



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2010-2011

Annual Report



New Brunswick Health Council

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

Telephone: 506.869.6870
Fax: 506.869.6282
Toll-Free: 1.877.225.2521

www.NBHC.ca

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The Honourable Madeleine Dubé
Minister of Health
Province of New Brunswick

Dear Minister,

It is my privilege to submit the Annual Report on behalf of the New Brunswick Health Council for our third fiscal year beginning April 1, 2010 and ending March 31, 2011.

Respectfully Submitted,



Colleen Knudson
Acting Chair of the Council

Mrs. Colleen Knudson
Acting Chair of the Council
New Brunswick Health Council
Moncton, New Brunswick

Madam,

I am pleased to be able to present the Annual Report describing the operations of the New Brunswick Health Council for its third fiscal year, 2010-2011.

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer

Table of Contents

From the Chair of the Council and the Chief Executive Officer	6
Executive Summary	8
Citizen Engagement	10
Population Health	12
Care Experience	15
Sustainability	17
New Brunswick Health Council Mandate	18
New Brunswick Health Council Members	19
New Brunswick Health Council Staff	20
APPENDIX A: Executive Committee and Working Group Structure	21
APPENDIX B: NBHC 2011-2012 Business Plan	23
APPENDIX C: 2010-2011 Annual Financial Report	33
APPENDIX D: Annual Report Pursuant to the <i>Public Interest Disclosure Act</i>	43

From the Chair of the Council and the Chief Executive Officer

The New Brunswick Health Council (NBHC) has completed its second full year of operation. From the beginning, we have focused our attention to clarifying and fulfilling our mandate as described in the *New Brunswick Health Council Act*. It is a dual mandate to measure, monitor and report on the New Brunswick health system's performance and to engage citizens in meaningful dialogue for the purpose of improving health service quality.

The result of our work related to the performance of the health system contributes to having better informed citizens and offers new tools to many health professionals, allowing them to better appreciate the results of their efforts. Therefore, the work of the NBHC has a positive influence on public debates regarding the evolution of our health system. Furthermore, by publishing performance reports concerning population health, service quality, citizen satisfaction with health services and health system costs, we are improving the access to quality information for our decision-makers.

In the spring of 2010, we have completed our first provincial engagement initiative. Over the course of 13 weeks, we have benefited from the participation of over 300 citizens during nine dialogue sessions about the future of our health services. This was a three-phase process. Phases I and II were held on four sites: Edmundston, Bathurst, Moncton and Saint John. The third phase included representatives from the four sites and was held in Fredericton. Citizens were very much engaged in discussions and an account of those discussions was published in a report published in October 2010 entitled *Our Health. Our Perspectives. Our Solutions. Results of Our First Engagement Initiative with New Brunswick Citizens*. This dialogue with citizens serves as a reference in the elaboration of our working tools and reports.

Reporting on the health of the population was initially a daunting challenge, as there was no available source of information regarding the whole population of New Brunswick. After discussions with various stakeholders, it became clear that the fact that the health of citizens is affected by factors that are not limited to the health system should be reflected. We have published our second population health snapshot in the fall of 2010. It is made up of indicators regarding health status and regarding various determinants that influence health. We have also published a first health snapshot about young New Brunswickers. One of the key messages was about the needs of youth when it comes to mental health.

Our reports about the citizens' experiences with health services also represent important new tools for our decision-makers and to inform citizens. We have published the results of our first survey on acute care in the summer of 2010. Results are easily accessible on our website and are presented by hospital. In addition to the survey, we have published a health system report card showing indicators related to accessibility, appropriateness, effectiveness, efficiency, equity and safety. The report card allowed us to appreciate that there were opportunities for improvement in the primary health sector.

The long term sustainability of our health services, more specifically the trend in costs, elicited a strong reaction from participants during our first engagement initiative. Cost forecasts indicate that we will be spending approximately a billion dollars more for health services in five years. However, we have yet to come across any indicator that would allow us to believe that we will be healthier or that we will be receiving better health services. We have published a first report on this topic in the spring of 2010 entitled *Understanding New Brunswick's Health Care Costs and Capacity to Deliver Health Care*.

Our efforts to develop our tools and reports, particularly our dialogue sessions with New Brunswick citizens, have allowed us to develop a unique perspective when it comes to our province's public health system. This perspective served as inspiration to develop our first recommendations to be provided to the Minister of Health, another responsibility outlined in the *New Brunswick Health Council Act*. They will be presented to the Minister of Health in the summer of 2011.

We are proud of the work we have accomplished in line with our 2010-2011 Work Plan. We are grateful to have benefited from the generous contributions of the citizens of New Brunswick during our first engagement initiative. To create our reports, we have also benefited from outstanding collaborative efforts from various community stakeholders, from government departments and from several professionals within the health sector. Furthermore, the members of the Health Council and its staff have spared no efforts to reach the Council's objectives. This collective effort was essential to the success of all our projects.

Our health services are greatly valued by our citizens. We are privileged to be able to contribute positively to such an important sector. Our passion for our work grows with each achievement and it is with enthusiasm that we undertake our 2011-2012 Work Plan.

Acting Chair of the Council



Colleen Knudson

Chief Executive Officer



Stéphane Robichaud

Executive Summary

The New Brunswick Health Council (NBHC) has continued on its momentum for a third fiscal year (2010-2011). The efforts undertaken during the previous fiscal year to establish internal structures, define strategic axes, and develop collaborative initiatives with health system partners have served as a solid base throughout the year.

The NBHC was therefore able to successfully lead a first citizen engagement initiative while continuing its work in population health, care experience, and sustainability as well as position itself to fully take on its roles to engage, evaluate, inform and recommend.

The success of a first large-scale initiative

The NBHC gave New Brunswickers the opportunity to express themselves in order to gather their comments about a citizen-centered health system that takes into account existing issues, strengths, and challenges.

The goal of this first engagement process called “*Our Health. Our Perspectives. Our Solutions.*” was to inform the NBHC on what citizens believe is required to achieve a citizen-centered health system.

This citizen engagement process was divided into three phases: Phase I (Perspectives), Phase II (Solutions) and Phase III (Common Ground). The initiative was completed in June 2010 and its results were published in a report entitled *Our Health. Our Perspectives. Our Solutions. Results of Our First Engagement Initiative with New Brunswick Citizens* in October 2010.

Population health

This year, the NBHC was able to update the Population Health Snapshot and to publish, for the first time, a Youth Health Snapshot for the province. The snapshots for the general population have been updated with the most recent information available, allowing the reader to compare the information presented in the previous and current snapshots thanks to the

addition of a new column that records trends on an annual basis. Two new indicators are included in the Population Health Snapshot this year: life satisfaction and always wearing a bicycle helmet while on a bicycle. This snapshot will enable us to follow the evolution of population health from year to year and thereby identify trends.

For its part, the Youth Health Snapshot is a one page document that focuses on the health status and determinants of youth aged 10 to 19 (depending on the indicator). Composed of 52 indicators and written in plain language, this snapshot provides regional and provincial information based on health determinants.

Surveying citizen satisfaction

The NBHC developed a survey to measure patient satisfaction pertaining to the level of care received. These results can help decision-makers and planners improve how they manage health services and provide them with the needed benchmarks to flag gaps and highlight accomplishments.

Furthermore, the NBHC is preparing to update its Health System Report Card in collaboration with the New Brunswick Department of Health and both regional health authorities. This report is used to measure, monitor, and evaluate the quality of health services and patients’

satisfaction with them. Its objective is to inform provincial health administrators on the quality of health services and the areas of the health system that require special attention.

Ensuring the sustainability of the health system

During the engagement initiative, “*Our Health. Our Perspectives. Our Solutions.*,” citizens clearly communicated with the NBHC that the general public should be better informed of the challenge of sustainability. This is why the NBHC expressed its view on the challenge our provincial health care system represents in terms of sustainability by releasing a report entitled *Understanding New Brunswick’s Health Care Costs and Capacity to Deliver Health Care* in June 2010. The information contained in the report will contribute to an overall baseline picture of sustainability from which the NBHC will develop general recommendations for the Minister of Health.

The NBHC’s actions remain guided by its strategic axes:

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

Citizen Engagement

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

During fiscal year 2010-2011, the New Brunswick Health Council (NBHC) brought to fruition an engagement initiative that was launched at the provincial level in March 2010. The views and comments of 310 New Brunswickers regarding a citizen-centered health system were then published in a report entitled "Our Health. Our Perspectives. Our Solutions."

The success of a first large-scale initiative

"Our Health. Our Perspectives. Our Solutions." was NBHC's first large-scale citizen engagement initiative. Its main goal was to inform the NBHC on what citizens believe is required to achieve a citizen-centered health system.

From March to June 2010, a group of participants made up of citizens and health stakeholders alike took part in an inclusive, interactive, and transparent engagement process that was carried out in three phases. The NBHC also created two detailed conversation guides to help participants with their dialogues.

Phase I (Perspectives) was almost entirely completed during the previous fiscal year and took place in four locations: Edmundston, Bathurst, Moncton, and Saint John. The Saint John session occurred at the beginning of the 2010-2011 fiscal year. This phase focused on exploring the perspectives and concerns of citizens with respect to the current state of New Brunswick's health system. Phase II (Solutions) was held in the same four locations with the same participants. It looked at solutions, that is, it looked to the future with objectives of envisioning the kind of health care system New Brunswickers want to have and

identifying possible solutions for the issues identified in Phase I.

Phase III (Common Ground) consisted of a single meeting in Fredericton with participants representing the four locations of Phase I and II, and focused on finding common ground. This phase gave participants the opportunity to identify shared priorities and elements of a common vision to inform and guide decision and policy-making. The NBHC asked participants to undertake the difficult task of prioritizing the numerous ideas and suggestions they listed during Phase I and Phase II.

In the end, this process highlighted several important messages from citizens about a number of key elements that laid the foundation of a common vision for health services in New Brunswick. The following is a detailed list of the key messages:

- Recognition that the rising costs of health care must be better communicated to citizens and reined in through improved systems and processes, promotion and prevention, more creative use of available public infrastructure and reducing the cost of drugs.
- A firm belief in the importance of addressing barriers relating to distance, language, socioeconomic status and cost to ensure equitable access to health care services province-wide.

- Strong endorsement of community health centres, clinics, home-based care (i.e., Extra-Mural Program), Tele-Care and tele-health as strategies for bringing health care closer to citizens and for ensuring that hospitals remain focused on their primary purpose: acute and supportive care, including emergency services.
 - A call for a fundamental paradigm shift towards wellness, health promotion, health literacy and illness prevention (“health care” versus “sick care”) with a particular focus on reducing the incidence of chronic diseases and fostering a culture of health early on in childhood.
 - The belief that more must be done to optimize the roles and responsibilities of health care professionals in order to ensure that all available health human resources are used to their full capacity within the framework of the province's public health system.
 - A strong sentiment that health care is a valued public good in which citizens and communities alike have a high stake.
- Strong support for strategies that encourage and empower citizens to take responsibility for their own health.
 - Deep appreciation for the commitment and generosity of the people who make the health system work - front-line health care workers.

Following this initiative, an extensive analysis was performed and its results were published in the report *Our Health. Our Perspectives. Our Solutions. Results of Our First Engagement Initiative with New Brunswick Citizens*. The key messages outlined above are at the heart of this report, which will serve as the starting point for the recommendations the NBHC must deliver to the Minister of Health.

The key findings in the final report were presented to the senior teams of our health system partners (Department of Health, Ambulance NB, Horizon Health Network, Vitalité Health Network, and FacilicorpNB) as well as other provincial partners throughout the year.

Population Health

During fiscal year 2010-2011, the New Brunswick Health Council (NBHC) was able to update the Population Health Snapshot and publish, for the first time, a Youth Health Snapshot for the province.

This snapshot provides regional and provincial data on youth health determinants. The results have made it possible to define priorities that health stakeholders and other interested groups can use to develop, plan, and introduce strategies to improve this population's health.

Exploring the health status of youth

Population Health refers to the health of a population as measured by health status indicators and as influenced by health determinants. The same goes for the Youth Health Snapshot, which is a one page document focused on the health status and health determinants of New Brunswick youth aged 10 to 19 (depending on the indicator), and is composed of 52 indicators.

The NBHC is planning a yearly update for the Young New Brunswickers Health Snapshot. The information is compiled from Statistics Canada, from the New Brunswick Departments of Wellness, Culture and Sport, Education, and Social Development, and from Service New Brunswick (Vital Statistics Unit). The collaboration of the different departments was required in the elaboration of the report in order to build a common provincial snapshot.

The model chosen to illustrate young New Brunswickers' health was the same as the one used for the general population and was adapted from different population health models. The NBHC also took into consideration the health determinants recognized by the Public Health Agency of Canada that we organized according to the following model:

- **Health services** are responsible for **10%** of a person's general health.
- **Health behaviours** (diet, exercise, tobacco use) are responsible for **40%**.

- **Socioeconomic factors** (education and income) are responsible for another **40%**.
- The remaining **10%** is related to **physical environments** (exposure to second-hand smoke and degree of individuals' attachment to their community).

In addition to a provincial snapshot, the NBHC prepared seven youth snapshots, one for each of the health zones. Whenever possible, the indicators of a zone are compared to those of the other zones.

The trends in our youth's health

According to this first Youth Health Snapshot, only 70% of youth responded as having very good to excellent mental health. This translates to about 23,000 youth having some difficulty. This places our youth amongst the worst, ranking 11th out of 13 provinces and territories. This is significant, since emotional and physical well-being is an important factor that enables youth to engage in healthy behaviours.

Some indicators are based on choices made by our youth: only one quarter of young New Brunswickers eat their daily requirement of fruits and vegetables; three out of five youth are not eating breakfast on a daily basis; three out of five are not physically active enough and spend too much time doing sedentary activities; and only half get at least eight hours of sleep per night.

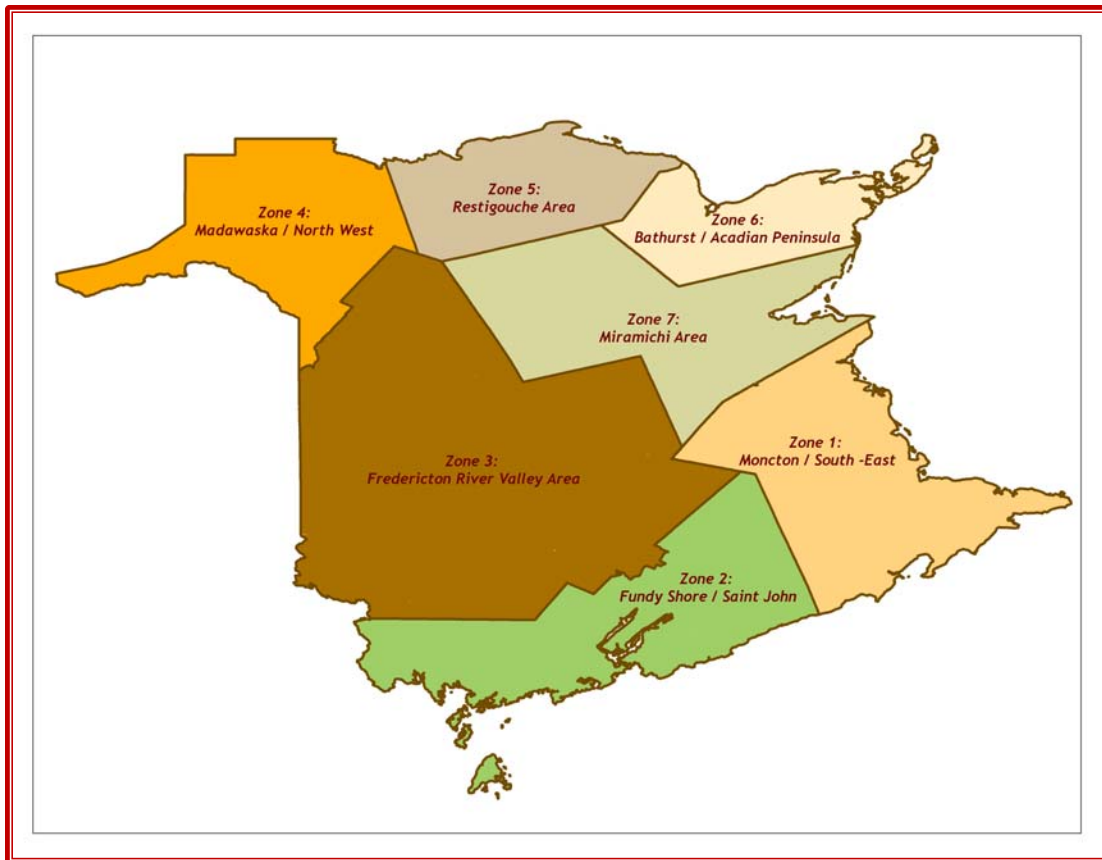


Figure 1 : The New Brunswick Health Zones

There are also disparities between boys and girls when comparing health status: injuries, mental health issues, and unhealthy weight (obese or overweight) trend higher for boys than girls. Boys also display more oppositional behaviours, like being defiant or disrespectful, and they are more likely to be bullied.

On a more positive note, when it comes to social environment, our schools and teachers are having an impact on young New Brunswickers. Three quarters reported that their teachers showed a positive attitude towards healthy living, and two thirds noticed healthier food choices being offered at school. Over 80% of young New Brunswickers feel respected at school, connected to their school or are satisfied with their level of mental fitness related to school, friends, and family.

Population Health Snapshot

This year, the snapshots for the zones and for the province have been updated with the most

recent information available. They include two new indicators: life satisfaction and always wearing a bicycle helmet while on a bicycle. More than 500 individuals and numerous Canadian and American experts were consulted during the development of the first Population Health Snapshot. The NBHC was aware of the importance of health determinants, which formed the basis for choosing a “10 – 40 – 40 – 10” model supported by research evidence.

The response to this snapshot was excellent since it was used as a learning tool for medicine and nursing students. It was also distributed to community health centres and to some school nurses.

In addition to presenting the latest indicator data, this report allows the reader to compare the information presented in the previous and current snapshots with the addition of a new column that follows trends on a yearly basis.

2010-2011 Annual Report

This column compares each indicator to the same indicator in the previous year's snapshot with a coloured arrow. Provincial maps also illustrate the differences between last year and this year for each indicator in the paper copy of the report. Whenever possible, provincial results are compared to those of other provinces, like obesity.

Accessibility to the Population Health Snapshot is greatly improved by an increased use of mapping technology on the NBHC website, which makes it possible for the user to visualize the provincial regions and see the snapshot specific to the user's area.

This year, the NBHC was recognized by the Canadian Institute for Health Information (CIH2) and by the Public Health Agency of Canada (PHAC) for its population health public reporting practices.

Care Experience

The New Brunswick Health Council (NBHC) must measure, monitor, and evaluate the quality of health services and citizen satisfaction when it comes to these services. For this reason, the work on care experience includes two fields: citizen satisfaction surveys and a Health System Report Card.

During fiscal year 2010-2011, the NBHC published the results of a first survey aiming to evaluate patient care experience in New Brunswick hospitals. Work also continued on the Health System Report Card.

Surveying citizen satisfaction

During the last fiscal year, the NBHC began a cycle to measure New Brunswickers' care experience by sector of care (acute care, primary care, and long-term care). The results of our first survey were published in July 2010. This survey sought to measure several factors related to acute care, from the patient's point of view, including overall hospital rating, patient safety, equity based on preferred language of service, communication with nursing staff and doctors, communication about medications, response-iveness of staff, pain control, physical environment, discharge information, as well as care transition measures and services received during the entire stay (from admission to discharge). Over 10,000 questionnaires were mailed out with a response rate of nearly 50%.

Three out of four patients responded to this survey about health care satisfaction by giving the province's facilities a thumbs-up in terms of overall rating. This is comparable to other hospitals in North America who used this type of survey.

Our survey also highlighted a number of positive areas worth mentioning when it comes to acute care:

- Communication with doctors was rated at 78.5%, which is comparable to other survey scores ranging between 72% and 78%.
- Communication with nurses was rated at 69.4%, which is comparable to other

survey scores ranging between 65% and 71%.

- The percentage of patients who reported they would "*definitely recommend*" the hospital where they were treated was 66.1%. Similar survey scores range between 57% and 67%.

The survey also highlighted some opportunities for improvement in a number of health system sectors:

- Only half the respondents reported that staff "*Always*" explained the medication before giving it to them.
- Just 57.5% of those surveyed said "*Always*" in answering questions about staff responsiveness.
- Information given to patients about what to do during recovery varied among the hospitals. This is an important element because of its effect on quality care.
- Only 59.6% of patients reported that their room and bathroom were regularly cleaned, compared to similar survey scores that range between 60% and 70%.
- Language of service is an area where many hospitals still have work to do, in both official languages. However, the challenge is still greater for those wishing to receive services in French: 91% of patients who preferred receiving services in English received them in that language as opposed to 74.6% of patients who preferred receiving them in French.

These survey results can help decision-makers and planners improve how they manage health services and provide them with the needed benchmarks to flag gaps and highlight accomplishments. We have developed a tool to give hospital administrators the means to prioritize the areas they must improve upon.

The goal of the NBHC is to cover the four sectors of care (acute, primary, palliative, and tertiary) within a three-year cycle. This is why a second survey, targeting primary health care services, was launched in February 2011. This telephone survey aims to reach 13,500 New Brunswickers, and calls are currently underway. Results will be published in the summer of 2011 and will provide baseline information for the primary health care summit to be held in October.

Publication of a first Health System Report Card

As noted in its mandate, the NBHC must report on the quality of health services and assess citizen satisfaction with health services and health service quality in the province. To this end, a new tool about the health system was created and published during the previous fiscal

year, entitled the *New Brunswick Health System Report Card*. Its goal is to inform the public and provincial health administrators about health sectors that require attention by looking at the six dimensions of quality established by the NBHC: accessibility, appropriateness, effectiveness, efficiency, equity, and safety.

Since the release of the first report card, there has been an increased interest in adding data relevant to each provincial department to the next report card. Researchers in Saskatchewan, British Columbia, and Ontario have also shown interest in the NBHC approach. At the same time, work continues with stakeholders to identify other indicators that would enable this report card to reflect all sectors of care more equally and represent the entire spectrum of these sectors.

The NBHC will update the *New Brunswick Health System Report Card* in the following year.

Sustainability

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

During the “*Our Health. Our Perspectives. Our Solutions.*” engagement initiative, citizens told us that more efforts should be invested in better informing the population about the challenge of sustainability. In New Brunswick, while total spending in health is expected to increase by approximately \$1 billion over the next five years, there is no indication that New Brunswickers will be either healthier or better cared for.

This question held the participants’ attention in the engagement sessions, which is why the NBHC expressed its view on the challenge our provincial health care system represents in terms of sustainability by releasing a report entitled *Understanding New Brunswick’s Health Care Costs and Capacity to Deliver Health Care* in June 2010.

This report indicates that in order for New Brunswick’s health care system to be sustainable there must be a balance between numerous elements, such as a low per capita cost, adequate capacity and resources, quality health care services, and citizen satisfaction with the health system, while providing the best health outcomes for New Brunswickers.

There are challenges to achieving this balance: the rural nature of the province, the aging population, emerging pharmaceutical products, improved technologies, new diseases, the changing expectations of citizens, and continuous economic challenges.

All of which make planning for the future (i.e., multi-year budgeting) crucial in order to achieve the financial and clinical sustainability of the health care system. Such information contained in the report will contribute to an overall baseline picture of sustainability from which the NBHC will develop general recommendations for the Minister of Health.

The Department of Health recently defined sustainability as “making reasonable and informed choices for the best affordable and equitable healthcare now and in the future.”

New Brunswick Health Council Mandate

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

Engaging citizens in a meaningful dialogue.

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

Informing citizens on health system's performance.

Recommending improvements to health system partners.

New Brunswick Health Council Members

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

The Council Members were selected using the partnership pentagon developed for the World Health Organization which requires the alignment of five principle partners: policy-makers, health managers, health professionals, academia and communities.

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

Mrs. Colleen Knudson	Saint John Acting Chair of the Council
Mrs. Norma Anne Sugden	Miramichi Secretary-Treasurer
Mrs. Pier Bouchard	Memramcook
Mr. Christian Couturier	Fredericton
Mrs. Gisele Daigle Michaud	Grand Falls
Mr. Randy Dickinson	Fredericton
Mrs. Linda Duffett-Leger	Fredericton
Mrs. Charlene Hayes	Saint John
Mrs. Gwen Jones	Florenceville
Ms. Barbara Losier	Landry Office
Mr. Himanshu Kumar Mukherjee	Fredericton
Ms. Anne-Marie Picone-Ford	Moncton
Mr. Daniel George Savoie	Dieppe
Ms. Claudia Simon	Elsipogtog
Mr. Lucien Sonier	Caraquet

New Brunswick Health Council Staff

Mr. Stéphane **Robichaud**
Chief Executive Officer

Mr. Pier T. **Furness**
Executive Director, Planning & Operations

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

Mrs. Shirley A. **Smallwood**
Executive Director, Citizen Engagement

Mrs. Christine **Paré**
Director of Communications

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

Mr. David **Gingras**
Policy Advisor, Citizen Engagement

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

Ms. Mariane **Cullen**
Executive Administrative Assistant

Ms. Yollaine **Thériault**
Administrative Assistant

Appendix A: Executive Committee and Working Group Structure

Executive Committee

Mrs. Colleen Knudson, Acting President
Mrs. Norma Anne **Sugden**, Secretary-Treasurer
Mrs. Gwen **Jones**, Member
Mr. Christian **Couturier**, Member

Engagement Working Group

Mrs. Pier Bouchard, President
Ms. Barbara **Losier**, Member
Mrs. Lucien **Sonier**, Member

Sustainability Working Group

Mrs. Colleen Knudson, President
Mr. Christian **Couturier**, Member
Ms. Anne-Marie **Picone-Ford**, Member

Care Experience Working Group

Mrs. Gwen Jones, President
Mrs. Gisèle **Daigle Michaud**, Member
Mrs. Charlene **Hayes**, Member
Mr. Himanshu Kumar **Mukherjee**, Member

Population Health Working Group

Mr. Daniel George Savoie, President
Mr. Randy **Dickinson**, Member
Mrs. Linda **Duffett-Leger**, Member
Ms. Claudia **Simon**, Member

APPENDIX B: NBHC 2011-2012 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2011-2012 Business Plan

April 1st, 2011

I. Mandate of the NBHC

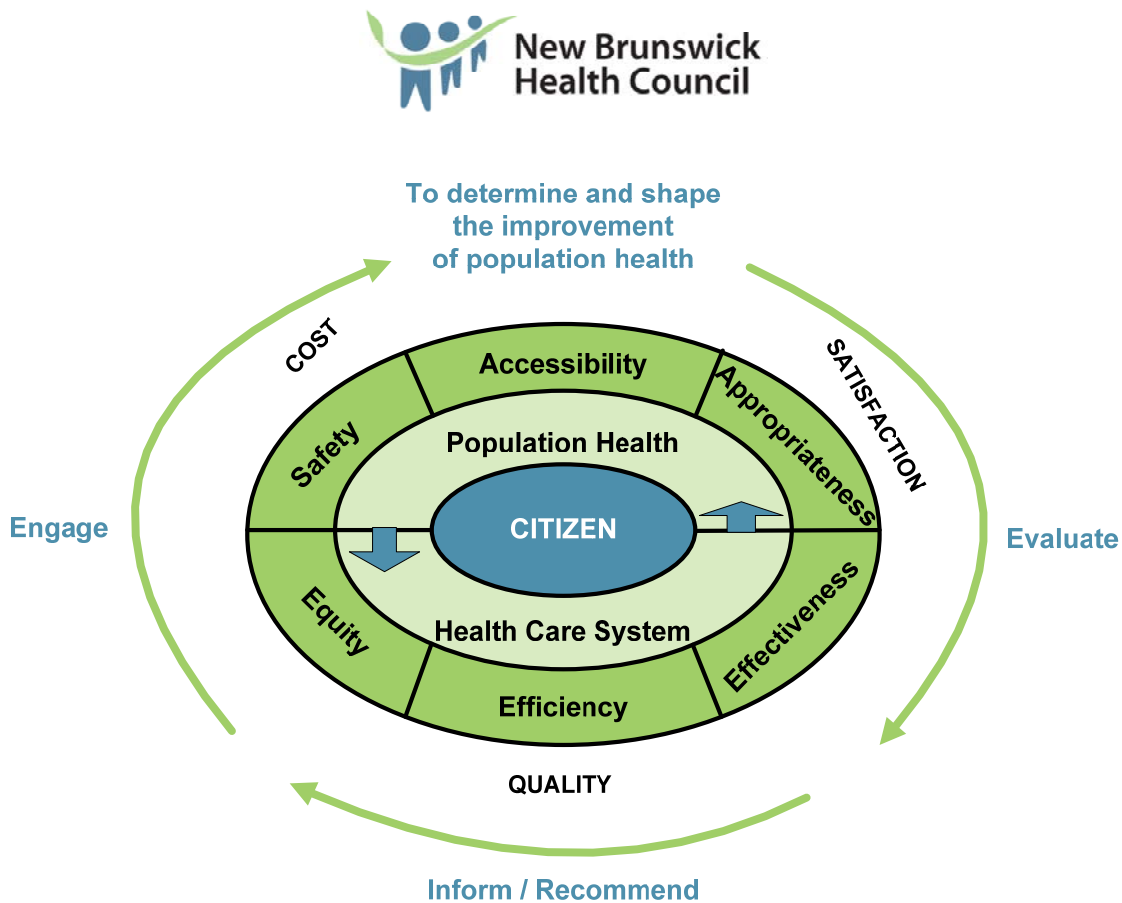
New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by:

Engaging citizens in a meaningful dialogue.

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

Informing citizens on health system's performance.

Recommending improvements to health system partners.



II. Report on the 2010-2011 Fiscal Year

Year Two (2010-2011) was focused on enhancing and improving models and measures for the Council's work. In addition, following Mr. Gino Leblanc's report titled *Toward an Improved Health Care System in French in New Brunswick*, our Act was modified this year to take into account the needs of the two official linguistic communities.

This year's achievements include:

Population Health

As part of its mandate, the NBHC seeks to inform the citizens of New Brunswick about their health status. The NBHC also highlights some areas of health determinants which can be influenced or improved to have a positive effect on health status. The NBHC published a report on population health and a report targeting youth in the Fall of 2010.

The following illustrate some elements of the work done:

- Tested the framework for content and reliability and validity;
- Created a new Youth Snapshot in response to the need for synthesized data for a particular group in the continuum of life cycle;
- Identified areas where different intergovernmental agencies could collaborate for data through integration;
- Geographic Information Mapping was used to enhance reports;
- Information released publicly for Population Health Snapshot in November 2010;
- Information released publicly for Youth Population Health Snapshot in December 2010;
- NBHC was recognized by CIHI (Canadian Institute for Health Information) and PHAC (Public Health Agency of Canada) for Population Health Public Reporting practices;
- Have held numerous information sessions, which represent over 1,000 stakeholders, including the public sector, citizens and presentations to schools.

Care Experience

The NBHC is required to report on the quality of our health services and on population satisfaction with health services. There are two areas of work within care experience; our surveys about the satisfaction of citizens and our Health System Report Card.

Here are the highlights of our activities with regards to these two areas:

(a) Our Satisfaction Survey Strategy

- Covered one of four areas of care (acute, primary, palliative and tertiary), specifically acute care. We are planning to cover all four areas of care within a three year cycle.
- Report of acute care survey completed in June 2010.
- Survey process was accredited through Accreditation Canada; therefore, will be of value to hospitals for their accreditation process.
- Priority Matrices of all hospitals were developed and communicated to Senior Teams and others for use in prioritizing areas of importance.
- Patient Safety and Equity Reports were identified as possible areas for elaboration.

(b) The Report Card

- Validated indicators chosen to reflect our quality dimensions (accessibility, appropriateness, effectiveness, efficiency, equity and safety).
- Identified additional indicators to expand and represent full spectrum of sectors of care.
- Continued to work with stakeholders in the identification of possible indicators to reflect a more balanced report card across all sectors of care.
- Increased interest in identifying relevant data by provincial departments for inclusion into next report card.
- Publicly released available and recognized indicators at the end of March 2010.
- Received interest from researchers in Saskatchewan, British Columbia and Ontario in our report card approach.
- Received request from CIHI to be a key presenter for their Data Manager Retreat on all our indicator use and challenges.
- Representing NB as a jurisdiction partner in EMR (electronic medical record) Content Standards Working Group for CIHI Primary Health Care Division.

Sustainability

The NBHC has a responsibility to inform citizens regarding the long-term sustainability of our publicly funded health services. We have noticed that citizens often react strongly and with surprise when faced with this information. For example, citizens have told us that more efforts should be expanded to better inform the population about the sustainability challenge.

The following were included in our work for the last year:

- Identified and organized financial information. This has meant working with financial information stakeholders in identifying and organizing information in new ways;
- Identified baseline cost expenditures for each indicator and successfully divided costs by sectors. Medicare services and the Department of Health Finance Services required collaboration and reconciliation between costs;
- Released the Sustainability Report publicly in May 2010;
- The focus of the report was on capacity to deliver health care services and current status of pressures or demands on health system;
- Report has served as a focus for media and was used all year long, cited nationally;
- Key researchers have been sought out during the year to test out a new approach on moving the sustainability agenda forward to better appreciate the value of our investments.

Citizen Engagement

The NBHC engaged New Brunswick citizens and health stakeholders in a discussion on what people value most regarding the provincial health system, how the system can be strengthened and what can be done to improve provincial health outcomes.

In the last year, we have done the following work:

- Delivered NBHC's first provincial citizen engagement initiative titled *Our Health. Our Perspectives. Our Solutions.* reaching out to a total of 310 New Brunswickers;
- Successfully integrated NBHC's information on population health, sustainability and general information as it pertains to the health system in a conversation guide for participants during Phase I and Phase II;
- Created database of citizens and table facilitators who want to stay in touch with the NBHC and be considered for future initiatives;
- Validated NBHC's framework for public involvement throughout initiative;

- Presented the Key Findings of the final report to the senior teams of our Health System's partners (Department of Health, AmbulanceNB, Horizon Health Network, Vitalité Health Network and FacilicorpNB);
- Released the final report publicly and online, and shared it with all participants and key stakeholders;
- Invited to share our lessons learned with various stakeholders including the Citizen Engagement Agency of the Department of Intergovernmental Affairs;
- Used what we have heard from citizens as a key starting point to the elaboration of recommendations to the Minister of Health.

III. 2011-2012 Business Plan

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

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

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

For the next few years, updating the information for the tools we have developed will become an important part of our annual business plan. For example, updating our Population Health Snapshots (general population and youth), our Health System Report Card and continuing on our survey cycle will be an important part of our 2011-2012 Business Plan. Meanwhile, these tools are perceived as "work in progress", and as we continue to work with various stakeholders, we will be attentive to opportunities for improvements and other initiatives in line with our mandate. Annually, we also aim to provide the Health Minister with recommendations in line with our activities.

Objectives for 2011-2012

In the year 2011-2012, our discussions will be transitioning from how to "Engage. Evaluate. Inform. Recommend." towards identifying the key opportunities in our various areas of work.

Here are observations and proposed key deliverables for each area of our work for 2011-2012:

Population Health

Being able to answer questions like "How healthy are we?" and "Are we getting healthier?" is important when discussing the future of our health services. New Brunswick is one of the least healthy provinces in the country. New Brunswickers tend to die prematurely of breathing diseases, cancer, heart and stroke diseases, injuries, and suicides more often than the rest of Canadians. Some risk factors directly related to chronic disease (obesity, poor nutrition, smoking, and heavy drinking) are well above the national average. When it comes to the health of the population, our model shows key determinants of health that can be influenced by programs and policies: 10% Health Care, 40% Health Behaviours, 40% Socioeconomic Factors, and 10%

2010-2011 Annual Report

Physical Environment. New Brunswick has a department dedicated to wellness and we will continue to pursue opportunities to collaborate with the department and other provincial stakeholders.

During the following year:

- We will be releasing our updated Population Health Snapshot in the fall of 2011;
- We will also release an updated version of our Youth Population Health Snapshot in the fall of 2011.

Care Experience

The NBHC is required to report on the quality of our health services and on population satisfaction with health services and health service quality. Our first NB Health System Report Card has helped highlight that we are not performing as well as the national average in areas such as access to primary care for prevention or treatment of minor health problems, prevention such as screening tests based on age related diseases or recommended clinical practice guidelines to maximize the achievement of obtaining best possible health results.

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

- We will be completing our Primary Care Experience Survey in the spring of 2011;
- We will have a public release of our Primary Care Experience Survey results in the summer of 2011;
- We will publicly release an update to our Health System Report Card in the summer of 2011;
- We will be working on the final stage of our three year survey cycle throughout 2011.

Sustainability

Our work has highlighted that, as a province, we are unhealthy and have areas where significant improvements are required in our health care services. When we consider the trend of increases in health care spending over the past decade, we are projecting that in five years we will be spending an additional \$1 billion more per year. Meanwhile, we have seen no indication that this increased spending will translate in either a healthier population or improved health care services.

In our 2010 Citizen Engagement initiative, participants reacted very strongly to the sustainability challenge and clearly expressed that more must be done to inform citizens of this challenge. They recognized that the solutions involve everyone and that is why efforts are required to inform everyone.

Consequently, the NBHC's efforts will be targeted on informing citizens on not only what we are spending on health care but also link this information with what we know about the quality of our services and the health of our population (value for money).

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

- During the Spring and Summer of 2011, we will be leveraging the information we have gathered to work with our Sustainability Working Group on developing our 2011 Sustainability Report;
- In the Fall of 2011, we will publicly release our Sustainability Report;
- In the Winter of 2011-2012, our focus will shift on leveraging our "lessons learned" in order to contribute to our 2012 recommendations.

Citizen Engagement

Completing our first major initiative and leveraging its results has allowed us to not only better understand citizens overall perspective of the health system, but it also provided insight on what is important to them. They told us that having access to more health-related information was necessary in order for them to become more accountable for their own health and personal health behaviours.

We have also learned that youth can be very engaged when provided with tools that are designed specifically to meet their needs. To maximize youth participation moving forward, particular attention will be placed on initiatives that speak to youth while targeting specific locations where youth spend their time. Often, these processes are less formal than the ones used to engage the general public, but needless to say, more effective for youth engagement.

Keeping that in mind, we will:

- Continue to leverage information from the *Our Health. Our Perspective. Our Solutions.* report and share its results with interested stakeholders. For example, local governments have expressed an interest in having us present this information in meetings with their constituents;
- We will leverage NBHC's published information on population health, care experience and sustainability to inform citizens and stakeholder, starting in the Spring of 2011;
- The Engagement Working Group will develop a proposal for citizen engagement to be brought to Council in the Fall of 2011.

Inform

We are progressing well in enhancing our public profile; the media response to our recent publications has been excellent. We are implementing effective communication tools and procedures to inform the public and other related authorities of our work. These tools will include marketing campaigns for our upcoming initiatives and the use of social media.

During the following year:

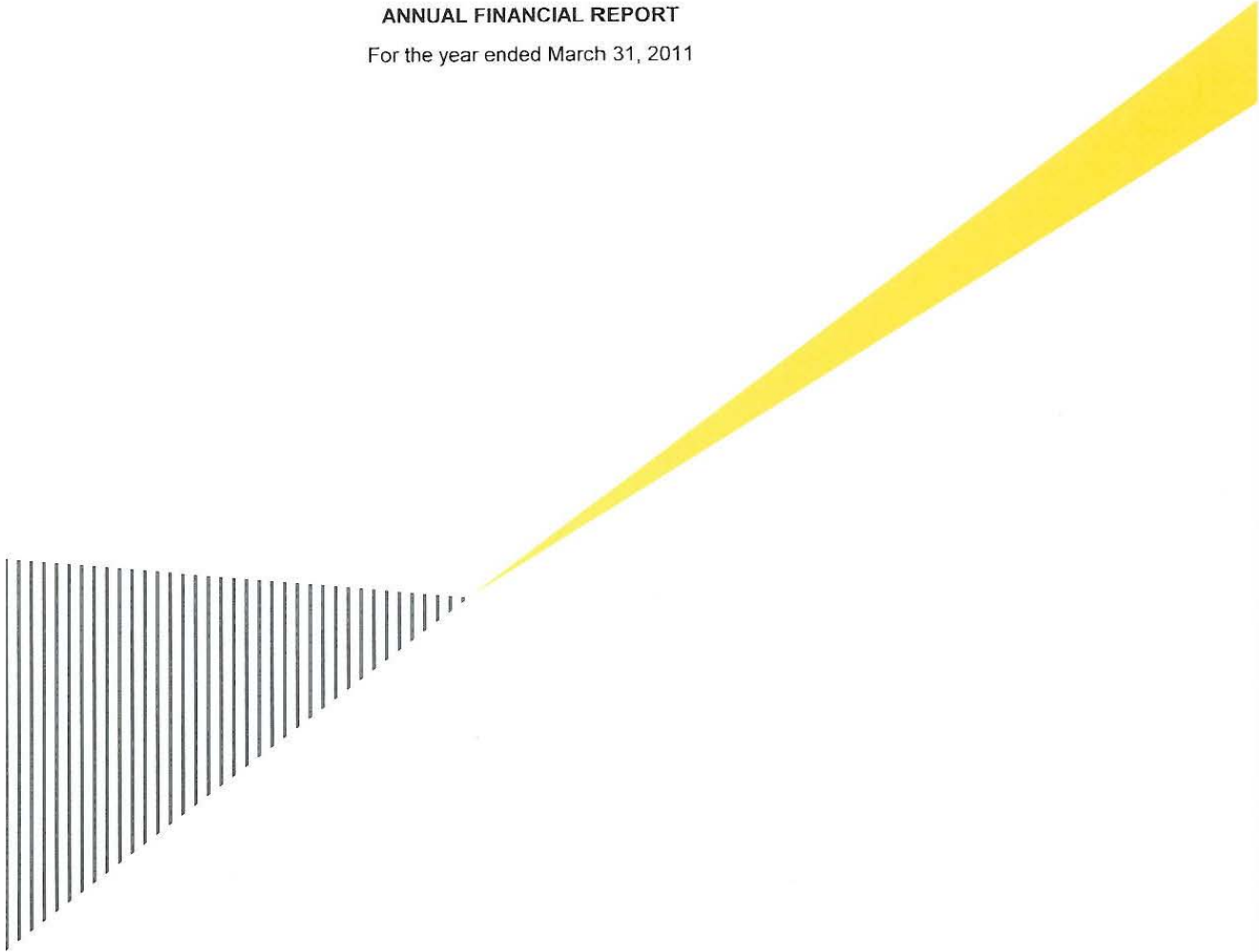
- We will continue to leverage the release of new information and reports from the Council to increase our media profile. We will also leverage opportunities for speeches and presentations across the province before various groups from students to health stakeholders and municipalities;
- We will continue to develop our web site as our main information distribution tool for the public. It is part of a communication approach that also includes social media: the NBHC now has a Facebook page and a Twitter account that will be used to support our initiatives;
- We now publish a quarterly electronic newsletter called Perspectives. It is distributed electronically and available on our website. We expect that readership will increase with each edition;
- We will further increase awareness of our brand and initiatives through marketing campaigns. The first one will be promoting our Primary Care survey to ensure we achieve our citizen participation target;
- Finally, we will benefit from the on-going support of our ad hoc Working Group on Communications as we progress through the year.

APPENDIX C: 2010-2011 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

ANNUAL FINANCIAL REPORT

For the year ended March 31, 2011

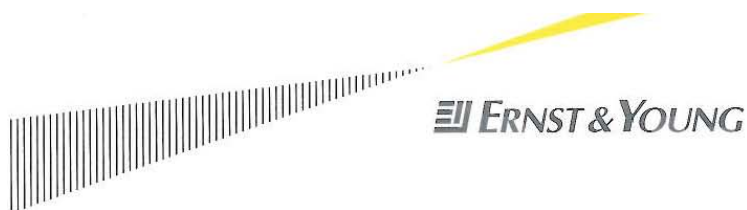


NEW BRUNSWICK HEALTH COUNCIL

TABLE OF CONTENTS

For the year ended March 31, 2011

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS :	
Revenue and expenses	2
Balance sheet	3
Notes to financial statements	4



INDEPENDENT AUDITORS' REPORT

To the Directors of the
New Brunswick Health Council

We have audited the accompanying financial statements of NEW BRUNSWICK HEALTH COUNCIL, which comprise the balance sheet as at March 31, 2011 and the statement of revenue and expenses for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of NEW BRUNSWICK HEALTH COUNCIL as at March 31, 2011 and the results of its operations for the year then ended in accordance with Canadian public sector accounting standards.

Other matter

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

Dieppe, New Brunswick
June 13, 2011

Ernst & Young LLP
.....
Chartered Accountants

NEW BRUNSWICK HEALTH COUNCIL

REVENUE AND EXPENSES For the year ended March 31,	Budget 2011	Actual 2011	Actual 2010
REVENUE			
Grant - New Brunswick Department of Health	\$ 2,047,000	\$ 1,938,543	\$ 1,694,758
Other revenue	-	1,215	-
	<u>2,047,000</u>	<u>1,939,758</u>	<u>1,694,758</u>
EXPENSES			
Salaries and fringe benefits	873,673	878,933	807,056
Board of directors expenses	204,000	123,826	156,389
Administrative expenses	75,000	32,709	62,724
Operating expenses	894,327	904,290	668,589
	<u>2,047,000</u>	<u>1,939,758</u>	<u>1,694,758</u>
EXCESS OF REVENUE OVER EXPENSES	\$ -	\$ -	\$ -

NEW BRUNSWICK HEALTH COUNCIL

BALANCE SHEET

As at March 31,

2011

2010

ASSETS

CURRENT ASSETS

Cash	\$ 400	\$ 300
Accounts receivable (note 3)	526,923	384,827
Prepaid expenses	24,502	1,100
	<u>\$ 551,825</u>	<u>\$ 386,227</u>

LIABILITIES

CURRENT LIABILITIES

Accounts payable	\$ 526,923	\$ 384,827
Deferred revenue	24,902	1,400
	<u>\$ 551,825</u>	<u>\$ 386,227</u>

CONTINGENCY AND COMMITMENTS (notes 5 and 6)

ON BEHALF OF THE BOARD

Colleen Knudson
....., Director

Norma A. Anglin
....., Director

NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

1. STATUTES OF INCORPORATION AND NATURE OF ACTIVITIES

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

Use of estimates

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

Revenue recognition

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

Capital assets

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

NEW BRUNSWICK HEALTH COUNCIL**NOTES TO FINANCIAL STATEMENTS**

March 31, 2011

3. ACCOUNTS RECEIVABLE	2011	2010
Grant receivable - New Brunswick Department of Health	\$ 525,708	\$ 384,827
Other	1,215	-
	\$ 526,923	\$ 384,827

4. DEFINED BENEFIT PENSION PLAN

The Council, through a multiemployer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$56,343 (\$56,801 in 2010).

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

5. CONTINGENCY

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

NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

6. COMMITMENTS

The Council, through the Department of Services and Supply, has lease commitments until January 2019 for the rental of offices. The balance of the commitments under these leases is \$1,266,133. Minimum payments payable over the next five years are as follows :

2012 - \$161,634
2013 - \$161,634
2014 - \$161,634
2015 - \$161,634
2016 - \$161,634

The Council has a commitment towards an employee for a retirement allowance. If all the conditions of the agreement are respected, any amount that the Council would be called upon to pay in respect to this agreement will be expensed when disbursed, and would be entirely funded by the New Brunswick Department of Health.

7. ECONOMIC DEPENDENCE

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

8. CASH FLOWS

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

9. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform with the presentation used in the current year.

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



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

Annual Report Pursuant to the *Public Interest Disclosure Act*

March 31, 2011

Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the *Public Interest Disclosure Act* with regards to the activities of the New Brunswick Health Council during its third fiscal year, 2010-2011.

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

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

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

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer



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

Engage. Evaluate. Inform. Recommend.
Engager. Évaluer. Informer. Recommander.

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