

PRIMARY HEALTH SURVEY

Health service delivery

| laving a primary care provider |
|---|
| Has a primary care provider % |
| Has a family doctor % |
| Has a nurse practitioner % |
| Has nurse practitioner as their primary care provider % |
| Reasons for not having a primary care provider None available in the area to take new patients % |
| Primary care provider left, retired or passed away % |
| Hasn't tried to contact one % |
| Is in good health, does not need one $\%$ |
| Popular place of care |
| Regular place of care |
| Family doctor % |
| After-hours or walk-in clinic % |
| Hospital emergency department % |
| |
| Barriers |
| Types of difficulties experienced in getting the health care they needed in the last 12 months |
| Unable to leave the house % |
| Trouble navigating the health system % |
| Services not available in area % |
| Transportation problems % |
| |



Had to travel over 100 kms/60 miles %

Trouble getting medical or rehabilitation equipment or supplies %

Trouble physically accessing a health care setting %

Had language barrier communicating with a health professional %

S Cost barriers

General financial barriers %

Skipped a medical test, treatment or other because of the cost %

Did not fill a prescription or skipped a dose because of the cost %

Skipped dental care because of costs %

Cost for ambulance services was too high %

Wait times

Family doctor

Can get an appointment on the same day or next day %

Can get an appointment within 5 days %

Nurse practitioner

Can get an appointment on the same day or next day %

Can get an appointment within 5 days %

Other

Hospital emergency department: Waited less than 4 hours %

Specialist: Waited less than 1 month for a first visit %

Diagnostic test: Waited less than 1 month (non-emergency situation) %

Visits per type of provider in the last 12 months

Family doctor



| \ | /isit in the last 12 months % |
|--|--|
| F | Average number of visits Number |
| | Nurse practitioner |
| | /isit in the last 12 months % |
| | Average number of visits Number |
| •••••••••••••••••••••••••••••••••••••• | After-hours or walk-in clinic |
| | /isit in the last 12 months % |
| | Average number of visits Number |
| | T-1- 0 044 |
| | Tele-Care 811 Called in the last 12 months % |
| | Average number of calls Number |
| | |
| | Community health centre |
| ١ | /isit in the last 12 months % |
| Α | Average number of visits Number |
| | Hospital emergency department |
| | /isit in the last 12 months % |
| Α | Average number of visits Number |
| \ | /isited the hospital emergency department because their primary care provider was not available $\%$ |
| | Ambulance services |
| | Used in the last 12 months % |
| | Average number of calls Number |
| | |
| 0 | ammunication and language of complete |

Communication and language of service

Prefers services in English %



| | Always received services in English % |
|----|--|
| Pr | refers services in French % |
| | Always received services in French % |
| Al | ways received services in official language of their choice % |
| Ve | erbal information about condition/prescription is easy to understand, always or usually $\%$ |
| Ha | ad a language barrier communicating with a health professional in the last 12 months $\%$ |

Safety (excluding hospital stays) in the last 12 months

Believe they were harmed because of a medical error or mistake %

Favourable rating of services received (8, 9 or 10 out of 10)

| verall % | |
|---|--|
| om family doctor % | |
| rom nurse practitioner (who is primary care provider) % | |
| rom an after-hours or a walk-in clinic % | |
| rom Tele-Care 811 % | |
| rom a community health centre % | |
| rom the hospital emergency department % | |
| om ambulance services % | |



About this Table

Content and description

Data about the delivery of health services in New Brunswick and the interactions citizens have with these services.

Health services reported include: family doctors, nurse practitioners, after-hours or walk-in clinics, community health centres, Tele-Care 811, hospital emergency departments, ambulance services and pharmacists.

Topics include: having or not having a primary care provider, where citizens go most often when they are sick, barriers in getting health care, wait times, visits to providers or health centres, nature of communication with primary care providers and language of service, safety and rating of the experience with the services received.

Why it is important

By better understanding the quality of the delivery of health services throughout the province, we can better understand the care models in place, and the dynamics that can influence access and the variability of the quality of health services around the province.

Availability of the data

The information for this data table is available at different geographical levels as well as by demographic groups. More information is available on our <u>Primary Health Survey</u> page.

Note about 2020 data

The 2020 edition of the Primary Health Survey (PHS) was conducted during the COVID-19 pandemic. While the pandemic did not influence the survey's response rate, the NBHC had to assess the impact of surveying during the pandemic. Accordingly, advanced statistical analyses were performed to allow for comparison between the results obtained in 2020 and those obtained in previous PHS cycles. Some indicators had to be suppressed in the 2020 edition as part of this process. Despite these analyses, users are advised to use the 2020 data with caution, especially when creating estimates for small sub-populations or when comparing it to other PHS editions.

Caption

n/a = Not applicable / not available

S = Data suppressed due to confidentiality requirements and/or small sample size

Above-average performance

P Below-average performance