</u>
	691,232	(16,735,602)
Capital		
Repayment of capital lease obligation	(4,001,129)	(3,800,618)
Acquisition of capital lease obligations	4,158,201	3,510,876
Purchase of tangible capital assets	<u>(6,762,625)</u>	<u>(5,060,972)</u>
	(6,605,553)	(5,350,714)
Net increase in cash and cash equivalents	(5,914,321)	(22,086,316)
Cash and cash equivalents, beginning of year	<u>12,149,729</u>	<u>34,236,045</u>
Cash and cash equivalents, end of year	<u>\$ 6,235,408</u>	<u>\$ 12,149,729</u>

See accompanying notes to the financial statements.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2022

1. Nature of operations

EM/ANB Inc. ("EM/ANB" or the "Company") is the Company that has been granted the license and authority by the New Brunswick Department of Health to provide ambulance service and the Extra-Mural Program Services in New Brunswick.

EM/ANB is managed by a Board of Directors. The Directors are employees of the Province of New Brunswick.

EM/ANB Inc. has entered into contracts with Medavie Health Services New Brunswick Inc. for the management and delivery of services related to the Ambulance Services and the Extra-mural Program. EM/ANB Inc. have performance measures in the contracts related to the service/performance requirements.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector, as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Professional Accountants (CPA).

These financial statements have been prepared using the following significant accounting policies:

Revenue

Funding grant

Annual funding under the terms of the contract is recognized as revenue as the services are made available and are measurable.

User fees

Revenues from the delivery of services are recognized when the price is fixed or determinable; collectability is reasonably assured and acceptance by the customer.

Expenses

The accrual basis of accounting is used. The accrual basis of accounting recognizes expenditures as they are incurred and measurable as a result of legal obligation to pay.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, balances with banks, and short-term deposits. Bank borrowings are considered to be financing activities.

Asset Replacement and System Enhancement Fund

The Company has established an Asset Replacement and System Enhancement Fund for ambulance operations which is managed by Medavie Health Services New Brunswick Inc. This trust fund is being funded by annual payments from the Company to the trust fund. The unexpended balance in the trust fund is recorded in the accounts of the Company as a receivable from the Asset Replacement and System Enhancement Fund and unearned revenue.

Grants from the Province of New Brunswick with respect to the funding of this trust fund are deferred until the related capital expenditure is incurred by the trust fund at which time the capital expenditure is recorded as a tangible capital asset and the related funding is recorded as revenue. The opening balance in the Asset Replacement and System Enhancement Fund was \$3,889,627 (2021 - \$2,389,383) plus current year contributions of \$731,000 (2021 - \$2,740,032), proceeds on sale of assets \$238,748 (2021 - \$237,447) and interest earned during the year of \$21,438 (2021 - \$20,360), less purchase of assets/new scope items \$2,504,424 (2021 - \$1,497,595) for an ending balance of \$2,376,389 (2021 - \$3,889,627).

During the year, Extra-Mural operations was funded \$100,000 (2021 - \$52,500) to purchase capital equipment.

Unearned Revenue

The Company has unearned revenue of \$2,636,798 which consists of the Asset Replacement Fund balance from the ambulance operations of \$2,376,389 and clinical cost reinvestment of \$107,770 for the Extra-Mural operations, plus advance of \$152,639 for EMP.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2022

2. Summary of significant accounting policies (continued)

Prepaid expenses

Prepaid expenses are cash disbursements for goods or services, of which some or all will provide economic benefits in one or more future periods. The prepaid amount is recognized as an expense in the year the goods or services are used or consumed.

Non-financial assets

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the normal course of operations. The change in non-financial assets during the year, together with the excess of revenues over expenses, provides the change in net financial assets for the year.

Tangible capital assets

Tangible capital assets having useful lives extending beyond the accounting period are held for use in the operation of the Company and are not intended for sale in the ordinary course of operations. Tangible capital assets are recorded at net historical cost and include all costs directly attributable to the acquisition, construction, development and installation of the capital asset. Tangible capital assets include leasehold improvements, vehicles and equipment.

Some of the tangible capital assets have been acquired by a third party management company on behalf of the Company. These assets have been recorded in the accounts of the Company as the Company has funded the acquisitions, the risks and rewards of ownership accrue to the Company, and the Company acquires ownership of the tangible capital assets for \$1 upon termination of the third party contract.

Amortization applied to write-off the cost of capital assets over their estimated useful life is as follows:

Vehicles under capital lease	4 years, straight-line
Leasehold improvements	over the term of the lease
Computer equipment	as per contract
Computer software	as per contract
Furniture and fixtures	as per contract
Equipment	as per contract

Leases

Leases are classified as finance leases when the terms of the lease transfer all or substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases with payments charged to the statement of operations on a straight-line basis over the term of the lease. Assets under finance leases are recognized as assets at their fair value or, if lower, at the present value of the minimum lease payments, each determined at inception of the lease. The corresponding liability is included as a finance lease obligation on the statement of financial position. Lease payments are split between finance cost and reduction of the lease obligation and charged to the statement of operations.

Use of estimates

In preparing the financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates. Areas of significant estimates include, but are not limited to, the useful lives of tangible capital assets, sick leave obligations, retro wage settlements on union collective agreements, and allowance for doubtful accounts related to user fees.

Employee future benefits

Under the contracts with the Province of New Brunswick, unused sick benefits accumulate but are non-vesting. The costs of these benefits are actuarially determined based on service and best estimate of retirement ages and expected future salary increases. The obligation under these benefit plans are accrued based on projected benefits as the employees render services necessary to earn the future benefits.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2022

2. Summary of significant accounting policies (continued)

Incentive fees

As per the contracts entered into with Medavie Health Services New Brunswick Inc. (Note 1), there are key performance indicators related to the service performance in the contracts. The key performance indicators including supporting information are provided to the Department of Health of New Brunswick for review and approval. The key performance indicators are recorded as incentive payments in the financial statements. In addition to the incentive payments, there are also expenditures funded to Medavie Health Services New Brunswick Inc. as part of the contract (Note 9).

Appropriation of surplus

The appropriation of surplus are funds returned to the Department of Health of New Brunswick based on the approval of the Board of Directors. As part of the contract with the service provider, the service provider is responsible for billing and collecting users' fees in accordance with the contract and the policies set by the Department of Health of New Brunswick. These funds are recorded in the Statement of Operations and therefore included in the annual surplus. Since these funds are returned to the Department of Health of New Brunswick, there is also a reduction to the accumulated surplus/deficit annually for funds returned to the Department of Health. In addition to the user fees, there could be an annual operating surplus based on the contract which the Board of Directors provides approval to either return to the Department of Health of New Brunswick or reinvestment in the services.

3. General information

In early 2020, the Coronavirus ("COVID-19") was confirmed and the spread caused the World Health Organization to declare a global pandemic on March 11, 2020. The pandemic has severely impacted many local economies around the globe. In many countries, including Canada, businesses were forced to cease or limit operations for long periods of time. As a result of the continued and uncertain economic and business impact of the COVID-19 pandemic, the Company has reviewed estimates, judgements and assumptions used in the preparation of the financial statements.

EM/ANB Inc. is deemed to be an essential service and as a result, the Company is monitoring public health guidelines and implemented operational protocols in the various provincial jurisdictions that they operate in. EM/ANB Inc. has not experienced any interruption to their services, in fact it has been mandated by Department of Health to increase its scope to help manage the pandemic. The mandate now includes the PROMT team for responding to and managing outbreaks in vulnerable sectors, performing swab testing in adult residential facilities and various community settings as well as facilitating vaccination clinics in long term care facilities and vulnerable sectors.

The Company has determined that there was no impact requiring additional note disclosures and no changes to the financial statements as a result of COVID-19.

4. Billing for ambulance/extra mural services

The Company has billed residents and non-residents of New Brunswick ambulance user fees in the amount of \$4,589,410 (2021 - \$4,834,315). The Company has increased its allowance for uncollectible user fees in the amount of \$1,029,087 and during the year wrote off as uncollectible \$741,551 for a total allowance of \$3,686,689 (2021 - \$3,399,154) based on management's best estimates of collectability. The Company collected \$3,460,113 (2021 - \$2,878,188) net of transactions cost.

The Company has also billed non-residents of New Brunswick extra mural fees in the amount of \$2,500 (2021 - \$9,750). The Company has a total allowance of \$13,750 (2021 - \$13,750). The Company collected \$2,500 (2021 - \$9,750) net of transaction cost.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2022

5. Tangible capital assets

	Ambulances under capital lease	Leasehold improvements	Computer software	Computer equipment	Furniture and Fixtures	Equipment	Vehicles	Total 2022	Total 2021
Cost									
Opening cost	\$ 15,320,297	\$ 819,233	\$ 2,466,567	\$ 5,027,220	\$ 2,101,589	\$ 14,999,276	\$ 59,880	\$ 40,794,062	\$ 39,425,663
Additions	4,158,201	-	428,158	1,176,380	21,586	978,300	-	6,762,625	5,060,971
Retirements	(3,973,806)	-	-	-	-	-	-	(3,973,806)	(3,692,572)
Closing cost	\$ 15,504,692	\$ 819,233	\$ 2,894,725	\$ 6,203,600	\$ 2,123,175	\$ 15,977,576	\$ 59,880	\$ 43,582,881	\$ 40,794,062
Accumulated amortization									
Opening accumulated amortization	\$ 7,584,178	\$ 819,233	\$ 1,944,892	\$ 4,084,082	\$ 1,920,569	\$ 9,735,055	\$ 59,880	\$ 26,147,889	\$ 24,072,130
Amortization	3,974,566	-	309,630	646,302	101,595	1,301,684	-	6,333,777	5,768,331
Retirements	(3,973,806)	-	-	-	-	-	-	(3,973,806)	(3,692,572)
Closing accumulated amortization	\$ 7,584,938	\$ 819,233	\$ 2,254,522	\$ 4,730,384	\$ 2,022,164	\$ 11,036,739	\$ 59,880	\$ 28,507,860	\$ 26,147,889
Net book value	\$ 7,919,754	\$ -	\$ 640,203	\$ 1,473,216	\$ 101,011	\$ 4,940,837	\$ -	\$ 15,075,021	\$ 14,646,173

6. Payables and accruals

	<u>2022</u>	<u>2021</u>
Accounts payable and other accrued liabilities	\$ 3,590,481	\$ 4,912,439
Salaries and benefits, accrued compensation	31,951,257	9,286,462
Accrued vacation pay	<u>10,050,460</u>	<u>9,565,826</u>
	\$ 45,592,198	\$ 23,764,727

7. Sick pay obligation

EM/ANB provides various groups of employees in accordance with applicable collective agreements the ability to accumulate non vesting sick bank benefits. An actuarial estimate for this future liability has been completed and forms the basis for the estimated liability reported in these financial statements.

The following summarizes the major assumptions in the valuation:

- Annual salary increase of 1.8%;
- Discount rate used to determine the accrued benefit obligation is 3.47%;
- Retirement age of 60 for EMP and 52 for ANB; and
- Estimated net excess utilization of rate of sick leave varies with age

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2022

7. Sick pay obligation (continued)

	<u>2022</u>	<u>2021</u>
Accrued sick pay liability, beginning of the year	\$ 6,445,800	\$ 6,156,200
Current Service Cost	1,016,900	992,100
Interest on Obligation	357,800	292,600
Amortization of unrecognized balances experience	412,100	423,200
Benefit Payments	<u>(1,750,500)</u>	<u>(1,418,300)</u>
	36,300	289,600
Accrued sick pay liability, end of the year	<u>\$ 6,482,100</u>	<u>\$ 6,445,800</u>

As part of the valuation there are unamortized experience losses of \$3,709,300 (2021 - \$4,231,800) which would amount to an accrued benefit obligation of \$10,191,400 (2021 - \$10,677,600).

Non vested benefits represent the Company's estimated liability of future costs related to benefits that are conditional on his or her future employment.

The actuarial method used was the projected accrued benefit method prorated on service to calculate the accrued benefit obligation. The valuation was based on a number of assumptions about future events, such as interest rates, wage and salary increases, usage of sick time, and employee turnover and retirement. The assumptions used reflect the Company's best estimates.

The sick liability is an unfunded benefit. Benefits are paid out of the annual funding based on usage in accordance with the contracts and funding requirements.

8. Capital lease obligation

	<u>2022</u>	<u>2021</u>
Capital leases payable in monthly instalments ranging from \$2,418 to \$2,680 including interest at various rates, amortized to and maturing in various periods ending March 2026. As security, the Company has assigned specific vehicles.	<u>\$ 8,032,486</u>	<u>\$ 7,875,413</u>

Future lease payments, net of HST, together with the balance of the obligation under capital lease due are as follows:

2023	\$ 3,661,977
2024	2,605,748
2025	1,489,719
2026	<u>503,266</u>
	8,260,710
Amount representing interest	<u>(228,224)</u>
	<u>\$ 8,032,486</u>

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2022

9. Commitments

The Company has entered into a nine and a half year contract with Medavie Health Services New Brunswick Inc. for the management of the Company's ambulance services in New Brunswick commencing on October 1, 2017. This contract terminates on March 31, 2027. The contract commits the Company to payments for the costs incurred by Medavie Health Services New Brunswick Inc. in managing the ambulance service, a remuneration for Key Performance Indicators and an annual payment to the Asset Replacement and System Enhancement Fund. The payments required are subject to adjustment as per the contract. The total amount over the next year is estimated to be \$33,800,000. The total annual payments for the remaining contract term have not yet been finalized.

The Company has entered into a ten year contract with Medavie Health Services New Brunswick Inc. for the management of the Company's Extra-Mural Program in New Brunswick commencing on January 1, 2018. This contract terminates on December 31, 2027. The contract commits the Company to payments for the costs incurred by Medavie Health Services New Brunswick Inc. in managing the Extra-Mural Program with an administration fees and a remuneration for Key Performance Indicators. The payments required are subject to adjustment as per the contract. The total amount over the next year is estimated to be \$2,872,200. The total annual payments for the remaining contract term have not yet been finalized.

10. Pension plan

The Company's staff are members of a pension plan established by the Province of New Brunswick pursuant to the *New Brunswick Pension Benefits Act*. The Province of New Brunswick is responsible for funding this plan and accordingly no provision is included in the Company's financial statements for the related pension amounts.

11. Liability for Injured Workers

The Province provides workers' compensation benefits on a self-insured basis. WorkSafeNB administers the claims on the Province's behalf and charges a fee for this service. The liability for injured workers is determined using a number of methods to estimate future payments including: the annuity method, the loss development method, and the aggregate claims method. Future payments are then discounted to determine the present value. Annual claim payments are expensed by each department and are reported in the functional expense area related to the program in which the employee worked. The net change in the liability, excluding actual claims costs, is reported under central government.

12. Retro wage settlements on union collective agreements

During the year, the Province of New Brunswick completed negotiations on various collective agreements which included the following unions: Canadian Union of Public Employees Local 1252 ("CUPE 1252"), Medical Science Professionals ("MSP"), Specialized Health Care Professionals ("SHCP") and New Brunswick Nurses Union ("NBNU"). The Company has employees who are members of these unions. The new collective agreements include new pay rates which are to be applied retrospectively for certain periods, which range from July 1, 2019 – March 31, 2022.

At March 31, 2022, the Company has completed estimates related to the retro wage settlements as per the new collective agreements and recorded in the financial statements. The Province of New Brunswick will be funding the retro wage settlements when finalized. The funding from the Province of New Brunswick has been netted against the retro wage settlements in the statement of operations expense groupings Communication, Air and Land ambulance and Clinical Care Services.

EM/ANB Inc.
Ambulance New Brunswick
Statement of Operations and Surplus

Year Ended March 31	Budget	2022	2021
Revenue			
Province of New Brunswick Funding Grant	\$ 114,375,553	\$ 130,622,823	\$ 116,883,400
Billing for ambulance services (Note 4)	3,300,000	3,460,113	2,878,188
Capital asset funding (Note 2)	731,000	2,504,424	1,497,595
	<u>118,406,553</u>	<u>136,587,360</u>	<u>121,259,183</u>
Expenditures			
Administration and other support services	5,442,662	6,456,844	5,725,720
Fleet	5,257,064	7,020,062	5,553,352
Facilities	6,062,599	6,102,734	5,882,574
Amortization expense	4,500,000	6,263,506	5,701,306
Interest expense	-	171,912	211,545
Air medical	7,636,005	7,900,177	6,926,045
Call taking and dispatch	3,376,677	4,426,681	4,184,557
Land ambulance	82,100,546	90,276,100	80,186,536
Incentives fees	-	3,496,090	3,599,976
	<u>114,375,553</u>	<u>132,114,106</u>	<u>117,971,611</u>
Annual operating surplus	<u>4,031,000</u>	<u>4,473,254</u>	<u>3,287,572</u>
Sick leave benefits (Note 7)	-	(21,000)	(168,000)
Annual surplus	<u>\$ 4,031,000</u>	<u>\$ 4,452,254</u>	<u>\$ 3,119,572</u>
Surplus, beginning of year			
		\$ 5,377,566	\$ 5,948,659
Appropriation of surplus, billing revenue			
		(3,460,113)	(2,878,188)
Appropriation of surplus			
		(771,096)	(812,477)
Annual surplus			
		<u>4,452,254</u>	<u>3,119,572</u>
Surplus, end of year			
		<u>\$ 5,598,611</u>	<u>\$ 5,377,566</u>

EM/ANB Inc.
Extra-Mural Program
Statement of Operations and Surplus

Year Ended March 31 Budget 2022 2021

Revenue			
Province of New Brunswick Funding Grant	\$ 80,198,030	\$ 98,900,515	\$ 92,342,398
Billing for extra mural services (Note 4)	-	2,500	9,750
Capital asset funding (Note 2)	<u>100,000</u>	<u>100,000</u>	<u>52,500</u>
	<u>80,298,030</u>	<u>99,003,015</u>	<u>92,404,648</u>

Expenditures			
Administration and other support services	9,289,370	13,908,082	13,062,538
Fleet	3,752,556	3,841,666	3,560,057
Facilities	2,764,372	6,303,878	5,720,411
Amortization expense	-	70,271	67,025
Admission / Discharge	2,726,043	3,192,272	1,627,727
Rehab Assistant	124,362	1,330,941	967,438
Nursing	39,769,890	46,709,062	44,014,818
Respiratory Therapy	4,544,436	4,618,136	4,552,722
Clinical Nutrition	2,232,720	2,323,277	2,149,920
Physiotherapy	3,412,175	3,892,170	3,961,010
Occupational Therapy	4,801,752	5,275,457	5,479,818
Speech Language	1,127,895	929,725	1,034,666
Social Work	1,836,755	1,814,334	1,777,278
Personal Care Services	943,504	984,725	901,645
Administrative fees	2,872,200	2,753,749	2,680,391
Incentives fees	-	963,813	756,055
	<u>80,198,030</u>	<u>98,911,558</u>	<u>92,313,519</u>

Annual operating surplus	<u>100,000</u>	<u>91,457</u>	<u>91,129</u>
Sick leave benefits (Note 7)	<u>-</u>	<u>(15,300)</u>	<u>(121,600)</u>
Annual surplus (deficit)	<u>\$ 100,000</u>	<u>\$ 76,157</u>	<u>\$ (30,471)</u>

Deficit, beginning of year	\$ (9,150,964)	\$ (9,014,839)
Appropriation of surplus, billing revenue	(2,500)	(9,750)
Appropriation of surplus	(59,225)	(95,904)
Annual Surplus (deficit)	<u>76,157</u>	<u>(30,471)</u>
Deficit, end of year	<u>\$ (9,136,532)</u>	<u>\$ (9,150,964)</u>

